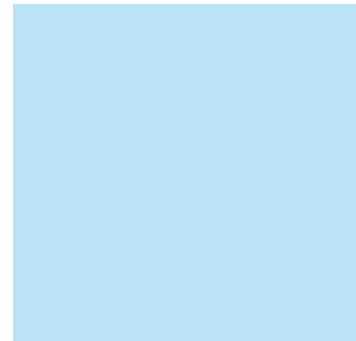




OPEN ENROLLMENT PLAN YEAR 2022

SOUTHERN NEVADA
AND OUT OF STATE



Today's Topics



What is the Public Employees' Benefits Program (PEBP)?



Overview of Open Enrollment



Who is Eligible



Enrollment Process



Summary of Changes



Medical Plan Options



Express Scripts



Contact Information





Public Employees' Benefits Program

Administers
healthcare benefits
for State employees,
approved non-state
agencies and retirees

PEBP insures
**approximately 71,000
total lives**

44,000 Primary Participants
27,000 Covered Dependents



Accessing Information:

- Member Services
- PEBP Website
- E-PEBP Portal
- Newsletters

Overseen by a Board of
Directors appointed
through the Governor

Plan Year 2022

July 1, 2021 – June 30, 2022

2021 JULY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

X



2022 JUNE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

X

The information in this presentation contains general plan benefits and may not include additional provisions or exclusions. For more in-depth plan benefits, please refer to each Master Plan Document.

Open Enrollment: May 1 – 31, 2021

Complete all changes online through the E-PEBP Portal

All changes made during Open Enrollment will be effective **July 1, 2021**

Participants are **NOT** required to do anything if they wish to remain on the same plan and coverage tier:

- Participant Only
- Participant + Spouse or DP
- Participant + Child(ren)
- Participant + Family

Options during open enrollment

- Decline coverage
- Modify HSA Contributions
- Change health plan option
- Add or delete dependent(s)
- Switch from HRA to HSA or vice versa
- Designate HSA or basic life beneficiaries
- Enroll or decline voluntary benefits



Open Enrollment

Who is Eligible for Coverage?

Legal Spouse or Domestic Partner

If not eligible for group coverage through their own employer*

**Significantly Inferior exception may apply*

Children/Stepchildren (Birth to Age 26)

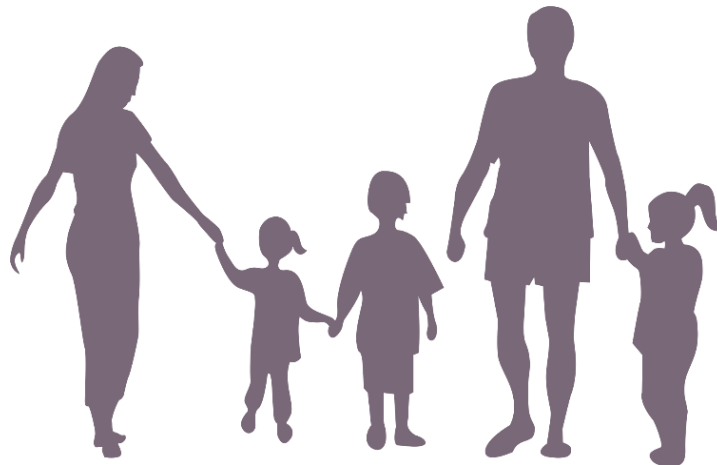
May be covered from birth through the last day of the month the child reaches age 26

Disabled Dependent Child

A child of any age with a disability incapable of self-support

Children under Legal Guardianship

- Children under *permanent* legal guardianship to age 19
- To continue coverage after 19 (to age 26), the child must be:
 - Unmarried
 - Reside with participant
 - Full-time student
 - Claimed on tax return



Required Supporting Documents

**Upload required documents into your
E-PEBP Portal by June 1st, 2021**

Spouse

- Copy of certified marriage certificate
- Social Security Number

Domestic Partner

- Copy of Certified Domestic Partner Certification
- Social Security Number

Children

- Copy of certified birth certificate and SSN and as applicable:
 - Stepchild: Copy of marriage certificate/domestic partner certificate
 - Disabled child over age 26: Certification of Disabled Dependent Child and verification child has had continuous health insurance since age 26
 - Permanent legal guardianship: Copy of legal guardianship papers signed by a judge



Completing Enrollment



You must enroll or decline coverage online



Plans

Plans and Benefits
Overview

Resources

Newsletters, How-To's
and FAQs

Meetings & Events

Board Information and
Calendar of Events

Contact Us

Have a question? We're
here to help.

Click Login to get to
the E-PEBP Portal

Open Enrollment PY2022

Open enrollment is May1st - May31st. For
Plan Year 2022 information and documents,
please click the arrow above. To register for
an OE meeting visit the Calendar of Events
page.

Find a Provider

Search provider directories by plan for in-
network medical and dental providers.

www.pebp.state.nv.us



[Need Help?](#)

Welcome!

The E-PEBP Portal allows you to access and manage your core benefits. Once logged in, you are only a click away from your enrollment, eligibility, medical, prescription drug, dental and wellness benefits.

Please log in using your PEBP Participant ID or SSN and password. You can locate your participant ID on either your HealthSCOPE Benefits medical or dental card (with no preceding or trailing zeros. For example if your Participant ID is 0012345600 please enter 123456).

PEBP PARTICIPANT ID OR SSN

[Forgot my participant ID](#)

PASSWORD

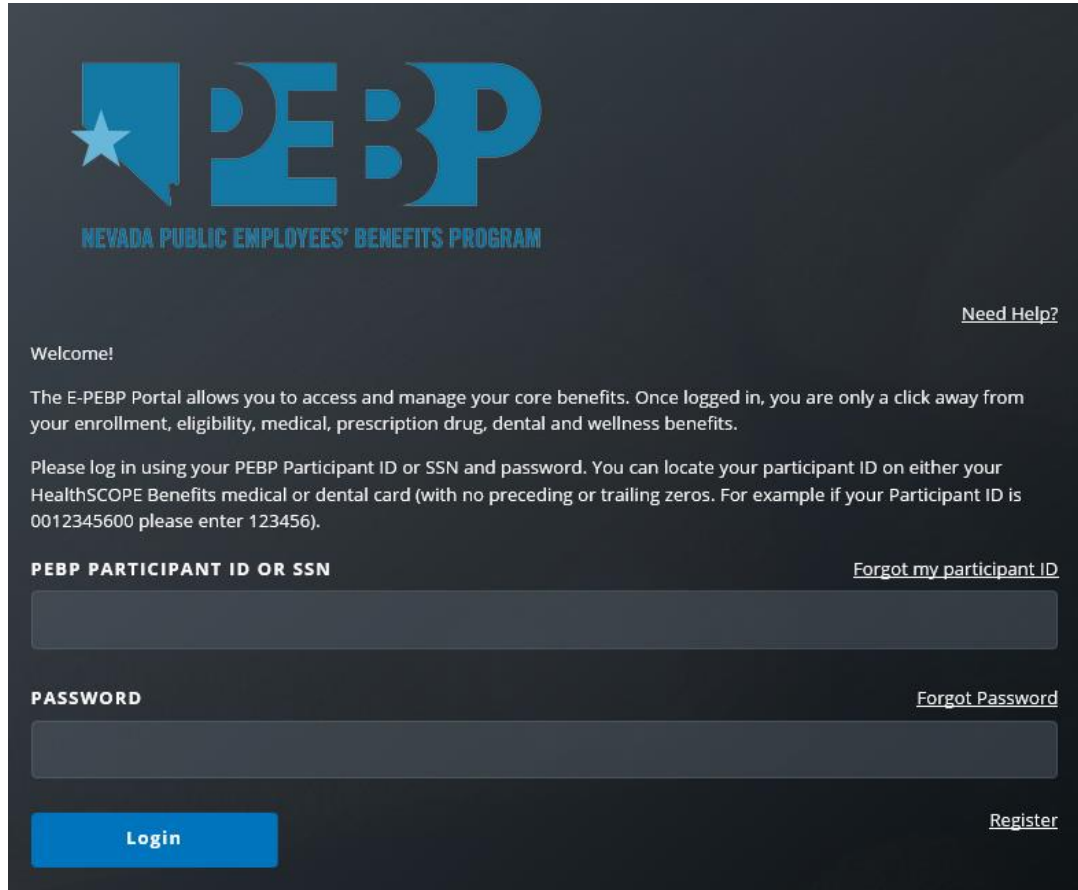
[Forgot Password](#)


Login

[Register](#)



Forgot Your Password




NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

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PEBP PARTICIPANT ID OR SSN [Forgot my participant ID](#)

PASSWORD [Forgot Password](#)

[Login](#) [Register](#)

Your initial password is your eight-digit date of birth followed by the last four of your social (mmddyyyyssss).
Your participant ID is the number that appears in the middle of your PEBP member ID card,
without any of the preceding zeros, in most cases.

[Home](#)

NAME , here are some things you may do next:



OPEN ENROLLMENT

You have 65 days to complete this event.

[Restart](#) [Modify](#) [Cancel](#)



MY TOOLS

MY BENEFITS

\$0.00
YOUR MONTHLY COST

[Quick Actions](#)

PEBP+ Voluntary Benefits

Sign up for special, discounted rates on insurance and benefits

Only available May 15-31, 2020



Critical Illness, Accident and Hospital Insurance: These programs can help cover unforeseen expenses like illness, accident, hospital stays, childcare or co-pays.



Vision care: Save on eyewear and contact lenses while receiving access to quality eye care.



Legal Plan: Work with legal professionals at any time. You'll get help preparing legal documents, court cases, and much more.

Other Available Products

Pet Insurance • Home and Auto Insurance • Identity Theft Protection

[View my voluntary benefits](#)

[Learn More & Enroll](#)

- Review Current Benefits
- Complete Qualifying Life Events
- Enroll in Voluntary Products

How To Decline Coverage



Family



Medical Coverage



HSA/HRA



Voluntary Benefits



Beneficiaries



Complete your
Enrollment

HPN - Health Plan of
Nevada

\$144.18

per month

Select

Learn More

Low Deductible PPO
Plan

\$64.27

per month

Select

Learn More

PEBP Premier Plan

\$144.18

per month

Select

Learn More

Decline coverage

\$0.00

per month

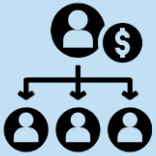
Select

Learn More

E-PEBP Portal Features



Send a Secure Message



Elect Beneficiaries



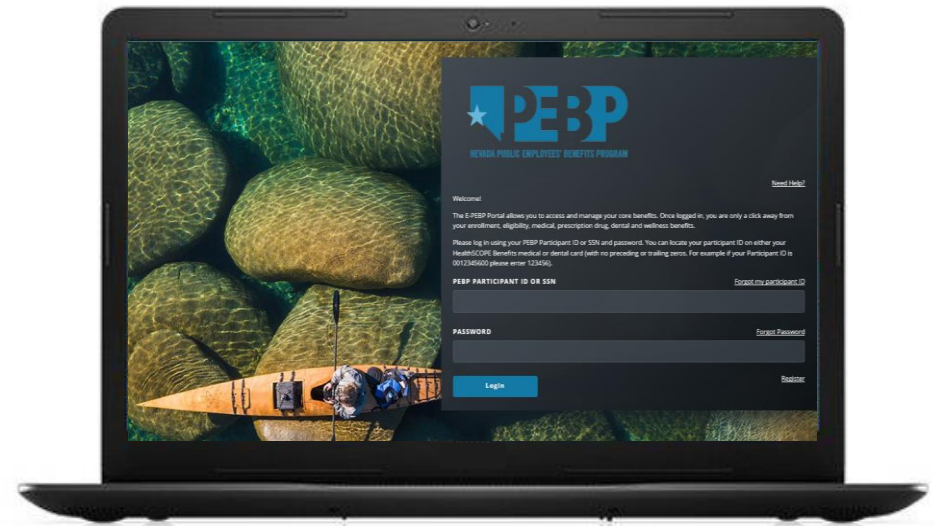
Compare Health Plans



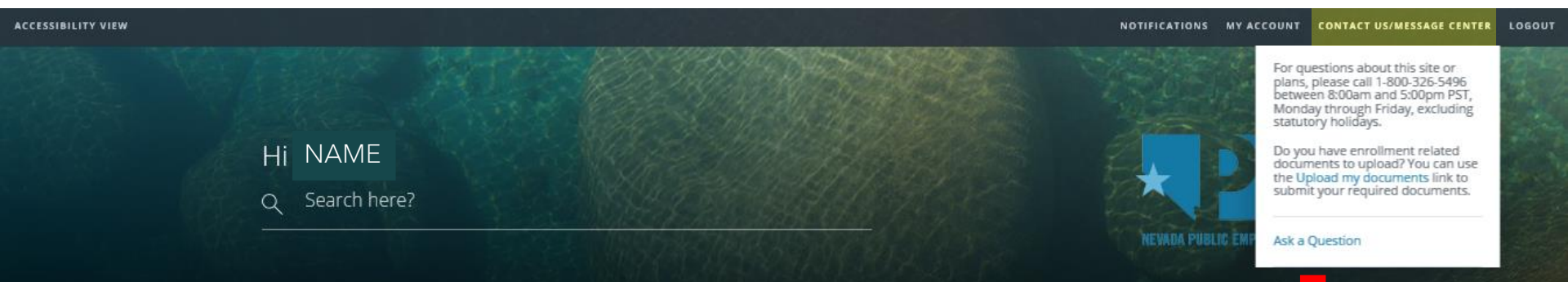
Upload Documents



Enroll in Voluntary Products



Send a Secure Message



To avoid longer than normal hold times, please send a secure message through your E-PEBP portal or view open enrollment information online.

Have a question regarding billing, eligibility, plan benefits, address change or any inquires regarding your PEBP benefits please send a secure message through your E-PEBP portal.

Ask a Question

Please enter the information below and click the Submit button to submit a question. After submitting your question below, you should receive a response within two business days. The response will be available in your personal Q&A page. If you would like to submit your required supporting documents, you can do this by clicking [here](#).

TOPIC

SUB TOPIC

QUESTION

Submit

Summary of Changes



Upcoming Changes

Affects All Plans

Basic Life Insurance: Currently active employees enrolled in PEBP coverage receive \$25,000 and eligible retirees receive \$12,500. Effective PY22 active employees enrolled in PEBP coverage will receive \$15,000 and eligible retirees will receive \$7,500.

Plan Design: There are significant plan design changes to all plans. Including rates, deductibles, out-of-pocket maximums, copays, and coinsurance. To view in depth changes please review the applicable Master Plan Document(s) or the Plan Comparison chart on PEBP's website, pebp.state.nv.us.

Affects ALL Active Employees

Long-Term Disability Benefit: The Long-Term Disability (LTD) benefit will be eliminated. There will be voluntary LTD options beginning January 1, 2022.



CDHP-PPO and LD-PPO Changes

Network Change Aetna Signature Administrators



Effective July 1, 2021 the Consumer Driven Health Plan (CDHP-PPO) networks, Hometown Health and Sierra Health-Care Options, are being replaced with the Aetna Signature Administrators network.

This change may affect whether your current provider remains in-network. As a member **you are responsible** for confirming with your provider(s), prior to receiving services, that the provider is a contracted Aetna provider. Although this change may impact other providers, this will have the most significant impact on those members utilizing **Southwest Medical Associates (SMA)**.

In-Network Laboratory Change



Effective July 1st, 2021 routine lab service coverage is not provided for outpatient hospital-based lab testing. With exception to pre-admission testing seven days prior to an admission, emergency room, or urgent care. Laboratory outpatient services are only covered when ordered by a physician or health care practitioner. For routine lab services please use a free-standing (non-hospital based) laboratory such as Lab Corp, Quest or other in-network free-standing facilities. In northern Nevada, free-standing Renown labs will be covered, but hospital outpatient Renown labs will not be covered.

CDHP-PPO and LD-PPO Changes

Smart 90 Pharmacy Network



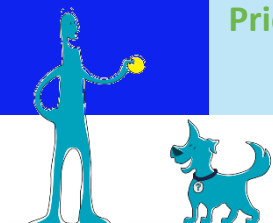
PEBP is implementing a mandatory Smart 90 network through Express Scripts (ESI) starting July 1, 2021. Your maintenance medications must be filled at a Smart 90 participating pharmacy, which includes Express Scripts mail order and most major retail pharmacies. With the exceptions of CVS and Walgreens, which are excluded from this network. To find a participating pharmacy use the Find a Provider tool on <https://pebp.state.nv.us>.

30-Day Express Advantage Network



The Express Advantage Network improves drug pricing on 30-day prescriptions using a Smart 90 participating pharmacy, including Express Scripts mail order and most major retail pharmacies. With the exceptions of CVS and Walgreens, which are excluded from this network. Additionally, members have the option to continue to fill their prescription at a non-participating pharmacy by paying an additional \$10 to the price of their medication.

Healthcare Bluebook



*Did you know, that you can receive monetary rewards by accessing the Healthcare Bluebook site? In order to qualify for a reward, you'll be required to search for your procedure at healthcarebluebook.com prior to having your service done and use a **Fair Price** facility for your care.*

What's New

Consumer Driven Health Plan

Preferred Provider Organization (Statewide/Nationwide CDHP-PPO)

- **HSA/HRA contribution of \$600 per participant if effective 7/1, otherwise a prorated amount is given**
- **No additional HSA/HRA funds for dependents**
- New Aetna Signature Administrators network
- Removal of Long-Term Disability benefit
- 30-Day Express Advantage Network
- In-Network laboratory change
- Reduction to Life Insurance

New Low Deductible PPO Plan

Preferred Provider Organization (Statewide/Nationwide LD-PPO)

- **Does not include any HSA or HRA funding. You can not contribute to an already established HSA**
- New Aetna Signature Administrators network
- Mandatory Smart 90 pharmacy network
- Removal of Long-Term Disability benefit
- 30-Day Express Advantage Network
- In-Network laboratory change
- Reduction to Life Insurance

Health Plan of Nevada

Health Maintenance Organization (Southern Nevada HPN-HMO)

- **Tier 4 prescriptions are subject to a deductible**
- Removal of Long-Term Disability benefit
- Reduction to Life Insurance

Please note, basic life insurance amounts are being reduced to \$15,000 for active employees and \$7,500 for eligible retirees, regardless of which plan you are enrolled in.

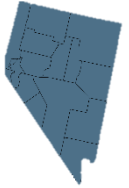
Medical Plan Options and Rates



Medical Plan Options

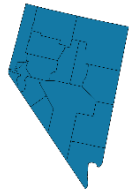
Consumer Driven Health Plan Preferred Provider Organization (CDHP-PPO)

- *Available Nationwide*
 - Comes with a:
 - *Health Savings Account (HSA); or*
 - *Health Reimbursement Arrangement (HRA)*



Low Deductible Plan (LD-PPO)

- *Available Nationwide*
 - *No HSA or HRA contribution*

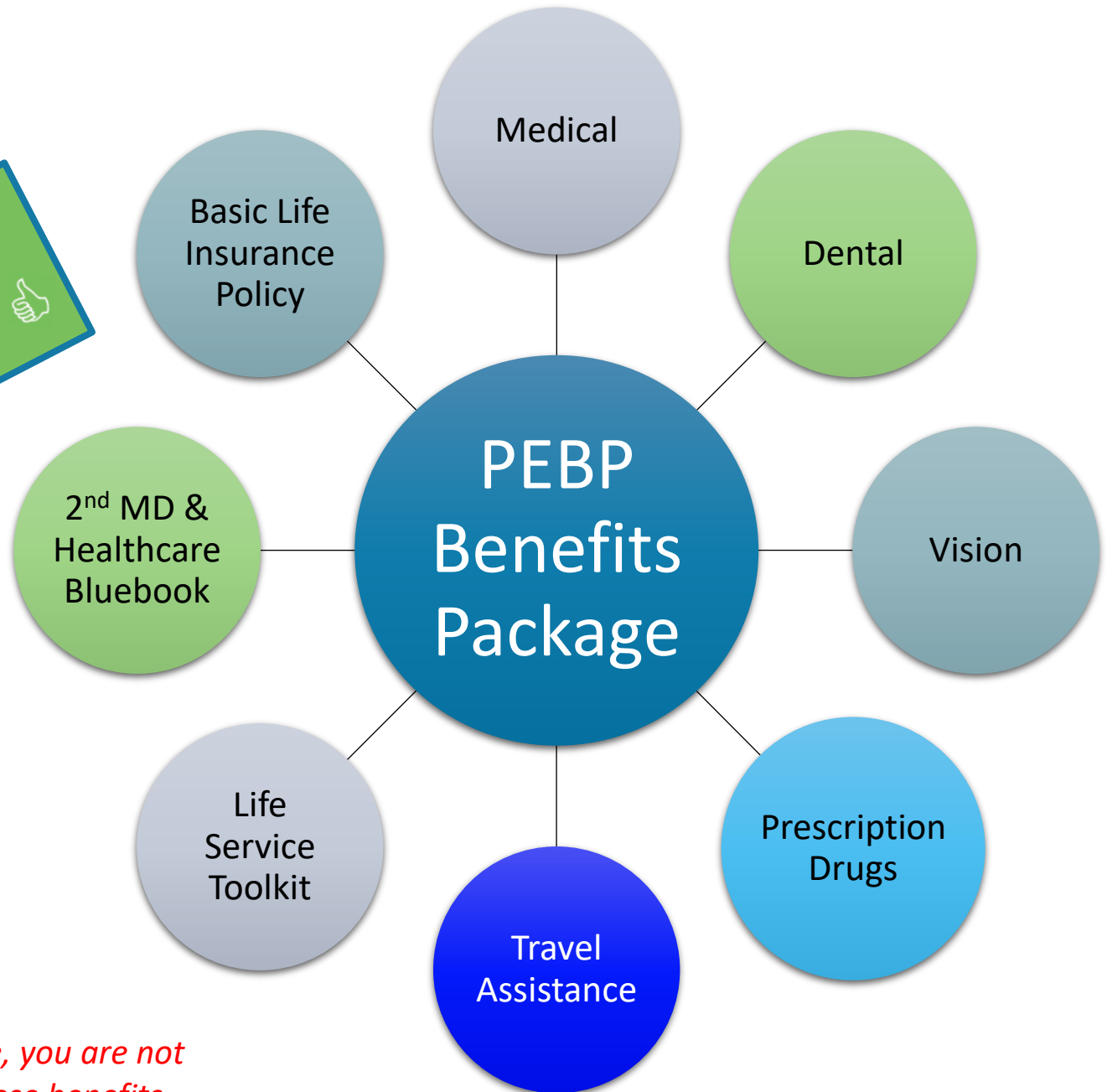


Health Plan of Nevada Health Maintenance Organization (Southern Nevada HMO)

- *Available in Clark, Esmeralda, and Nye counties*



All of these benefits
are included in your
monthly premium! 👍



*If you decline coverage, you are not
eligible for any of these benefits*

Monthly Premium Cost

Rates Effective July 1, 2021 – June 30, 2022	Consumer Driven Health Plan (CDHP-PPO)	Low Deductible Plan (LD-PPO)	Health Plan of Nevada (HPN-HMO)
Employee Only	\$44.63	\$64.27	\$144.18
Employee + Spouse/DP	\$240.77	\$280.05	\$439.87
Employee + Child(ren)	\$118.18	\$145.19	\$255.06
Employee + Family	\$314.33	\$360.98	\$550.77



Retiree Monthly Premium Cost

Retirees initial
hire date will
determine
their eligibility
for benefits

**Retiree Coverage for
Employees *Initially Hired*
Before **January 1, 2010****

Use subsidy charts to
calculate monthly premium

**Retiree Coverage for
Employees *Initially Hired On*
**January 1, 2010 –
December 31, 2011****

Must have at least 15 years
of service or retire under a
long term-disability plan

**Retiree Coverage for
Employees *Initially Hired On*
January 1, 2012 or After**

May participate but will not
qualify for a subsidy or
Exchange HRA

NOTE: Your hire date is considered the date which you began working for a PEBP participating employer. Many employers may participate in PERS, but do not participate in PEBP.

For unsubsidized rates please view the PY22 State and Non-State Retiree rates at
pebp.state.nv.us under Plans → Getting to Know Your Plan → Plan Rates.

Retiree Monthly Premium Cost

Rates Effective July 1, 2021 - June 30, 2022	Consumer Driven Health Plan (CDHP-PPO)	Low Deductible Plan (LD-PPO)	Health Plan of Nevada (HPN-HMO)
Retiree Only	\$234.28	\$253.92	\$333.83
Retiree + Spouse/DP	\$570.97	\$610.25	\$770.07
Retiree + Child(ren)	\$360.54	\$387.55	\$497.42
Retiree + Family	\$697.23	\$743.88	\$933.67



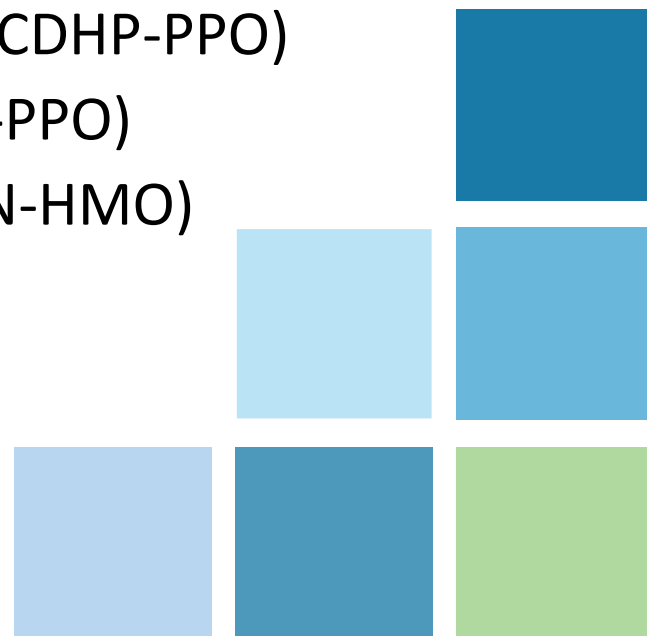
Subsidy for Retirees Enrolled in the CDHP-PPO/LD-PPO/HMO Plan	
Years of Service	Subsidy
5	+353.63
6	+318.26
7	+282.90
8	+247.54
9	+212.18
10	+176.81
11	+141.45
12	+106.09
13	+70.73
14	+35.36
15 (base)	-
16	-35.36
17	-70.73
18	-106.09
19	-141.45
20	-176.81

Plan Design

Consumer Driven Health Plan (CDHP-PPO)

Low Deductible Plan (LD-PPO)

Health Plan of Nevada (HPN-HMO)



Key Terms



Deductible

The annual amount you pay before your plan starts to pay.



Copay

A flat \$ amount you pay for covered services like doctor visits.



Coinsurance

After your deductible is met, you share responsibility for payments with the insurance company. You pay a %, and PEBP pays a %.



Out-of-Pocket Maximum (OPM)

The most you pay during a plan year (July 1st – June 30th) before your health insurance begins to pay 100% of the allowed amount.

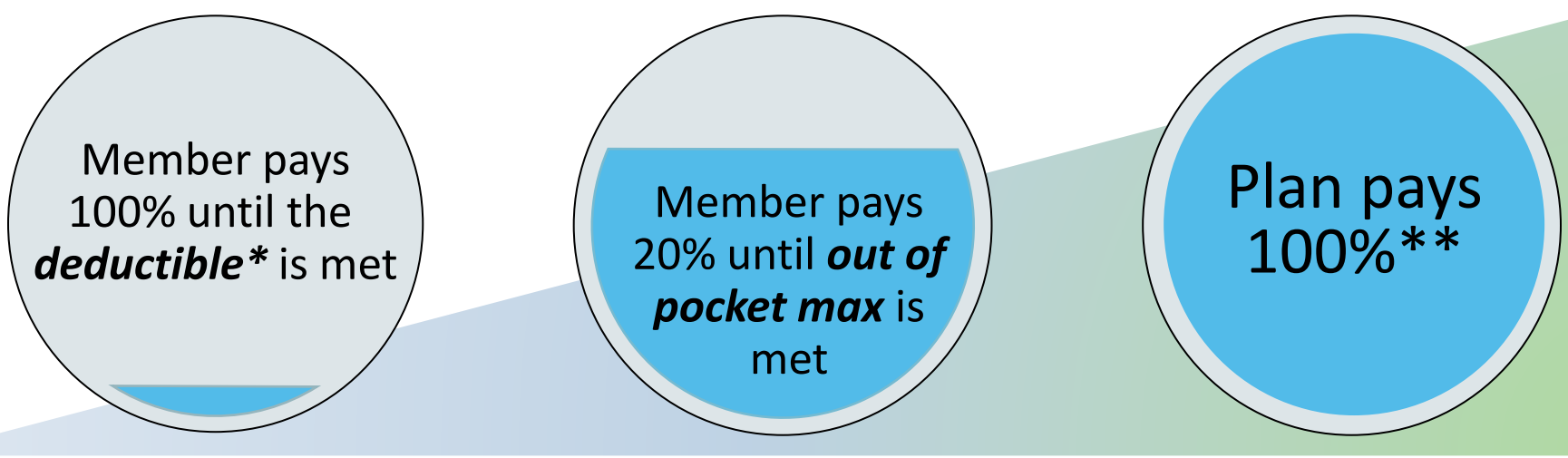
Premium



The amount you pay to obtain a health insurance plan. Most members premiums are automatically deducted from their paycheck. Premiums are separate from your deductible, copay, coinsurance and OPM.

How Co-insurance Works

Coinsurance is the percentage of costs that is generally paid by both the participant and the plan for eligible medical expenses after the deductible is met.



Member pays
100% until the
deductible* is met

Member pays
20% until ***out of
pocket max*** is
met

Plan pays
100%**

CDHP-PPO Deductible:

\$1,750 Individual, \$3,500 Family

LD-PPO Deductible:

\$500 Individual, \$1,000 Family

HPN-HMO Deductible:

N/A with exception to Tier 4
prescription drug coverage

CDHP-PPO OOP Maximum:

\$5,000 Individual, \$10,000 Family

LD-PPO OOP Max:

\$5,000 Individual, \$10,000 Family

HPN-HMO OOP Max:

\$5,000 Individual, \$10,000 Family

** of eligible medical expenses

To view out-of-network coverage,
please view the plan comparison chart
and the applicable Master Plan
Document.

*Medical and prescription deductibles
are combined.

Medical Benefits Overview

MEDICAL PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)	LOW DEDUCTIBLE PLAN (LD-PPO)	HEALTH PLAN OF NEVADA (HPN-HMO)
Service Areas In-Network Out-of-Network	Global Global	Global Global	Southern Nevada Urgent and Emergent
Annual Deductible <i>(medical and prescription combined)</i>	\$1,750 Individual \$3,500 Family / \$2,800 Individual Family Member	\$500 Individual \$1,000 Family / \$500 Individual Family Member	N/A With exception of Tier 4 for prescription drug coverage, see prescription overview
Out-of-Pocket Maximum	\$5,000 Individual / \$10,000 Family / \$6,850 Individual Family Member	\$5,000 Individual / \$10,000 Family / \$5,000 Individual Family Member	\$5,000 Individual / \$10,000 Family / 5,000 Individual Family Member
Base HSA/HRA PEBP Contribution <i>(Effective 7/1 –prorated thereafter)</i>	Primary Participant: \$600 (Effective 7/1 –prorated thereafter)	N/A	N/A
Medical Coinsurance	20% after Deductible	20% after Deductible	N/A
Primary Care Office Visit	20% after Deductible	\$30 Copay	\$25 Copay
Specialist Care Office Visit <i>(No Referral Required)</i>	20% after Deductible	\$50 Copay	\$25 copay with a referral \$40 without a referral
Urgent Care Visit	20% after Deductible	\$80 Copay	\$50 Copay
ER Visit	20% after Deductible	\$750 Copay	\$750 Copay

Prescription Benefits Overview

RETAIL PRESCRIPTION DRUG BENEFITS	CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)	LOW DEDUCTIBLE PLAN (LD-PPO)	HEALTH PLAN OF NEVADA (HPN-HMO)
Preferred Generic	20% after Deductible	\$10 Copay 30-day \$20 Copay 90-day retail/mail	\$10 Copay 30-day retail \$25 Copay 90-day mail
Preferred Brand	20% after Deductible	\$40 Copay 30-day \$80 Copay 90-day retail/mail	\$40 copay 30-day retail \$100 copay 90-day mail
Non- Preferred/ Non-Formulary Brand	N/A	\$75 Copay 30-day \$150 Copay 90-day retail/mail	\$75 copay 30-day retail \$187.50 copay 90-day mail
Specialty	20% after Deductible (30-day mail only)	30% after Deductible (30-day mail only)	30% after Deductible (30-day mail only)
ACA Preventive Medications	\$0	\$0	\$0
CDHP-PPO Preventive Medications	20% Coinsurance Not subject to Deductible	N/A	N/A
Required Smart90 Pharmacy (90-Day Medications)	Yes	Yes	No

Vision Benefits Overview

VISION PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)	LOW DEDUCTIBLE PLAN (LD-PPO)	HEALTH PLAN OF NEVADA (HPN-HMO)
Vision Network	PEBP does not maintain a network specific to vision care	PEBP does not maintain a network specific to vision care	EyeMed
Vision Exam <i>(limited to one exam per Plan Year, per covered individual)</i>	\$25 copay Maximum Benefit of \$95 Subject to Usual & Customary Limits	\$10 copay Maximum Benefit of \$100 Subject to Usual & Customary Limits	\$10 copay Maximum Benefit of \$100 every 12 months
Lenses	Not Covered	\$10 copay every 24 months (Maximum Benefit of \$100)	\$10 copay every 12 months (subject to limitations)
Frames	Not Covered		\$100 maximum allowance every 24 months
Contact Lenses <i>(in lieu of lenses and frames)</i>	Not Covered		\$10 copay every 12 months Maximum Benefit of \$250 (subject to limitations)

To view more in-depth plan benefits as well as out-of-network coverage, please log on to your E-PEBP Portal and refer to the applicable Master Plan Document.

Dental Benefits Overview

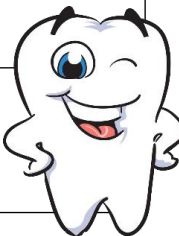
NO
CHANGES!

CDHP-PPO, LD-PPO, and HPN-HMO Participants

BENEFIT CATEGORY	In-Network	Out-of-Network**
Individual Plan Year Maximum (applies to basic and major services)	\$1,500 per person	\$1,500 per person
Plan Year Deductible (applies to basic and major services only)	\$100 per person or \$300 per family (3 or more)	\$100 per person or \$300 per family (3 or more)
Preventive Services* Routine cleanings (4/plan year) Exams, bitewing X-rays (2/plan year)	<ul style="list-style-type: none"> Covered 100% Not subject to deductible Does not apply towards individual plan year max 	<ul style="list-style-type: none"> Covered 80% Not subject to deductible Does not apply towards individual plan year max
Basic Services* Periodontal, fillings, extractions, root canals, full-mouth X-rays	You pay 20% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
Major Services* Bridges, crowns, dentures, tooth implants	You pay 50% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
Orthodontia (adults and children)	Not Covered– See FSA section for orthodontia options	Not Covered– See FSA section for orthodontia options

*Allowable fee schedule applies

**The plan will reimburse at the U&C rates for participants in the Las Vegas area using an out-of-network provider *within the in-network* service area; OR For services received out-of-network, outside of Nevada.



CDHP-PPO HSA/HRA



Health Savings Account



*Terminating coverage includes leaving the CDHP-PPO (by declining coverage or switching plans) or by leaving state service

HSA Eligibility

To be eligible to **establish and contribute** to an HSA on a pre-tax basis, employees must meet the following criteria:

- ☐ You are an active employee covered under the Consumer Driven Health Plan
- ☐ You cannot have other coverage (Medicare, TRICARE, Tribal, HMO, COBRA, etc.) unless the coverage is also an IRS qualified high deductible health plan
- ☐ You or your spouse cannot be enrolled in a Medical Flexible Spending Account or HRA
- ☐ You cannot be claimed on someone else's tax return (excludes joint returns)



2021 HSA Contribution Limits

- PEBP + Employee contribution limit
- Family is defined as two or more covered individuals on your plan
- \$1,000 Catch-up contribution limit for employees age 55 or older
- Funds are regulated by the IRS

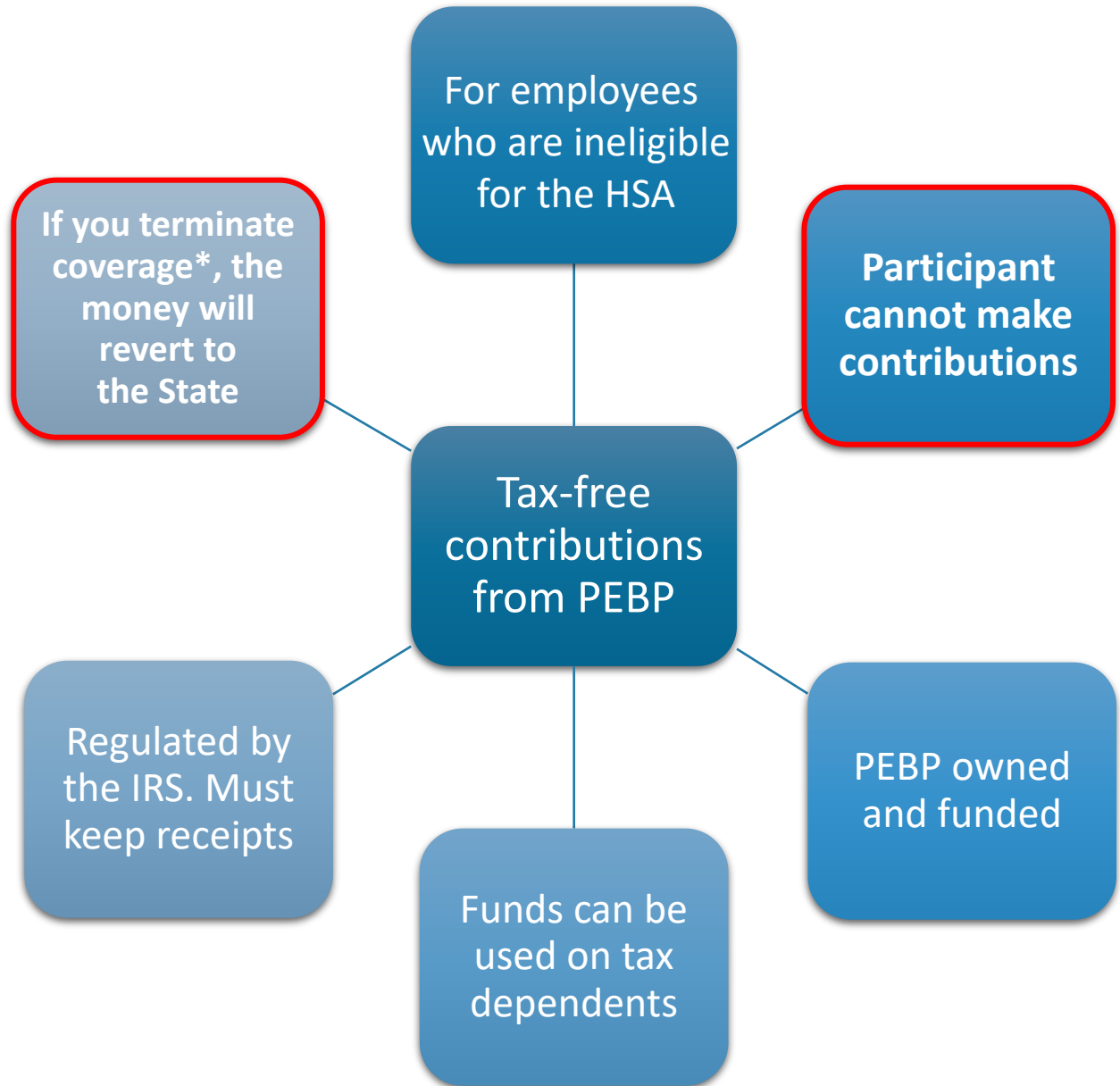


\$3,600
INDIVIDUAL

\$7,200
FAMILY

NOTE: The HSA calendar year is from January to December

Health Reimbursement Arrangement



*Terminating coverage includes leaving the CDHP-PPO (by declining coverage or switching plans) or by leaving state service

Important HRA/HSA FAQ's

Thinking about switching from the CDHP-PPO HRA to the LD-PPO plan?

There are no HSA or HRA accounts on the LD-PPO plan. If you currently have an HSA the money will stay with you and you can continue to use your HSA funds, but you will no longer be able to make contributions. If you have an HRA, your funds will revert to the state. This also applies if you switch to the HPN-HMO plan.

Does the LD-PPO plan come with an HSA or HRA?

The LD-PPO plan does not come with an HSA or HRA but you can have a FSA. If you currently have an HSA you can continue to use those funds to pay for eligible health care expenses.

How much will I receive from the state for my CDHP-PPO HSA/HRA?

Participants will receive \$600 and there are no additional funds for dependents.

I am currently enrolled in the CDHP-PPO with an HRA, when I transition to Via Benefits, what happens to the balance of CDHP-PPO HRA dollars?

If a member is on the CDHP-PPO and has an HRA, their HRA funds revert to the state when they transition over to Via Benefits.

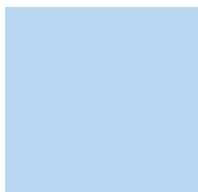
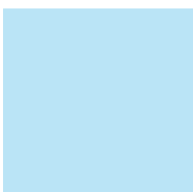
Flexible Spending Accounts



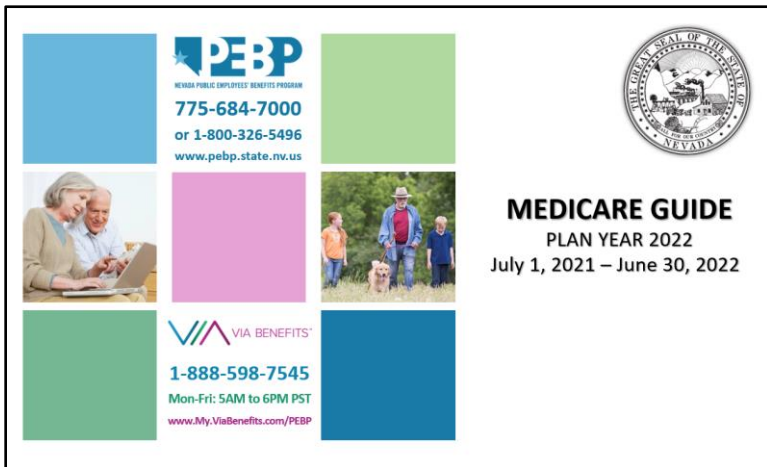
Flexible Spending Accounts

	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
Who is Eligible	Fulltime active state employees covered under the CDHP-PPO, LD-PPO, or HPN-HMO plans. Non-state and NSHE employees are ineligible for the PEBP sponsored FSA, but may be eligible through a similar program offered by their employer.		
Examples of Covered Expenses	Qualified medical, dental and vision expenses such as: <ul style="list-style-type: none"> • Chiropractor • Glasses • Contact lenses • Orthodontia • Copays 	Qualified dental and vision expenses such as: <ul style="list-style-type: none"> • Vision exams • LASIK surgery • Glasses • Contact lenses • Dental services • Orthodontia 	Qualified dependent care expenses such as certain: <ul style="list-style-type: none"> • Preschool expenses • Nursery school expenses • Child care in your home • Licensed home child care
IRS Annual Allowed Maximum Calendar Year Contribution	\$2,750	\$2,750	\$5,000 per household (\$2,500 if married - filing separate)
Can you have an HSA	No	Yes	Yes
Do funds roll over from year to year	Carry over up to \$550. Funds in excess of \$550 will be forfeited.	Carry over up to \$550. Funds in excess of \$550 will be forfeited.	No carry over. All excess funds will be forfeited.
Enrollment is not automatic. You have to re-enroll each year if you want to participate in a Flexible Spending Account and pay a \$3.15 per month administration fee.			

Resources on PEBP's Website



Interactive Guides



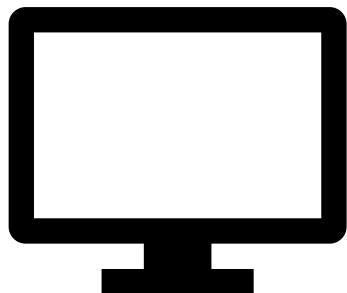
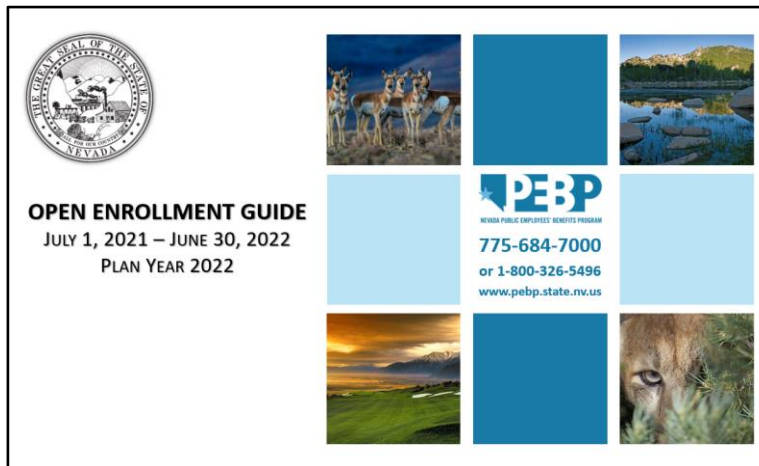
The Medicare Guide cover features a 3x3 grid of images. The top row includes a blue square, the PEBP logo with contact information (775-684-7000, 1-800-326-5496, www.pebp.state.nv.us), and a green square. The middle row shows an elderly couple, a pink square, and a family walking a dog. The bottom row has a green square, the VIA BENEFITS logo with contact information (1-888-598-7545, Mon-Fri: 5AM to 6PM PST, www.MyViaBenefits.com/PEBP), and a blue square. The Great Seal of the State of Nevada is in the top right, and the title 'MEDICARE GUIDE' and 'PLAN YEAR 2022' are centered.

MEDICARE GUIDE
PLAN YEAR 2022
JULY 1, 2021 – JUNE 30, 2022



The Benefit Guide cover features a 3x3 grid of images. The top row includes the Great Seal of the State of Nevada, a landscape of red rock formations, a blue square, and a snowy mountain scene. The middle row has a light blue square, the PEBP logo with contact information (775-684-7000, 1-800-326-5496, www.pebp.state.nv.us), and another light blue square. The bottom row shows a blue bird, a dark blue square, and a photo of horses. The title 'BENEFIT GUIDE' and 'PLAN YEAR 2022' are centered.

BENEFIT GUIDE
PLAN YEAR 2022
JULY 1, 2021 – JUNE 30, 2022

The Open Enrollment Guide cover features a 3x3 grid of images. The top row includes the Great Seal of the State of Nevada, a photo of deer, a blue square, and a lake scene. The middle row has a light blue square, the PEBP logo with contact information (775-684-7000, 1-800-326-5496, www.pebp.state.nv.us), and another light blue square. The bottom row shows a sunset over a golf course, a dark blue square, and a close-up of a lion's face. The title 'OPEN ENROLLMENT GUIDE' and 'PLAN YEAR 2022' are centered.

OPEN ENROLLMENT GUIDE
JULY 1, 2021 – JUNE 30, 2022
PLAN YEAR 2022



In-Network Providers

Find a Provider

Plans

Getting to Know Your Plan

New Hire Resources

Retiring Before Age 65

Retiring After Age 65

Plan Contents

[Find a Provider](#)

- Northern Nevada CDHP Providers
- Southern Nevada CDHP Providers
- Primary Care Provider – UNR School of Medicine

Select the tab below that corresponds with the coverage you are trying to access service from and then use the links to find in-network providers:

Consumer Driven Health
Plan (PPO)

Premier Plan (EPO)

Health Plan of Nevada
(HMO)

In order to receive the best health care possible and minimize your out-of-pocket expenses, you should access services from an in-network health care provider whenever possible. *If your provider is not currently participating with the PEBP Statewide Network and is interested in becoming a contracted provider, please click [here](#) to fill out a nomination form.*

Consumer Driven Health Plan

As a CDHP participant, you can use the links below to take you to the appropriate provider directory based on your location. From there, you will be able to search a list of in-network providers including pharmacy and dental providers and locations.

Getting to Know Your Plan

<https://pebp.state.nv.us>



Plans

Plans and Benefits Overview



Resources

Newsletters, How-To's and FAQs



Meetings & Events

Board Information and Calendar of Events



Contact Us

Have a question? We're here to help.



Getting to Know Your Plan

Plan Contacts

Retiring Before Age 65

Retiring After Age 65

New Hire Resources



Find a Provider

Get the best care possible and minimize your out-of-pocket expenses by accessing services from an in-network provider.

[Search providers now >>](#)

PLAN YEAR 2022

To review plan options, dependent eligibility, years of service subsidy and premium cost under the Consumer Driven Health Plan (PPO), Low Deductible PPO Plan (LD-PPO), Premier Plan (EPO), or Health Plan of Nevada (HMO), view the [Benefit Guide](#).

View the [Plan Comparison](#)

View the [Monthly Premium Rates](#)

View the [Qualifying Life Event Guide](#)

Additional Services



dr+ on demand

Hand-picked doctors
from top medical
schools with 15 years
average experience.

4.8/5



Average Doctor Star Rating

Doctors Available

24/7/365



Some of the conditions that
can be treated:

- Cold & Flu
- Asthma & Allergies
- Bronchitis & Sinus Issues
- Rashes & Skin Issues
- Eye Issues

CDHP-PPO

Medical Visit

\$49 copay

Behavioral Visit

\$79 copay for 25 minutes

\$119 copay for 50 minutes



Prescriptions* sent
directly to your
pharmacy of choice.

*Excluding narcotics

LD-PPO

Medical Visit

\$10 copay

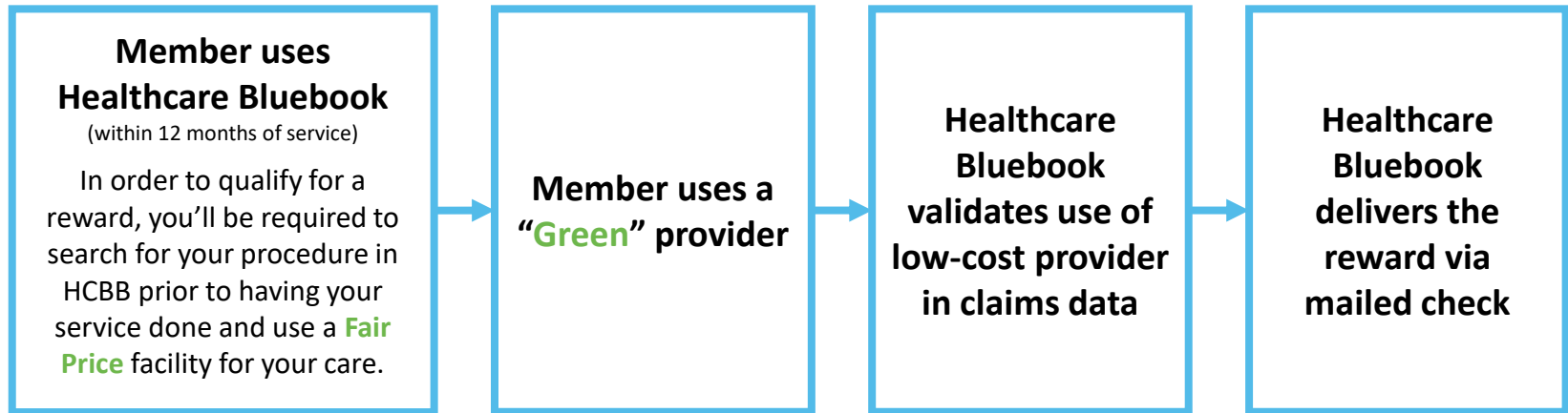
Behavioral Visit

\$20 copay for 25 minutes

\$35 copay for 50 minutes

Healthcare Bluebook Reward Process

Available on the CDHP-PPO and LD-PPO. Company Code: PEBP



- Compares quality and costs of medical services
- App available on smartphone, tablet, or computer
- Provides incentives for selecting high quality low cost in-network providers





Healthcare Bluebook

Outpatient Engagement Rewards by Region

Outpatient Procedure	Las Vegas Reward Amount	Reno Reward Amount	Elko Reward Amount
Bone Density Scan	\$0	\$0	\$0
Breast Biopsy	\$100	\$100	\$100
Carpal Tunnel Surgery	\$100	\$100	\$100
Cataract Surgery	\$0	\$100	\$100
Cholecystectomy	\$100	\$100	\$100
Colonoscopy	\$25	\$0	\$75
Complex Ear Drum Repair	\$100	\$100	\$100
CTs	\$0	\$25	\$50
Diagnostic Mammogram	\$0	\$0	\$0
Ear Tube Placement	\$100	\$100	\$100
Heart Perfusion Imaging	\$0	\$50	\$50
Hysteroscopy	\$100	\$100	\$100
Lithotripsy	\$100	\$100	\$100
MRIs	\$25	\$25	\$50
Nasal Surgery	\$100	\$100	\$100
Non-Obstetric Ultrasound	\$0	\$0	\$0
Obstetric Ultrasound	\$0	\$0	\$0
OP Elbow Surgery	\$150	\$150	\$150
OP Hip Surgery	\$150	\$150	\$150
OP Knee Surgery	\$150	\$150	\$150
OP Shoulder Surgery	\$150	\$150	\$150
Removal of Adenoids	\$100	\$100	\$100
Repair Finger Tendon	\$100	\$100	\$100
Screening Mammogram	\$0	\$0	\$0
Sleep Study	\$0	\$0	\$75
Tonsillectomy	\$100	\$100	\$100
Upper GI Endoscopy	\$50	\$50	\$75
X-Ray	\$0	\$0	\$0



Play and qualify to win a one of (4) \$100 Amazon Gift Cards!

Test your knowledge and learn how you can use Healthcare Bluebook to find the best provider in your area for hundreds of procedures.

Play Now!

[Healthcare Bluebook](#)
[OE Virtual Booth](#)

Login to your E-PEBP portal and access the HCBB single sign on feature to register and begin your search. Or call HCBB customer service for questions 1-800-341-0504.

2nd MD

State of NV PEBP employees, retirees, and their eligible dependents enrolled in PEBP's Consumer Driven Health Plan (CDHP-PPO) or Low-Deductible PPO (LD-PPO) have an exclusive membership to 2nd MD. 2nd MD is a virtual expert consultation and medical navigation service that is provided at **NO COST**.

2nd MD connects you with the leading specialists in their respective fields to answer questions, like:

- *"Do I have the right diagnosis?"*
- *"Am I getting the best treatment for my medical condition?"*
- *"Is this surgery or procedure the best option for me?"*
- *"Is the medicine I'm taking right for me?"*

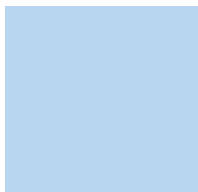
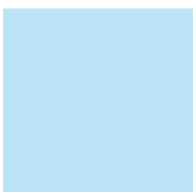
Connect with 2nd MD's Care Team:

- Call: 1.866.269.3534
- Visit: www.2nd.MD/pebp
- Download the 2nd.MD App



Voluntary Products

Not Administered by PEBP



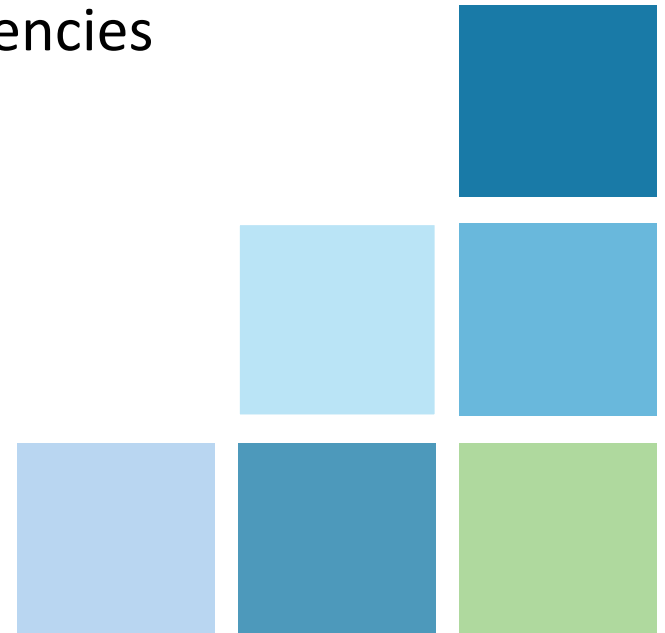


Voluntary Products	Open Enrollment or Qualifying Life Event	Anytime
Accident Insurance	X	
Buy-Up Vision Plan	X	
Critical Illness Plan	X	
Flexible Spending Accounts	X	
Hospital Indemnity Plan	X	
Legal Plan	X	
Auto, Home, and Renters Insurance		X
Identity Theft Protection		X
Pet Insurance		X
Short Term Disability		X
Voluntary Life Insurance		X



Other Opportunities




Offered by other state agencies



Employee Assistance Program (EAP)

The EAP provides support, resources, and information for personal and work related issues. Services are confidential and provided at no charge for you or qualifying dependents.

TOLL FREE: 1-888-319-8282 | www.eaphelpink.com Company Code: **nevada**

FINANCIAL QUESTIONS?	LEGAL QUESTIONS?	HELP WITH TO-DO LIST?	NEED SOMEONE TO TALK TO?
 <ul style="list-style-type: none"> ▪ Getting out of debt ▪ Credit card or loan problem ▪ Tax question ▪ Estate planning ▪ Saving for college 	 <ul style="list-style-type: none"> ▪ Divorce ▪ Bankruptcy ▪ Landlord/tenant issue ▪ Real estate transaction ▪ Civil or criminal action 	 <ul style="list-style-type: none"> ▪ Find a child care provider ▪ Find an elder care provider ▪ College planning ▪ Party planning ▪ Research a major purchase or home repair 	 <ul style="list-style-type: none"> ▪ Stress, anxiety or depression ▪ Relationship/marital conflict ▪ Problem with a child ▪ Grief and loss ▪ Substance abuse

What is your NDC Account designed to do?



- The Nevada Deferred Compensation Program (NDC) is a **voluntary retirement savings** program designed to:
 - Supplement your pension (PERS)
 - Can reduce current income taxes you pay now while you are typically in the highest tax bracket you will most likely ever be in, and making the most money you will typically make in your life.
 - Allows you to potentially lower your overall tax liability for the year, allowing for the potential of an increased tax return as well.



775-684-3397
<http://defcomp.nv.gov/>



Pharmacy. Smarter.®

Nevada Public Employees' Benefits Program
Plan Year: July, 2021 – June, 2022



Partnered with Express Scripts



83 Million
Members

60,000 Pharmacies
Nationwide

Using Your Member ID Card at a Participating Retail Pharmacy

- A retail pharmacy is a perfect choice for medications to treat an acute or temporary condition, such as antibiotics for an infection
- Short-term medications may be filled for up to a 30 days' supply
- **NEW Effective 7/1/21:**
 - Select retail pharmacies are part of a preferred Express Advantage Network (EAN). Use a preferred pharmacy for lower copays and to maximize your pharmacy benefit.
 - You may still use a non-preferred (non-EAN) pharmacy, but you will pay a \$10 surcharge for each short-term prescriptions. **Note: the \$10 surcharge does not apply towards your deductible and/or out-of-pocket maximum.**

Example

An LD-PPO plan participant may choose to fill their short-term generic drug at a preferred retail pharmacy for a \$10 copay (which will apply towards the out-of-pocket maximum) or may choose to fill at a non-preferred pharmacy for a total cost of \$20 (\$10 copay + \$10 surcharge) where \$10 will apply toward the out-of-pocket maximum.

Express Advantage Network

- For short-term prescriptions
- Includes up to 46,000 preferred locations
- Network Anchor: Walmart and Rite Aid
- Letters will be mailed out by June 1 to those plan participants found to be using a non-preferred retail pharmacy
- To locate a participating retail pharmacy
 - NEW MEMBERS (prior to July 1): Select “Locate a Pharmacy” under your plan option at www.express-scripts.com/NVPEBP
 - CURRENT MEMBERS: Log in to Express-Scripts.com, select “Prescriptions” and click “Find a Pharmacy”
 - Or call Express Scripts Member Services (24 hours a day, 7 days a week)

Locate a pharmacy

89701 Enter ZIP Code or City, State:

Locate Pharmacy

Show pharmacies starting with the letter:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z [Show all](#)

1 **SMART90 STANDARD**
599 E WILLIAM ST
CARSON CITY, NV - 89701-4033
775-885-9928

Preferred pharmacy: You may get up to a one month supply. ⓘ
Smart90 Standard ⓘ - 90 day supply: **Yes**
Dispenses a maintenance supply: **Yes**
[Get directions*](#)

4 **COSTCO #127**
700 OLD CLEAR CREEK RD
CARSON CITY, NV - 89705-0000
775-881-2502

Preferred pharmacy: You may get up to a one month supply. ⓘ
Smart90 Standard ⓘ - 90 day supply: **Yes**
Dispenses a maintenance supply: **Yes**
[Get directions*](#)

5 **WAL-MART #1648**
3770 US HIGHWAY 395 S
CARSON CITY, NV - 89705-6898
775-267-2461

Preferred pharmacy: You may get up to a one month supply. ⓘ
Smart90 Standard ⓘ - 90 day supply: **Yes**
Dispenses a maintenance supply: **Yes**
[Get directions*](#)

Map Satellite

Smart90 Retail Program

- Retail pharmacy option for long-term (maintenance) medications
- Continuing program for CDHP-PPO plan participants
- **Added program, effective 7/1/21 for LD-PPO benefit plans**
- Letters will be mailed out by June 1 to participants who need to move their 90-day supply prescription to a participating Smart90 maintenance retail pharmacy

Long-Term (Maintenance) Medications must be filled at either a participating Smart90 retail pharmacy or through Express Scripts home delivery pharmacy.

To locate the nearest participating Smart90 retail pharmacy:

Prior to July 1:

Express-Scripts.com/NVPEBP

Starting July 1: Express-Scripts.com

Locate a pharmacy

89701 Enter ZIP Code **or** City, State: 89701

Locate Pharmacy

Show pharmacies starting with the letter:

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [Show all](#)

Dispenses a maintenance supply: **Yes**

[Get directions*](#)

7 **SAVE MART PHARMACY #552**

3620 N CARSON ST
CARSON CITY, NV - 89706-0000
775-841-4430

Preferred pharmacy: You may get up to a one month supply. **i**

Smart90 Standard **i** - 90 day supply: **Yes**

Dispenses a maintenance supply: **Yes**

[Get directions*](#)

8 **SMITH'S FOOD AND DRUG #392**

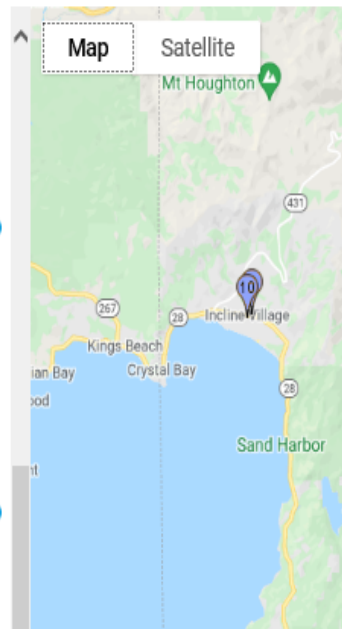
2200 US HIGHWAY 50 E
DAYTON, NV - 89403-7352
775-246-0920

Preferred pharmacy: You may get up to a one month supply. **i**

Smart90 Standard **i** - 90 day supply: **Yes**

Dispenses a maintenance supply: **Yes**

[Get directions*](#)



Enter ZIP Code or City, State (example: New York, NY):

53211

[Locate a pharmacy](#)

Below are the network pharmacies in , **MILWAUKEE, WI 53211**

FAMILY PHARMACY
3512 OAKLAND AVE
MILWAUKEE, WI 53211-0000
414-332-9300

Smart90 Anchor **i** - 90 day supply: **No**

Dispenses a maintenance supply: **No**

[Add Pharmacy](#)

SMART90 PHARMACY #1
ADDRESS 1
SHOREWOOD, WI 53211-2356
414-961-2001

Smart90 Anchor **i** - 90 day supply: **Yes**

Dispenses a maintenance supply: **Yes**

[Add Pharmacy](#)

METRO MARKET PHARMACY #6893
4075 N OAKLAND AVE
SHOREWOOD, WI 53211-2356
414-962-3744

Smart90 Anchor **i** - 90 day supply: **No**

Dispenses a maintenance supply: **No**

SMART90 PHARMACY #2
ADDRESS 1
MILWAUKEE, WI 53211-3228
414-332-1901

Smart90 Anchor **i** - 90 day supply: **Yes**

Dispenses a maintenance supply: **Yes**

Using Home Delivery Services from the Express Scripts PharmacySM

- Good option for long-term medications
- Convenience - Saving a trip to the retail pharmacy
- Automatic refills and renewals
- 24/7 pharmacist access from the comfort and privacy of your own home
- Secure packaging that ensures your privacy
- Free and safe delivery of your medicine
- You can refill, renew and track your order using the mobile app or online at express-scripts.com
- It's easy to start: Express Scripts will contact your doctor for you to get your new prescription delivered right away!



Getting Started With Home Delivery From the Express Scripts Pharmacy

Ask your doctor to write up to a 90-day prescription, with refills for up to one year as appropriate

- **Option 1:** Ask your doctor to send your prescription to Express Scripts via electronic-prescribing or fax
 - Prescriptions are processed and delivered within 5 to 8 calendar days (after receipt of your prescription)

Tip

Mail-order forms can be printed from www.express-scripts.com

- **Option 2:** Mail in your prescription
 - Print a mail-order form
 - Mail prescription and completed order form to the Express Scripts Pharmacy
 - First-time orders will usually be delivered within 8 to 11 calendar days after we receive your order

Prescription Drug Plans

Your prescription drug benefit is based upon the core benefit package selected:

1. Consumer Driven Health Plan (CDHP-PPO)
2. Low Deductible PPO Plan (LD-PPO)

Consumer Driven Health Plan (CDHP-PPO)

Your plan's drug coverage

Plan Year 2022 In-Network Pharmacy Benefits			
	Express Advantage Network (EAN) Pharmacies* (up to a 30-Day Supply)	Smart90 Retail Pharmacies (90-Day Supply)	Home Delivery from Express Scripts® Pharmacy (90-Day Supply)
Generic Medications	20% coinsurance	20% coinsurance	20% coinsurance
Preferred Brand-Name Medications	20% coinsurance	20% coinsurance	20% coinsurance
Nonpreferred Brand-Name Medications	You pay <u>100%</u> ; Deductible and Out-of- Pocket Maximum credit is not applied	You pay 100%; Deductible and Out-of- Pocket Maximum credit is not applied	You pay 100%; Deductible and Out-of- Pocket Maximum credit is not applied
Specialty Medications via <u>Accredo</u> , an Express Scripts Specialty Pharmacy	N/A	N/A	20% coinsurance (up to a 30-day Supply)

*If you use a non-EAN pharmacy, you'll pay an extra \$10 per short-term prescription.

Plan Year 2022 In-Network Specialty Pharmacy Benefits		
	Individual	Family
Deductible	\$1,750	\$3,500 Individual Deductible \$2,800
Out-of-Pocket Maximum	\$5,000	\$10,000 Individual OOP Cap \$6,850

CDHP-PPO Preventive Medication Benefit

- In addition to eligible medications covered under the plan's wellness benefit (at \$0 member cost in accordance with the Affordable Care Act), your plan is offering a number of additional preventive medications for just a coinsurance payment
 - 20% coinsurance, bypass plan deductible
 - Excluded: Brand drugs with generic equivalents, diabetes medications
 - Example: Asthma/COPD, Diuretics, High Blood Pressure, Cholesterol Lowering
- To locate a list of commonly prescribed preventive medications:
 - Prior to July 1: Visit www.express-scripts.com/NVPEBP
 - Starting July 1: Log in at www.express-scripts.com (link located on bottom of home page under "Benefit and account notifications") or visit PEBP's website at www.pebp.state.nv.us

Low Deductible (LD-PPO) Plan

Your plan's drug coverage

Plan Year 2022 In-Network Pharmacy Benefits			
	Express Advantage Network (EAN) Pharmacies* (up to a 30-Day Supply)	Smart90 Retail Pharmacies (90-Day Supply)	Home Delivery from Express Scripts® Pharmacy (90-Day Supply)
Generic Medications	\$10 copay	\$20 copay	\$20 copay
Preferred Brand-Name Medications	\$40 copay	\$80 copay	\$80 copay
Nonpreferred Brand-Name Medications	\$75 copay**	\$150 copay**	\$150 copay**
Specialty Medications via Accredo, an Express Scripts Specialty Pharmacy	N/A	N/A	30% coinsurance (up to a 30-Day Supply)

Copayments do not apply to the deductible, but do apply to the out-of-pocket (OOP) maximum

*If you use a non-EAN pharmacy, you'll pay an extra \$10 per short-term prescription.

Plan Year 2022 In-Network Specialty Pharmacy Benefits		
	Individual	Family
Deductible*	\$500	\$1,000
Out-of-Pocket Maximum	\$5,000	\$10,000

*Deductible applies to specialty medications. Deductible dollars apply to the out-of-pocket (OOP) maximum

CDHP-PPO Disease Management Programs

- Members can enroll in the Diabetes Care Management and/or Obesity and Overweight Care Management program by contacting PEBP's claims administrator listed in the Participant Contact Guide
- Plan preferred medications follow program-specific copayment structure
 - Not subject to the plan year deductible. Applies to the annual out-of-pocket maximum.
 - Express Scripts home delivery pharmacy or participating retail pharmacies
 - Retail fills greater than 30-day supply will charge 3x program 30-day supply copayment
- Diabetic Supplies (ex: test strips, syringes, alcohol pads, lancets)
 - Mail order service through Express Scripts pharmacy only (up to 90-day supply)
 - \$50 maximum copay applies to each diabetic supply item. If cost is less than \$50, patient will pay the cost of the supply.
- Diabetes Participants are eligible for one blood glucose monitor/meter per year at \$0 copayment. Insulin pump supplies only covered under medical plan.

CDHP-PPO & LD-PPO Disease Management Program

- Members can enroll in the Obesity and Overweight Care Management program by contacting PEBP's claims administrator listed in the Participant Contact Guide
- Plan preferred medications follow program-specific copayment structure
 - Applies to the annual out-of-pocket maximum.
 - Express Scripts home delivery pharmacy or participating retail pharmacies
 - Retail fills greater than 30-day supply will charge 3x program 30-day supply copayment
- Refer to your Participant Contact Guide for program retail and home delivery copayment structure

Making the Best Use of Your Benefit

Ask your doctor if a generic medication will work for you

- When you receive a prescription from your doctor, or if you are taking brand-name drugs today, ask
 - If a generic version of the medication is available
 - If generic medications are right for you
 - If there are any risks if you change from a brand-name drug to a generic drug
- Generics have the same chemical makeup as brand-name counterparts and have the same effect on the body
- Makers of generics spend less on research and advertising, and the savings get passed on to you

8 out of 10
prescriptions
filled in
the United States
are for
generic drugs

Prior Authorization



- A program that monitors certain prescription drugs to get you the medicine you require while reducing costs.
- It makes sure you're getting a prescription that is suitable for the intended use and covered by your prescription plan.
- If your pharmacist tells you that your prescription needs a prior authorization (PA), it simply means that more information is needed, to see if your plan covers the drug. Only your physician can provide this information.

To get the PA started:
Please have your physician visit the
Express Scripts online portal at
esrx.com/PA

Drug Quantity Management



- The right medicine in the right amount
- When you are prescribed certain medicines that are a part of a drug quantity management (DQM) program, Express Scripts will make sure you get it in the amount – or quantity – considered safe and effective by the U.S. Food & Drug Administration (FDA)
- You get the right amounts for good health and the health of your family
- There is nothing that you need to do differently – when you submit a prescription for a medicine in a DQM program, you'll get the recommended amount – which should last until it's time for a refill

Accredo Specialty Pharmacy



14

Areas of focus, including:



Hepatitis C



Oncology



Multiple
Sclerosis

Unique clinical protocols

maximize safety, effectiveness
and affordability

One-on-one counseling

from specialty pharmacists
and nurses

Have a question about a medication?

Give us a call

Each specialist pharmacist has had specialized training in the medications used to treat a specific condition, such as:

- High cholesterol
- High blood pressure
- Depression
- Diabetes
- Asthma
- Osteoporosis
- Cancer

You can contact a pharmacist 24/7 to ask about:

- Drug interactions
- Side effects
- Risks and benefits of your medication
- Help taking your medication as prescribed — which is one of the best ways to help maintain or improve your health



Talk with an Express Scripts pharmacist for general counseling — or a specialist pharmacist for complex concerns — by calling the number on the back of your prescription drug ID card

855-889-7708

Helpful Tools Available to You

Open Enrollment Website

www.express-scripts.com/NVPEBP



Pharmacy Benefit Plans About Express Scripts

Get to know your Express Scripts pharmacy benefits

Just like your medical plan covers visits to your doctor, your Express Scripts prescription plan covers the medication your doctor prescribes.


We're the largest independent pharmacy benefit manager (PBM) and one of the biggest pharmacies in the U.S. We serve more than 85 million people.


If you have questions about your prescription plan while using this website during your Open Enrollment period, plan information is also available on the E-PEBP portal at www.pebp.state.nv.us and in the benefit's Master Plan Document (MPD). You can also contact Express Scripts at 855.889.7708.


[Learn more about Express Scripts](#)


We're partnering with PEBP – Nevada Public Employees' Benefits Program to manage your pharmacy benefits.

Explore your plan options.

 **CDHP Plan – Individual Coverage**

 **CDHP Plan – Family Coverage**

 **Premier (EPO) Plan**

 **Low Deductible PPO Plan**

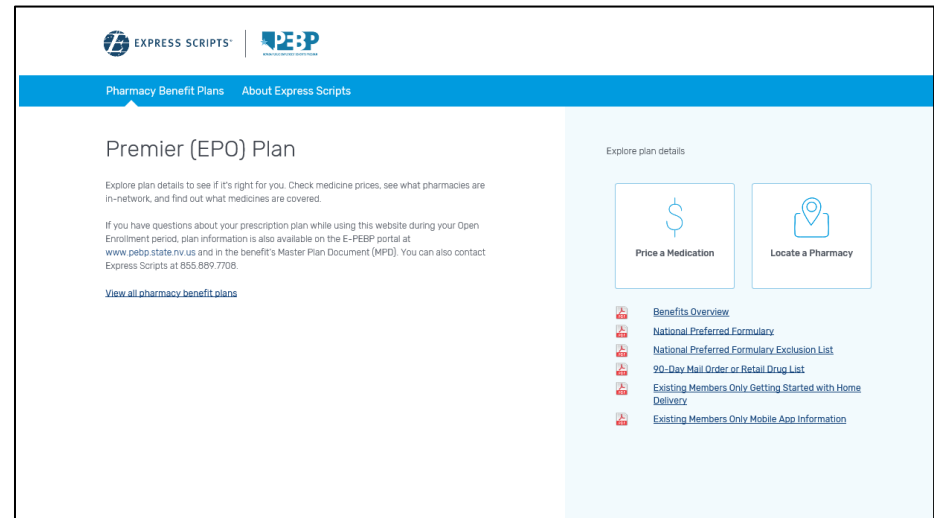
[Express Scripts Home](#) [Log in to Express Scripts](#) [Terms of Use](#) [Privacy](#)

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Open Enrollment Website

www.express-scripts.com/NVPEBP

- Access your Benefits Overview
- Review a listing of the most commonly prescribed drugs, representing an abbreviated version of your plan's preferred drug list (formulary)
- Price a Medication to receive an approximate cost under your plan selection
 - CDHP-PPO participants may choose to view copayment results “before” or “after” plan deductible is satisfied
- Locate a participating retail pharmacy

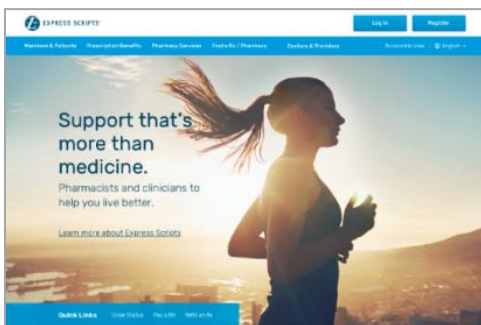


If you have questions about your prescription plan while using this website, call Member Services at 855.889.7708

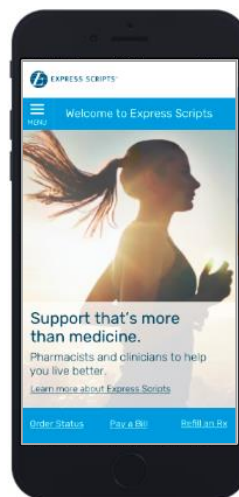
Express Scripts Registration

Use express-scripts.com and the Express Scripts mobile app to manage your medications and prescription benefit plan.

There are two easy ways to register:



Register at express-scripts.com or



... download the **Express Scripts** mobile app for free and register

- Register using your member ID number or Social Security Number (SSN)
- One user name and password is all you need for web and mobile app access



Manage your prescriptions
online 24/7

- Check order status with tracking
- Refill a prescription
- Enroll in automatic refills
- Find ways to save money
- Transfer a prescription from a retail pharmacy to home delivery
- View claims, balances and prescription history
- Receive online alerts if there's a prescription-related safety issue

The screenshot displays the Express Scripts user interface. At the top, there's a navigation bar with links for Prescriptions, Benefits, My Account, and Help. Below this, the 'Recent Order Status' section lists several orders with details like medication name, dosage, and status (e.g., 'We need your approval', 'Address Verification Required'). The 'Automatic Refills' section features a '3' icon and text explaining the convenience of the program. Below that, a list of prescriptions eligible for automatic refills is shown. The bottom section, 'Prescriptions You Can Order Today', lists medications like Omeprazole and Zyltga, along with their status and a 'Refill past due' warning for one of them.

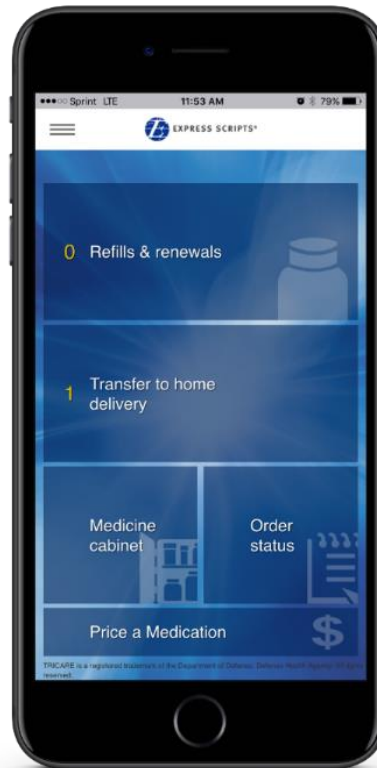
On the go through the Express Scripts Mobile App

Convenience

- Easy-order refills and up-to-the-minute order status

Simplicity

- One swipe of the finger is all it takes to stay on track with medicines



Peace of Mind

- Reminders and a drug interaction checker

Versatility

- Delivering personalized prescription information – *whenever & wherever* you need it

Express Scripts:

We're here for you

- **NEW MEMBERS:**
Visit the Express Scripts Open Enrollment website at Express-Scripts.com/NVPEBP
- **EXISTING MEMBERS:**
Register at Express-Scripts.com,
using the information on your member ID card
- Download the [Express Scripts mobile app](#)
from your app store
to manage your medicines
anywhere, anytime
- Call the Member Services number on the
back of your member ID card:
[855-889-7708](tel:855-889-7708)



Thank you





Health Plan of Nevada (HPN)

HMO Benefit Overview for Southern Nevada PEBP Participants
Plan Year 2022 (July 1, 2021 – June 30, 2022)



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



Access.
Quality.
Affordability.

Medical Benefit Snapshot



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Service	HPN HMO Plan
Primary Care Provider Visit	\$25
Specialist Visit	\$25 (with a referral) \$40 (without a referral)
Urgent Care Visit	\$50
NowClinic® Virtual Visit	\$0
Emergency Room Visit	\$750 per visit waived if admitted
Hospital Admission	\$750 per admission
Outpatient Hospital Facility Services	\$50 per surgery @ ambulatory facility
Diagnostic X-ray and Lab	\$0
Pharmacy Tiers 1-4	\$10/\$40/\$75/30% \$150 individual/\$300 family deductible for Tier IV (Specialty)

Form Nos. 17H_KN_SOL_HMO_5_SON, 17H_KN_SOL_HMO_25_DA_SON, 17H_KA_4T_RX74075_40SP_2_5X, 17H_KA_4T_RX255075_40SP_2_5X. These Plans include additional benefits, exclusions and limitations which are shown in the Health Plan of Nevada Evidence of Coverage, Attachment A Benefit Schedule, any other applicable Riders and the Summary of Benefits and Coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.

Medical Student and Travel Coverage



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Care While at School or Traveling:



Student coverage is available for eligible dependents enrolled in an accredited college, university or vocational school anywhere in the United States.



Travel coverage is available for members and their dependents for certain covered services while traveling for business or pleasure in the United States.

Vision Benefit Snapshot



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Vision Plan	Plan Benefits
Examination (one during 12 consecutive months)	\$10
Lenses (one pair during 12 consecutive months)	\$10
Frames (one pair during any 24 consecutive months)	\$100 maximum allowance
Medically Necessary Contact Lenses (one pair during any 12 consecutive months, in lieu of lenses and frames)	\$250 maximum allowance
Elective Contact Lenses (one pair during any 12 consecutive months, in lieu of lenses and frames)	\$115 maximum allowance

Service Highlights

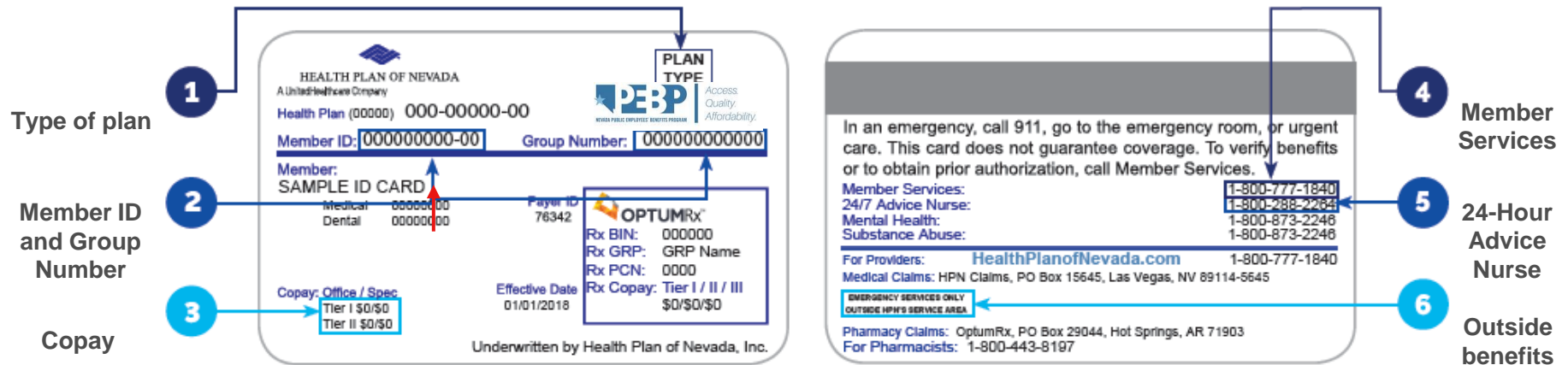
Resources, Programs and
Updates



Member ID Card



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



Card shown is an example. Plan and copays may differ.

What's Important!

- Always carry your ID card with you! It contains copays and costs on the front of it.
- Questions about care, symptoms or scheduling? Call our 24/7 advice nurse.
- Benefits and claims questions? Call Member Services.

24/7 Advice Nurse

Health care advice. Just a phone call away.

Get health care advice at no additional cost to you.

If you're unsure about your condition, our 24/7 advice nurse may be able to help. Our nurse is available to answer questions, provide self-care advice and help you decide whether to seek care, or schedule an appointment with your provider.



Call 1-800-288-2264
(This number is listed on the back of your ID card)



Virtual Visits



Urgent Care



Emergency room



Schedule an
appointment
with your
provider



Provide self-
care advice

Follow simple steps to help you transform and get the tools you need to make it happen. Real Appeal® is an online weight loss program customized to what works for you.



STEP
01

Enroll at **MyHPNStateofNevada.com/Real-Appeal**.

STEP
02

Get your free success kit with food and weight scales, recipes, workout DVDs and more – shipped to your door.

STEP
03

Schedule weekly online group sessions with your transformation coach.

STEP
04

Download the **Real Appeal app** and track your progress.

NowClinic® Virtual Visits

Secure video chat with a provider from your computer or mobile device for a \$0 copay.



No appointment needed to get care for non life-threatening and non-urgent medical conditions, such as:

- Allergies
- Bladder infection
- Bronchitis
- Pink eye
- Sinus infections
- Viral illnesses

Appointment required for consultations, follow up care or meetings scheduled by providers, including:

- Behavioral health
- Specialties
- Health education
- Case management

Enroll and get care! Download the **NowClinic app** or go to [NowClinic.com](https://www.nowclinic.com) and sign up. Visit your health plan's website to learn how to schedule an appointment and get information on same-day medication delivery using NowClinic.

HPN Provider Network

Highlights and updates





Over 450+ providers and 45 locations delivering care across Southern Nevada!



Innovative On Demand Care

6 urgent care locations - one is 24-hour with a close observation unit and infusion center

7 convenient care locations

NowClinic virtual visits and E-visits



2 Ambulatory Surgery Centers

Surgery services include:
Gastroenterology, Cardiology, Pain Management, Orthopedics, Podiatry, General Surgery, Dental Surgery, Ear, Nose and Throat, General Eye, Gynecology, etc.



17 Specialty Departments

Allergy, Endocrinology, Hospice, Orthopedics, Pharmacy and Home Medical Equip, Rheumatology, Breast Care, Gastroenterology, Neurology, Pain Management, Podiatry, Urology, Cardiology, Home Health, Oncology, Palliative Care, Pulmonology.



State of the Art Cancer Center

55,000 square foot Cancer Center located in Las Vegas Medical District with 7 satellite locations

Network/Plan Highlights



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



HCA Healthcare Sunrise Health System facilities added to HPN network in 2020:

- 17 CareNow urgent care facilities
- Sunrise Hospital and Medical Center, Sunrise Children's Hospital, MountainView Hospital, and Southern Hills Hospital and Medical Center
- Four surgery centers



On-demand healthcare at home available to HPN members



MyHPN app is now available in your app store

Urgent Care House Call



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Quick. Efficient. Affordable. Urgent care house calls can treat most things urgent care centers can for the same cost. We collaborate with Dispatch Health to provide in-home medical services.



A medical team will visit you in your home to:

- Check symptoms and make sure you are feeling better.
- Review and clarify the medications you're taking, and prescribe or refill medications if needed.
- Answer questions and keep you informed about your medical condition.
- Provide advanced treatment in the home if required (IV fluids, lab tests, sutures, and much more).



Available 7 days a week 8 a.m. – 10 p.m. Call the 24/7 advice nurse at **1-800-288-2264**, to see if an urgent care house call is appropriate for you and set up your appointment.

Easily manage your health plan information on the go.



STEP
01

Search for **MyHPN** in your app store and download the app.

STEP
02

Sign in with your One Healthcare ID. First-time users will need to create an account.

STEP
03

Save your password with Touch ID or Face ID, if desired.

STEP
04

Use the MyHPN app to:

- Find out who is on record as your primary care provider (PCP).
- Talk with an advice nurse. Available 24/7.
- Video chat with a provider 24/7. No appointment needed.
- Search for a doctor, specialist, facility or lab.
- Get step-by-step directions to contracted urgent care, convenient care and hospitals near you.
- View, download, email and save your health plan ID card to your Apple Wallet™.
- See your copay, deductible, and out-of-pocket expenses, if applicable.
- Check the status of a claim, prior authorization or referral.
- Access your health records.*
- Update your contact information and address.
- Select communication preferences.

Health Education and Wellness

We've got you covered.

Our Health Education and Disease Management teams provide support and resources to help you stay well.



Nutrition



Diabetes



Weight management



Asthma



Stop smoking



Kidney health



Prediabetes



Online education



Telephonic education



Registered nurses



Registered dietitians



1:1 consultations



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Questions?



Telephone Number:
1-877-545-7378, TYY 711



Website:
MyHPNStateofNevada.com

Dates and Deadlines

Plan Year 2022
Open Enrollment

May 1st - May 31st



Deadline to Upload
Supporting Documents

June 1, 2021



Deadline to
Complete Changes

May 31st



Changes
Become Effective

July 1, 2021



This presentation is available on the Open Enrollment section of the PEBP website

Questions?



Nicole Pluta, Education and Information Officer



*Access.
Quality.
Affordability.*

Public Employees' Benefits Program
901 S. Stewart St. Suite 1001
Carson City, NV 89701

www.pebp.state.nv.us

memberservices@peb.nv.gov

775-684-7000 or 1-800-326-5496

Log on to your E-PEBP Portal to contact us!



Thank You FOR JOINING Us!