

PEBP & MEDICARE GUIDE

PLAN YEAR 2027

July 1, 2026 – June 30, 2027

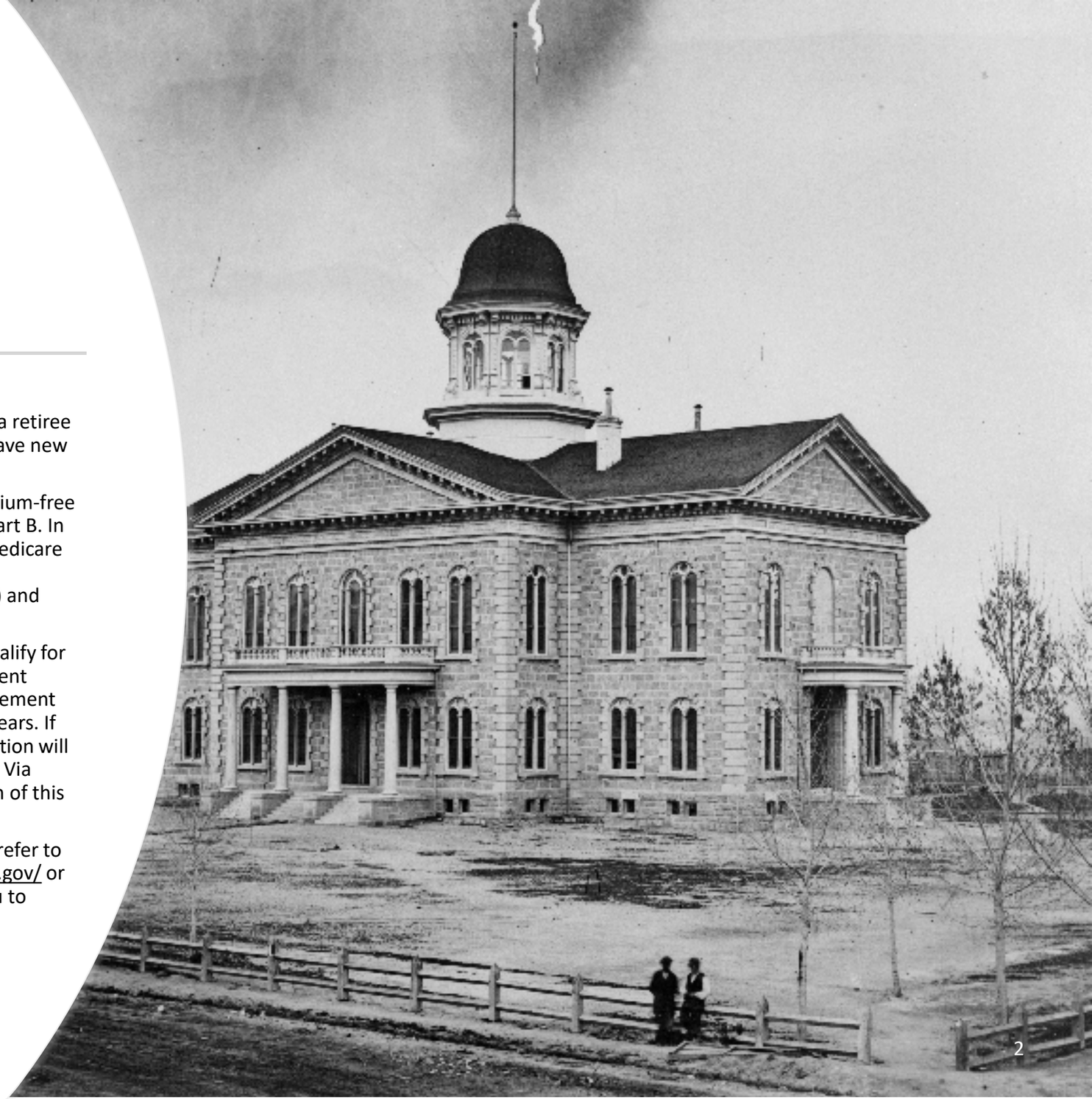


Public Employees' Benefits Program

Ensuring affordable, reliable health care for Nevada

WELCOME

- Soon you or your covered dependent may be eligible for Medicare. As a retiree or a covered dependent of a retiree who is aging into Medicare, you will have new options for your medical, dental, prescription drug, and vision coverage.
- **What is changing?** When you are retired and become eligible for premium-free Medicare Part A you will need to enroll in Part A and purchase Medicare Part B. In most cases, you must transition into a medical plan offered through the Medicare Exchange with Via Benefits. Via Benefits gives you access to a Medicare marketplace which offers Medicare Advantage Plans (PPO and HMO plans) and Medigap (supplement) Plans.
- Eligible retirees enrolled in a medical plan through Via Benefits may qualify for a monthly contribution to a Via Benefits Health Reimbursement Arrangement (HRA) account. The contribution is based on the retiree's date of hire, retirement date and years of service, beginning with 5 years up to a maximum of 20 years. If you are eligible for the HRA allocation, your first Via Benefits HRA contribution will begin when your medical plan becomes effective through Via Benefits. For Via Benefits HRA contribution amounts, refer to the PEBP HRA Funding section of this guide.
- For more information and details on eligibility or plan benefits, please refer to the applicable plan documents on PEBP's website at https://www.pebp.nv.gov/ or by calling PEBP and requesting a copy be mailed to you. We encourage you to review key terms and definitions before you begin.



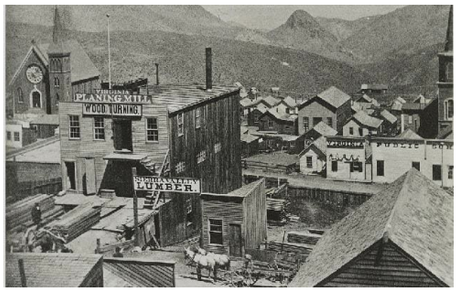


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⚠ Important: Basic Life Insurance (BLI) & Late Enrollment

If you leave PEBP coverage, you permanently forfeit your Basic Life Insurance (BLI). BLI cannot be reinstated later. By Nevada law (NRS 287.0475 and NRS 287.0205), eligible retirees may have one opportunity to re-enroll in a PEBP plan as a late enrollee during Open Enrollment; however, BLI is excluded and will not be restored.

A break in coverage, including enrolling in a Medicare plan outside Via Benefits or not paying Medicare Part B premiums on time will result in permanent loss of BLI.

Late Enrollment (how to request):

Contact PEBP April 15–May 15 to request the retiree late enrollment form and return it to PEBP no later than May 31st. If approved, coverage begins July 1. You must meet statutory eligibility requirements.

Note: These rules are set by Nevada Revised Statutes (NRS) and are not a PEBP policy choice.

This interactive guide will explain the PEBP Medicare requirements, enrollment options, and timeframes. PEBP has very specific enrollment timeframe requirements for Medicare. It is very important that you read and understand these requirements. If you have questions, you may send a secure message through your E-PEBP Portal or call PEBP Member Services at 775-684-7000, 702-486-3100 or 1-800-326-5496.

Note: Active employees and eligible dependents are not required to enroll in Medicare until retirement. See the Enrollment and Eligibility section of this guide for more details.

Who is Via Benefits?

PEBP has chosen Via Benefits to work with you as you approach age 65 or will be retiring after age 65 and become eligible for Medicare. Via Benefits is not an insurance company. They are a resource that gives you access to a Medicare marketplace that includes a wide variety of plans from the nation's leading health insurers. They will assist you with your enrollment options and help you transition from your current group coverage (PEBP) to a medical plan offered through Via Benefits. The individual insurance plan(s) you purchase from Via Benefits will replace the group plan you currently have through PEBP.

Via Benefits also administers the Health Reimbursement Account (HRA) and reimbursements to eligible Medicare retirees.

#1



The first and largest private Medicare company

2.1 M



Retirees from hundreds of employers

120+



Insurance providers

17th

20th



Enrollment Season

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Licensed Benefit Advisors

To help you decide which individual plan(s) are right for you, you will have the assistance and expertise of a Via Benefits Licensed Benefit Advisor. During your enrollment, a Benefit Advisor can help you compare, select and enroll in the plan(s) that fit your needs and budget.

The Benefit Advisors and easy-to-use optional online tools will guide you through the individual Medicare market ensuring you confidently choose the plan that fits your needs.

During your enrollment call, your Benefit Advisor will ask questions to find the plan(s) that fit your needs. To simplify this process, have answers to the questions on the Via Benefits checklist ready. Space is provided in the Notes section of this guide to write the answers to questions your Benefit Advisor will ask.

Licensed Benefit Advisors are licensed by state departments of insurance and must be certified by the health insurance carriers before they can enroll retirees into their products.



Licensed Benefit Advisor

An employee who works for Via Benefits and provides support to participants in selecting individual Medicare plans, resolving claim issues and changing Medicare plans, if necessary.

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What to Expect from Via Benefits



Personalized, Step-by-Step Guidance

Licensed Benefit Advisors and easy-to-use online tools will guide you step by step through the Via Benefits' marketplace.



Unbiased, Objective Support

Unbiased support from Licensed Benefit Advisors who are trained to be your objective advocates. Their compensation is never tied to your plan selection.



Quality Plan Options

Via Benefits works with leading national and regional insurance companies to ensure you have quality plans to choose from.



Efficient, Accurate Enrollment

Once you have selected a plan, an application data processor will assist you with completion of your application to ensure it is processed correctly.



Support After You Enroll

When you purchase a Medicare plan through Via Benefits, they will continue to be your advocate for the lifetime of your enrollment.

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How to Prepare

During the specified enrollment period, you will supplement your original Medicare coverage with medical and prescription drug coverage purchased from Via Benefits. The insurance plan(s) you purchase from Via Benefits will replace your PEBP group plan.

Your new individual plan will supplement the coverage provided by original Medicare Parts A+B with supplemental medical and prescription drug coverage. This supplemental coverage is available to everyone who is Medicare-eligible, regardless of income.

Before your call with Via Benefits to complete your enrollment, take a few moments to research the plans available to you and consider your health care priorities. You can shop and compare plans at https://my.viabenefits.com/pebp to help narrow your options and find plans that meet your specific needs.

In this section you will also find important timeframes in which you or your Medicare eligible dependents are required to follow. Failure to submit copies of the Medicare Part A+B card (or Part A denial letter and Part B card) and TRICARE for Life military ID (if applicable) within the required timeframe will result in termination of all PEBP-sponsored benefits including medical, prescription drug, dental, vision, basic life insurance, HRA contribution, and any voluntary products. For detailed information please review the Enrollment and Eligibility section.

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The same rules apply to your covered dependents.

PEBP no longer requires dependents to enroll with Via.

TIMEFRAMES

I am retired and turning age 65, when do I sign up for Medicare?

- PEBP requires you to sign up for premium-free Medicare Part A and purchase Part B coverage approximately 90 days before your 65th birthday.
- If you sign up for premium-free Part A and purchase Part B approximately 90 days before your 65th birthday, your Part A and Part B coverage will start the 1st day of the month you turn 65, or the month before you turn 65 (if your birthday is the 1st day of the month).

I am retiring soon, and I am 65 years old or older. When do I sign up for Medicare?

- PEBP requires you to sign up for premium-free Medicare Part A and purchase Part B coverage approximately 90 days before your retirement date to ensure you are enrolled in Part A+B on the date your PEBP retiree coverage becomes effective.
- Premium-free Medicare Part A and/or B coverage is not required until you are retired.

When am I required to enroll in a medical plan through Via Benefits?

- If you are retired, the requirement to enroll in a medical plan through Via Benefits will depend on whether you:
  - Qualify for premium-free Medicare Part A
  - Are covering a non-Medicare dependent; and/or
  - Have TRICARE for Life
- In most cases, you will need to enroll in a medical plan through Via Benefits within 60 days of your Medicare effective date.

Important: Retirees or those newly retiring that are required to transition to the PEBP Medicare Exchange (Via Benefits), must provide proof of Medicare A&B and enroll with Via Benefits within 60 days. **Failure** to do so will result in **termination of PEBP coverage and the permanent loss of basic life insurance.** If you do not enroll with VIA by the date, you are eligible or notify PEBP that you want to decline, you will remain on a PEBP plan up to 60 days. Premiums must be paid during this period.

When a Copy of Your Medicare A+B Cards are Due

Birthday occurs on the 1st day of the month	Birthday occurs between the 2nd and last day of the month	Approved for Medicare Parts A+B due to receiving Social Security Disability	Newly retiring employees aged 65 and older
Due by the last day of your birthday month	Due by last day of the month following your 65th birthday month	Due within 60 days of the Medicare Part A and B effective date	Due within 60 days of your retirement coverage effective date
Birthday: May 1st Due Date: May 31st	Birthday: May 26th Due Date: June 30th	Medicare A+B Effective Date: September 1st Due Date: October 31st	Retirement Effective Date: August 1st Due Date: September 30th

Before Your Enrollment Call

Timeframes
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While you don't have to go online, the online tools are easy to use and can help reduce the amount of time you spend on the phone.

Create Your Account

- Creating an account allows you to save your prescription drug information, search for and save plans, and track the status of your applications.
- To create an account, simply click the *My Account* link on the Via Benefits' website. If you're a first-time visitor, some information is required. If you're a returning visitor, enter your username and password.

Your Personal Profile

- Once your account is created, you're ready to shop for and compare plans. While shopping, you may be asked to confirm additional information about yourself in your account. Via Benefits refers to this information as your "personal profile" and providing it will simplify the enrollment process and expedite your enrollment call.
- You may be asked to confirm information that already appears in your personal profile. This information was provided to Via Benefits by PEBP and confirming that it is up-to-date helps ensure an accurate enrollment.
- You may review the status of your personal profile by clicking the Edit profile link on the My Account section of the Via Benefits' website.

Have Your Information Ready

- After you have verified your personal information, you will be asked to add your current medications, preferred pharmacy, and doctor information to your account. Instructions on how to prepare this information are provided on the Notes section of this guide. Collecting and providing this information in advance will allow you to complete your personal profile more quickly and will help reduce the length of your enrollment call.
- If you choose not to complete your profile online, having this information ready for your call will ensure your enrollment is accurate and efficient, and will reduce the length of your enrollment call. Once you have provided the requested information, securely file this guide.

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Via Benefits Check List

Before you make your call, take a moment to ensure you have collected all the information that you will need to complete your enrollment. Consider the following questions:

- ❑ Is it important for you to keep your current doctors?
- ❑ How many doctors or specialists do you see, and how frequently?
- ❑ Do you have any medical conditions or upcoming treatments?
- ❑ Do you have a home in another part of the country, or do you travel often?
- ❑ Do you need routine care while away from home?
- ❑ Do you use mail order for prescriptions?
- ❑ Do you have a preferred pharmacy?
- ❑ Are you willing to pay copayments and deductibles if you can pay lower premiums?

Have you:

- ❑ Created your online account and verified your personal profile (optional)?
- ❑ Researched your plan options online, noting plans that interest you and reasons why?
- ❑ Found a plan that interests you? Add it to your cart or write its name down and reasons you prefer it in your notes.

Do you have this information available?

- ❑ Social Security Number
- ❑ Medicare ID card, with effective dates for Medicare Parts A+B
- ❑ A list of your prescriptions, including dosage & frequency (if not already added to your online account)
- ❑ Your doctors' names & addresses (if not already added to your online account)
- ❑ Your billing information. Some insurers may require first month's premium payment during the application process.

Does a family member, friend, or caregiver help you make health care decisions?

- ❑ If so, have them available during your call. Your Benefit Advisor can connect them, with your recorded permission, even if they are calling from a different phone number or state.

Self Quiz

Answer the following questions and calculate your score to help you determine which type of Medicare plan may fit your needs. This quiz is *not* a comprehensive list of the questions you will be asked during your enrollment call. Your Benefit Advisor can help you choose the best plan for you during your enrollment call.

Do you have any chronic conditions, such as diabetes, heart disease, or upcoming major treatments, such as surgery?

- ☐ Yes (2 points)
- ☐ No (1 point)

Are you willing to pay deductibles or co-payments?

- ☐ Yes (1 point)
- ☐ No (2 points)

Do you travel often, or spend much of the year in a part of the country other than your home?

- ☐ Yes (2 points)
- ☐ No (1 point)

How many times per year do you see your doctors?

- ☐ More than 10 visits (3 points)
- ☐ 6 to 10 visits (2 points)
- ☐ Fewer than 6 visits (1 point)

How many doctors or specialists do you see regularly?

- ☐ More than 6 (3 points)
- ☐ 4 to 6 (2 points)
- ☐ 3 or fewer (1 point)

Score

5 points
Medicare Advantage Plan

6 or 7 points
Medicare Advantage Plan or Medigap Plan

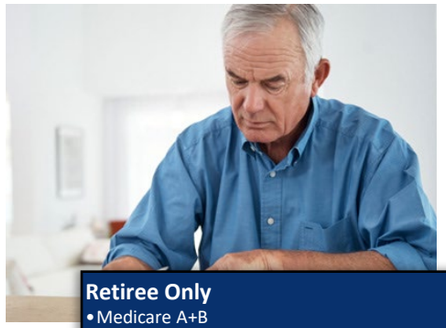
8 points or higher
Medigap Plan

Enrollment and Eligibility

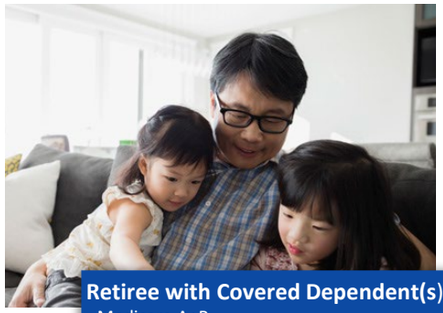
- Retiree Only
- With covered Dependent(s)
- Not Eligible for Medicare A
- TRICARE for Life
- Active Employee
- Spouse or Domestic Partner

If you have questions about what eligibility status fits your situation best, contact PEBP Member Services at 1-800-326-5496.

Please verify your premium-free Medicare Part A eligibility with the Social Security Administration and then choose the Medicare eligibility status below that fits your circumstances best. You will then learn about the corresponding instructions regarding your specific coverage options and required actions.



Retiree Only
- Medicare A+B
- No Covered Dependents



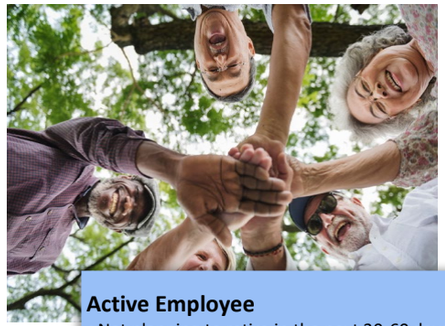
Retiree with Covered Dependent(s)
- Medicare A+B
- Covering Non-Medicare Dependent



Retiree Not Eligible for Medicare Part A
- Not Eligible for premium-free Medicare Part A
- Purchased Medicare Part B



Retiree with TRICARE for Life



Active Employee
- Not planning to retire in the next 30-60 days



Covered Spouse or Domestic Partner

Retirees who are required to enroll in a medical plan through Via Benefits *must maintain* medical coverage through Via Benefits to retain the PEBP-sponsored HRA, life insurance, PEBP dental and voluntary products (if applicable). This provision does not apply to eligible TRICARE for Life retirees.

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Retiree Only

The following describes the coverage options and required actions you must take as a retiree with Medicare Parts A+B *with no covered dependents*.

Newly retiring? Contact the Social Security Administration 90 days prior to your retirement to enroll in Medicare Parts A+B.

Retiree or newly retiring employee attains Medicare Parts A+B (No covered Dependents)

To retain all other PEBP-sponsored benefits retiree ***must*** enroll in medical coverage through Via Benefits within 60 days of the Medicare effective date or retirement date, whichever is later.

Steps to take:

- Enroll in Medicare Parts A+B through Social Security, as eligible.
- Send PEBP a copy of your Medicare Parts A+B card within 60 days of your Medicare effective date.
- Complete the Retiree Benefit Enrollment and Change Form (RBECF); select Medicare Exchange *with or without* PEBP dental; submit a clear copy of the completed, signed and dated form to the PEBP office by mail or online. To submit documents online go to https://www.pebp.nv.gov/ under the Contact Us page use the Secure Document Upload Form under Supporting Documents.
- Contact Via Benefits at 1-888-598-7545 to enroll in medical, prescription drug, dental, etc.

PEBP sponsored benefits include basic life insurance, HRA contribution, PEBP dental coverage, and voluntary products, as applicable.

Retiree with covered Dependent(s)

- Retiree Only
- **With covered Dependent(s)**
- Not Eligible for Medicare A
- TRICARE for Life
- Active Employee
- Spouse or Domestic Partner

To upload documents to PEBP please visit https://www.pebp.nv.gov/ Contact Us page to use the secure Document Upload Form under Supporting Documents.

Retiree Attains Medicare Parts A&B Covers a Dependent without Medicare
Medicare A&B card must be provided to PEBP, and action must be taken within 60 days of Medicare effective date to prevent termination of PEBP benefits.
 Option #1: Retiree enrolls in a medical plan through Via Benefits (or is covered under TRICARE for Life), and the non-Medicare dependent may decline/terminate PEBP coverage or retain coverage under the CDHP, LD, EPO or HMO plan as an unsubsidized dependent, meaning the dependent will pay 100% of the premium cost. • Provide PEBP with a copy of the Medicare A&B Card. • Primary member must enroll in a qualifying plan with Via Benefits (or is covered under TRICARE for life). • Complete the Retiree Benefit Enrollment and Change Form to elect or decline PEBP Dental (may include Medicare eligible spouse on PEBP Dental). • If non-Medicare dependent intends to remain on a PEBP plan, complete the Benefit Enrollment and Change Form for Unsubsidized Dependents.
 Option #2: Retiree may stay on their current CDHP, LD, EPO, or HMO plan with the non-Medicare dependent(s) until dependent(s) ceases to be an eligible dependent or attains Medicare. The retiree may receive a Medicare Part B premium credit. • Provide PEBP with a copy of the Medicare A&B Card. • Complete the Retiree Benefit Enrollment and Change Form.

For additional information on unsubsidized rates or the Medicare Part B premium credit, please refer to the Important Information section of this guide.

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Retiree with covered Dependent(s) Continued

- Retiree Only
- **With covered Dependent(s)**
- Not Eligible for Medicare A
- TRICARE for Life
- Active Employee
- Spouse or Domestic Partner

To upload documents to PEBP please visit https://www.pebp.nv.gov/ Contact Us page to use the secure Document Upload Form under Supporting Documents.

Retiree is Not Yet Eligible for Medicare Covered Dependent Attains Medicare Parts A&B
Medicare A&B card must be provided to PEBP, and action must be taken within 60 days of Medicare effective date to prevent termination of dependent.
 Option #1: Medicare eligible dependent may continue PEBP Dental coverage as an Unsubsidized Dependent. The non-Medicare retiree may stay on their current CDHP, LD, EPO, or HMO plan. • Provide PEBP with a copy of the Medicare A&B Card. • Complete the Benefit Enrollment and Change Form for Unsubsidized Dependents to elect PEBP Dental.
 Option #2: Medicare eligible dependent may be removed. The non-Medicare retiree may stay on their current CDHP, LD, EPO, or HMO plan. May remove dependent due to attaining Medicare A and/or B. • Provide PEBP with a copy of the Medicare Card. • Complete the Retiree Benefit Enrollment and Change Form or event to remove Medicare eligible dependent in E-PEBP Portal.
 Option #3: Both the retiree and dependent may stay on the current CDHP, LD, EPO, or HMO plan until both become eligible for Medicare A&B. • Provide PEBP with a copy of the Medicare A&B Card. • Complete the Retiree Benefit Enrollment and Change Form to confirm continuation of current coverage and tier. *If form is not received, current enrollment will continue.

Retiree Not Eligible for Medicare Part A

- Retiree Only
- With covered Dependent(s)
- **Not Eligible for Medicare A**
- TRICARE for Life
- Active Employee
- Spouse or Domestic Partner

To upload documents to PEBP please visit https://www.pebp.nv.gov/ Contact Us page to use the secure Document Upload Form under Supporting Documents.

The following describes the coverage options and required actions you must take as a retiree that does not meet the eligibility requirements to qualify for premium-free Medicare Part A.

Newly retiring? You must contact the Social Security Administration 90 days prior to retirement date and purchase Medicare Part B.

Retiree (age 65 and older) does not meet the eligibility requirements to qualify for premium-free Medicare Part A

Retiree, and applicable dependent(s), may remain on their Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO), Exclusive Provider Organization Plan (EPO), or Health Plan of Nevada (HMO) coverage.

- Retiree ***must*** purchase Medicare Part B coverage.
- Obtain a Part A denial letter from the Social Security Administration (SSA).
- Mail OR upload both documents to PEBP's website (please do not do both) within 60 days of the Medicare effective date.

Retirees who are eligible to retain coverage under the PEBP CDHP, LD, EPO, or HPN plan and who have Medicare Part B coverage will receive a Part B premium credit of *up to* $145.30. For additional information on the Medicare Part B premium credit please refer to the Important Information section of this guide.

Retiree with TRICARE for Life

- Retiree Only
- With covered Dependent(s)
- Not Eligible for Medicare A
- **TRICARE for Life**
- Active Employee
- Spouse or Domestic Partner

To upload documents to PEBP please visit https://www.pebp.nv.gov/ Contact Us page to use the secure Document Upload Form under Supporting Documents.

The following describes the coverage options and required actions you must take as a retiree with Medicare Parts A+B, TRICARE for Life and *no covered dependents*.

Newly retiring? Contact the Social Security Administration 90 days prior to your retirement to enroll in Medicare Parts A+B.

Retiree attains Medicare Parts A+B and has TRICARE for Life (No covered Dependents)

- When a retiree has TRICARE for Life coverage, enrollment through Via Benefits is not required to retain PEBP sponsored benefits, including PEBP dental and HRA funding.
    - Retiree has the option to enroll in medical coverage through Via Benefits or retain only Medicare Parts A+B and TRICARE for Life coverage.
- Retiree must do the following within 60 days of the Medicare effective date:
    - Mail or upload PEBP a clear copy of your:
        - Medicare Parts A+B card
        - TRICARE for Life military ID card (front and back)
        - Completed, signed and dated Retiree Benefit Enrollment and Change Form (RBECF) to elect or decline PEBP dental and to establish your HRA account
    - *Optional:* Contact Via Benefits if you would like to enroll in any additional coverage

If you have covered dependents, please refer to the Retiree with Covered Dependents section.



Active Employee

Retiree Only
With covered Dependent(s)
Not Eligible for Medicare A
TRICARE for Life
Active Employee
Spouse or Domestic Partner

To upload documents to PEBP please visit https://www.pebp.nv.gov/ Contact Us page to use the secure Document Upload Form under Supporting Documents.

The following describes the coverage options you have as an active employee.

Newly retiring? Contact the Social Security Administration 90 days prior to your retirement to enroll in Medicare Parts A+B.

Active Employee

- PEBP **does not require active employees,** and applicable eligible dependents, age 65 or older to obtain Medicare until the employee retires. If you obtain Medicare, you must provide a copy of your Medicare card to PEBP.
- If you are an active employee on the Consumer Driven Health Plan with an HSA and enroll in Medicare, you are not eligible to contribute to an HSA. PEBP will automatically change your HSA to an HRA. If you wish to return to an HSA, you will need to cancel your Medicare coverage, and select the HSA plan the following open enrollment period. Voluntarily canceling Medicare is not a qualifying life event to switch mid-plan year.
    - Other eligibility requirements that limit you from contributing to an HSA include; you or your spouse has an HRA or a medical FSA, you or your spouse are enrolled in any other non-qualifying health plan that is not permitted in accordance with IRS publication 969.
- Obtaining Medicare as an active employee is a qualifying life event to decline PEBP coverage.
- If you plan to work after you turn 65 and would like to defer your Medicare, please contact The Social Security Administration *before* your 65th birthday to discuss their rules.

Spouse or Domestic Partner

- Retiree Only
- With covered Dependent(s)
- Not Eligible for Medicare A
- TRICARE for Life
- Active Employee
- **Spouse or Domestic Partner**

To upload documents to PEBP please visit https://www.pebp.nv.gov/ Contact Us page to use the secure Document Upload Form under Supporting Documents.

The following describes the coverage options and required actions you must take as a dependent of an active employee.

Active employees and their eligible dependents age 65 and older are not required to enroll in Medicare until the employee retires.

Active employee's dependent ages-in to Medicare and is eligible for *premium-free* Part A

- If the dependent is remaining on the active employee's plan, PEBP will not require the dependent to enroll in Medicare Part A and/or B until the active employee retires. Both the active employee and/or the covered dependent must enroll in Medicare Part A and purchase Part B approximately 90 days prior to the retiree's retirement date. Be sure to have the effective date correlate with the retirement date.
- If the covered dependent enrolls in Medicare please mail or upload a copy of the Medicare Part A, and if applicable Part B, card to PEBP.
- If the Medicare dependent wishes to terminate the PEBP coverage and enroll in a medical plan through Via Benefits, they must do the following within 60 days of the Medicare A+B effective date:
  - Medicare dependent will need to contact Via Benefits at 1-888-598-7545 to enroll in a medical, prescription drug, vision and/or dental plan; ***and***
  - If electing PEBP's dental coverage, contact the PEBP office to request the Benefit Enrollment and Change Form for Unsubsidized Dependents; ***and***
  - The employee will need to complete a "Dependent Gains Coverage" event through their E-PEBP Portal to delete the Medicare dependent from their plan. They will also need to upload a copy of the Medicare A+B card as the required confirmation of coverage supporting document.
  - ****PEBP no longer requires dependents to enroll with Via.****

Medicare Basics

- Original Medicare A+B
- Medigap
- MAPD
- Additional Voluntary Options

Medicare includes several "Parts" that cover different benefits. Original Medicare, also known as Medicare Part A and Part B, is the health insurance provided by the federal government when you turn 65 (in most cases). Although original Medicare pays for about 80% of your doctor and hospital costs, it does not pay for everything and the other 20% is uncapped. Medicare costs vary depending on plan, coverage and the services used. To reduce your out-of-pocket costs, you must purchase additional coverage through Via Benefits.

Via Benefits offers both Medicare Advantage plans (PPO and HMO) and Medigap (Medicare supplement) plans through multiple carriers based on the retiree's zip code. For specific details about these plans, you will need to speak to a Licensed Benefit Advisor at Via Benefits.

Wondering why you can't find plans or prices in this guide?

Regional variations prevent the prices of specific plans to be printed. However, cost and plan comparisons can be found on Via Benefits' website or when you speak with a Benefit Advisor.

Please review any of the sections below to find out additional information.

Original Medicare
Medicare Part A
Medicare Part B

Medigap
+
Prescription Drug Plan
(Part D)

Medicare Advantage with a Prescription Drug Plan (MAPD)

Additional Voluntary Options
Vision
Dental

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Original Medicare A+B
Medigap
MAPD
Additional Voluntary Options

Original Medicare A+B

In most cases, when you turn 65, the federal government provides you with Original Medicare, also known as Medicare Part A and Part B. Broadly speaking, Part A covers hospital stays and Part B covers doctor visits.

	Hospitals **Medicare Part A**	Outpatient Services **Medicare Part B**
Helps Cover Some	• Inpatient hospital care • Skilled nursing care • Hospice and home health care	• Services from doctors and other specialists • Lab work, x-rays, and durable medical equipment • Preventive services
Does Not Cover Most	• Long-term nursing home care • Concierge care • Non-medical in-home care	• Dental care • Vision care or glasses • Prescriptions
Eligibility	• You or your spouse (or former spouse of 10 years) have at least 40 credits (10 years) of work in any job in which you paid Social Security taxes; or • You are eligible for Railroad Retirement benefits; or • You are under age 65 and approved for Social Security Disability benefits	• You are eligible to enroll at the age of 65 • Qualifying illness or disability
Additional Information	Most public employees pay into Medicare regardless if they pay into Social Security	There is a monthly premium based on income

Medigap Plans + Part D Plans

Medigap (Medicare supplement) Plans: These plans help to pay the difference between the total healthcare costs and the amount paid by Medicare. Medigap Plans do NOT include prescription drug coverage (Part D prescription drug coverage must be purchased separately). Generally, Medigap Plans have:

- Higher monthly premiums
- Low or no copayments required for doctor or hospital visits
- No network restrictions on physicians—you may see any doctor that accepts Medicare

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A Medigap Plan plus a Part D Plan may be right for you if:

- **You prefer predictability and flexibility.** Medigap is accepted by all doctors and hospitals that accept Medicare. It is the most flexible type of plan regarding choice of hospitals and physicians.
- **You have frequent doctor visits, or you see several different doctors regularly.** Because most Medigap Plans do not require copayments or coinsurance, each visit to the doctor or hospital is covered by your monthly premium payments (which may be higher than other plans).

Prescription Drug (Part D) Plans: Part D plans only cover prescription drug expenses. You should consider purchasing a Part D plan if you enroll in a Medigap Plan and need prescription drug coverage. Part D prescription drug coverage can be purchased separately through Via Benefits for those enrolled in a Medigap Plan.

Medigap Guaranteed Issue

Medigap (Supplemental) Plans and Guaranteed Issue Rights:

During this enrollment period, Medigap insurance plans for which you are eligible are guaranteed issue, as long as you are leaving group coverage with PEBP and have not had a break in coverage. Meaning you cannot be turned down based on your medical history or pre-existing conditions. After your first enrollment period, changes to your Medigap coverage may be subject to underwriting, meaning you can be rejected based on your pre-existing medical conditions. If you choose not to enroll in a Medigap Plan when first eligible, you will lose guaranteed issue status for future Medigap applications. Also, if you have opted out of your current coverage and already have a Medigap Plan, you are not guaranteed coverage for Medigap insurance during this enrollment period.

It is important to understand the "Guaranteed Issue" period for Medigap supplement plans as well as to make your decision and enroll within your enrollment window. If you have any questions about this, you should speak to a Via Benefits Benefit Advisor at 1-888-598-7545.

Should you wish to change your Medigap coverage in the future, Via Benefits will work with you and your preferred plan to meet underwriting conditions, but you are not guaranteed acceptance.

Finding Information About Specific Plans:

Since Via Benefits offers thousands of plans from insurance companies across the United States, it is not possible to include specific information about plans and premium costs in this guide. However, the Via Benefits' website, https://my.viabenefits.com/pebp, provides extensive information about plans available in your area, including cost.

Medicare Advantage with Part D Plans

Medicare Advantage Prescription Drug Plans (MAPD):

These plans provide an all-in-one plan that bundles Medicare Part A, Part B and prescription drug coverage together with additional benefits. These plans provide coverage for doctor visits, hospital stays, and prescription drug expenses.

Medicare Advantage plans cover medical and prescription drug expenses with a single premium, generally lower than Medigap plan premiums. In exchange for this convenience, Medicare Advantage plans utilize a network of doctors (PPO and HMO) that allow for even deeper cost savings.

Medicare Advantage plans cannot deny an applicant due to age or health (the only exception is individuals with end-stage renal disease or for Special Needs Plans aimed at certain populations). Also, premiums cannot vary by age or health.

A MAPD Plan might be right for you if:

You want one plan and one premium. Medicare Advantage Plans combine medical and drug coverage in one plan, providing all your benefits for a single premium.

Additional Voluntary Options

PEBP Dental Plan: You have the option to purchase PEBP's PPO dental plan when you transition to Via Benefits.

In some cases, the dental premium will be deducted from your PERS pension check and reimbursed to you automatically. If you do not receive a PERS pension check, you may pay online or set up automatic payments by calling PEBP Member Services. If you pay your premium directly to PEBP monthly your premium will also be automatically reimbursed to you. The automatic dental reimbursements come from your Medicare Exchange HRA account.

For PEBP dental plan premium rates and coverage details please see the PEBP Dental Options section of this guide or view the Plan Comparison and Rate Guide on PEBP's website.

PEBP Voluntary Benefits: Voluntary benefits such as: vision, pet insurance, auto and home polices, ID theft + more are offered to eligible retirees and their dependents. To learn more about these voluntary benefits, log on to your E-PEBP Portal and click *PEBP+ Voluntary Benefits.* Any premiums associated with voluntary insurance products are the retiree's responsibility.

Via Benefits Voluntary Benefits: Optional dental and vision coverage is also available through Via Benefits. Your Benefit Advisor will provide information about plan options and costs for any voluntary plan option offered by Via Benefits.

PEBP Dental Plan Options

PEBP Monthly Dental Rates

PEBP Dental Coverage

To discuss dental options, other than PEBP dental, please ask your Via Benefits Benefit Advisor during your enrollment call.

The PEBP PPO dental plan option is available to retirees enrolled in Via Benefits. Covered dependent(s) must be enrolled in Medicare Parts A+B to elect PEBP dental. Retirees and their covered dependent(s) with TRICARE for Life and Medicare Parts A+B may also elect PEBP dental.

To elect or decline the PEBP dental plan option, please submit the original Retiree Benefit Enrollment and Change Form (RBECF) via mail or use the Secure Document Upload Form on the Contact Us page of the PEBP website before the medical plan effective date through Via Benefits.

Retirees and their spouses or domestic partners may enroll or decline PEBP dental coverage during open enrollment, which is typically held between May 1st and May 31st. Changes to your dental plan will become effective July 1st.

PEBP open enrollment is the only opportunity (beside initial enrollment) to enroll in or decline PEBP dental coverage. If you would like to make changes to your PEBP dental coverage, please complete the open enrollment event in your E-PEBP portal during open enrollment.

By electing the PEBP dental plan you are required to maintain dental coverage throughout the plan year unless you terminate your medical plan through Via Benefits and decline all PEBP benefits.

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PEBP Monthly Dental Rates
PEBP Dental Coverage

PEBP Monthly Dental Rates

If you enroll in the PEBP dental plan, there are a few things to note:

- Retiree has a medical plan through Via Benefits = option to elect the PEBP dental plan.
- Mail in Retiree Benefit Enrollment Change Form (RBECF) to enroll or decline in PEBP dental.
- PEBP Dental coverage will be effective for the *entire* plan year (July 1-June 30).
- In most cases the dental premium will be deducted from your PERS pension check and reimbursed to you automatically. If you pay your premium directly to PEBP monthly your premium will also be automatically reimbursed to you. The automatic dental reimbursements come from your Medicare Exchange HRA account.
    - If you do not receive a PERS pension check, you may pay online or set up automatic payments through your E-PEBP Portal.

Plan Year 2027 PEBP Dental Plan Rates
July 1, 2026 – June 30, 2027

Monthly Premium Rates	State Retiree	Non-State Retiree
Retiree only	$55.85	$52.74
Retiree + Spouse/DP*	$111.70	$105.48
Surviving/Unsubsidized Spouse/DP*	$55.85	$52.74

**Spouse/DP must be enrolled in Medicare in order to elect PEBP dental.*

PEBP Dental Coverage Summary

The information in the tables shown contains a general overview of plan benefits and does not include additional provisions or exclusions.

Plan Year 2027 PEBP Dental Plan		
Benefit Category July 1, 2026 – June 30, 2027	**In-Network**	**Out-of-Network****
Plan Year Maximum Benefit (applies to basic and major services)	$2,000 per person	$2,000 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* Teeth cleaning (4/plan year) Oral examination (4/plan year) Bitewing X-rays (2/plan year)	• Covered 100% • Not subject to deductible • Does not apply towards individual plan year max	• Covered at 80% • Not subject to deductible • Does not apply towards individual plan year max
Basic Services* Full-mouth periodontal cleanings, 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

***Allowable fee schedule applies**

****For Out-of-Network Benefits** the plan will reimburse at the U&C rates allowable fee schedule for participants using an out-of-network provider within the in-network service area; OR for services received out-of-network, outside of Nevada.

Find an In-Network Dental Provider by clicking here → Diversified Dental Services, Inc.

Please visit https://www.pebp.nv.gov/ to review Dental and Basic Life Insurance Master Plan Document for detailed plan design features.

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PEBP HRA Funding

HRA Contribution Amounts

HRA Process

The HRA is a reimbursement process, therefore allowing PEBP to provide the allowance tax-free. This requires participants to pay the premium or expense first and then seek reimbursement from the HRA.

Once an eligible retiree enrolls in an individual medical plan through Via Benefits, a monthly allowance is deposited into a Health Reimbursement Arrangement (HRA). Your monthly Via Benefits Health Reimbursement Arrangement (HRA) contribution is determined by your hire date, retirement date and each full year of earned service credit beginning with 5 years of service to a maximum of 20 years of service. Purchased service credit do not apply.

The final Years of Service (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 years of service you have.

Until the YOS audit is received by PEBP your Medicare monthly HRA contribution (if applicable) may be delayed, and that while the allocation will be backdated, participants may be paying costs up front for up to several months. Retirees who are eligible for HRA funding will receive an HRA informational kit from Via Benefits upon completion of enrollment in a medical plan. HRA funding is concurrent with the medical plan effective date through Via Benefits.

To receive the PEBP HRA contribution, an eligible retiree must **enroll in and maintain** medical coverage through Via Benefits unless the retiree has TRICARE for Life with Medicare Parts A+B. Failure to enroll or dis-enrolling in Medicare and/or in a medical plan through Via Benefits will terminate the retiree's Via Benefits HRA, basic life insurance, PEBP dental coverage, and any voluntary products (if applicable).

Via Benefits HRA funds may be used for reimbursement of the following expenses incurred by the retiree and qualifying IRS tax dependent(s):

- Medical, dental, prescription drug, and vision plan premiums;
- Medicare Part B and Part D premiums; and
- Out-of-pocket health care expenses such as physician visit and/or prescription copays, prescription eyeglasses, hearing aids, etc.

For more information regarding qualifying expenses that are eligible for reimbursement from the Via Benefits HRA, read IRS Publication 502 available at https://www.irs.gov/.

PEBP HRA Contribution Amounts

HRA Contribution Amounts
HRA Process



Medicare Exchange Retiree HRA Cap:
On May 31st, each year there is an $8,000 cap placed on the available HRA balance.

Exchange – Monthly HRA Contribution
Medicare Retirees Enrolled in Via Benefits

Years of Service	Contribution
5	$65
6	$78
7	$91
8	$104
9	$117
10	$130
11	$143
12	$156
13	$169
14	$182
15 (base)	$195
16	$208
17	$221
18	$234
19	$247
20	$260

Retiree Medicare Exchange HRA Contribution Eligibility

- Exchange participants who retired BEFORE January 1, 1994, receive the 15-year (base) HRA contribution.
- Exchange participants who retired ON OR AFTER January 1, 1994, receive the HRA contribution that corresponds to the number of years the retiree worked for a Nevada public entity.
- Retirees with *less than* 15 years of service, who were hired by their last employer ON OR AFTER January 1, 2010, and who are not disabled do not receive an Exchange HRA contribution.
- Retirees who were initially hired ON OR AFTER January 1, 2012, do not receive an Exchange HRA.

Health Reimbursement Arrangement (HRA) funds through the Consumer Driven Health Plan (CDHP) are not transferable to an HRA through the Medicare Exchange. If a retiree on the CDHP terminates coverage or transitions to the Medicare Exchange, any remaining funds in the CDHP HRA account revert to PEBP. To find out your Consumer Driven Health Plan HRA balance please contact HSA Bank at 1-833-228-9364.

How the Via Benefits HRA Works

The following information is intended to give you a quick overview of the reimbursement processes associated with your Via Benefits Heath Reimbursement Arrangement (HRA).

1. Select a qualified individual medical plan through Via Benefits.
2. PEBP will work with Via Benefits to automatically establish your Exchange HRA once you have enrolled in a qualified medical plan through Via Benefits.
3. You pay your insurance premium directly to your insurance carrier and pay for any other eligible expenses out of pocket (copays, prescriptions, etc.).
4. Submit your reimbursement claim to Via Benefits via mail, fax or web. You may also set up automatic reimbursement for certain premiums.
5. Via Benefits reimburses you from your available HRA balance. You will receive direct deposit into your designated bank account.

Notes

Make notes for future reference

Your enrollment call will cover details that may be hard to recall once you hang up, so it's a good idea to write down things you want to remember including the names of your Benefit Advisor and other individuals you speak with.

Notes for your call, and future reference

Having information on your medical needs and history before your call helps ensure an accurate, efficient enrollment. Write the information required below on a separate sheet of paper, keeping it with this guide to reference during your call. Once you have provided the requested information, securely file this guide.

Before your call

We also suggest you write down any questions you'd like to ask during your call and take a few notes before concluding your call for future reference. Use a separate sheet of paper if needed.

Before you conclude your call

Before you end your enrollment call, be sure to note the name of the plan(s) you applied for and your reasons for selecting them.

Plans I am interested in discussing during my call:	Reasons I am interested in these plans:	Questions:

Name of the plan(s) I have applied for:	Reasons I chose these plan(s):	Premium information:

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Frequently Asked Questions

Via Benefits has simplified complex Medicare decisions for millions of retirees. After helping so many, they understand that many people have similar concerns. Here are answers to some of their most frequently asked questions.

Will my new plan be as good as my current plan?	Via Benefits works with the top national and regional insurance companies to ensure that you have quality individual plan options. There will likely be individual plans available that are similar to your current group plan, but there may be plans better suited to your needs. Their multiple options give you the ability to find a plan that closely matches your specific needs.
What can I expect to pay for my new plan?	What you will pay depends on the type of plan that you select. Via Benefits' research shows that many people will continue to pay about the same as they did under group coverage with their former employer, but some may pay more, and others will pay less. Your Benefit Advisor will work with you to understand the costs—and the benefits—of the different coverage options available to you.
Do I need an appointment to enroll in plans through Via Benefits?	An appointment is encouraged but not necessary to enroll. Please call Via Benefits at 1-888-598-7545 to set up an appointment to enroll in medical/pharmacy plans. Please have the following with you during your call: Medicare card, bank account information, list of medications, list of your doctors.
How will I request reimbursement for my eligible medical expenses?	You will request reimbursement from Via Benefits – not PEBP and not through the insurance carrier. Participants can request reimbursement the following ways: 1. Set up auto reimbursement through Via Benefits. 2. Submit the claim online through your Via Benefits Personal Profile. 3. Mail or fax in a paper claim form to Via Benefits.
How much should I expect my rates to increase next year?	Nearly every plan will increase its premiums each year, primarily due to the rising cost of medical care. In the individual Medicare market, where you will purchase new coverage, rate increases have averaged 5-6 percent each year over the last few years. This is a slower rate increase than in other, non-Medicare insurance markets. Be aware that this is an average— rate increases within your area may be lower or higher depending on the cost of medical care and other factors.
Can I continue to see my current doctor?	Via Benefits understands the importance of continuing to see your current doctor(s). To make your enrollment call more efficient, we recommend talking to your doctor(s) prior to your call and asking which insurance plans they accept. To help you enroll, Via Benefits may need your doctors' name and address. If you have not already done so, create or log in to your account, and provide this information online to shorten your enrollment call.
Will PEBP offer a dental or vision plan, or do I need to select the plans through Via Benefits?	Via Benefits does offer vision and dental plans; however, Medicare-eligible retirees and their eligible dependents will also have the option to enroll or stay enrolled in the PEBP voluntary dental. They will also have the option to purchase additional voluntary products (including voluntary vision) through the E-PEBP Portal.
Will I have to pay for my new health plan when I enroll?	When you enroll in your new plan, you will need to begin making monthly premium payments to the insurance company to maintain your coverage. You may need to pay your first month's premium(s) during your enrollment call or shortly after enrolling in new coverage. To speed up your call to enroll, have your payment information ready when you contact VIA.

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Newly retiring? Contact the Social Security Administration approximately 90 days prior to your retirement to enroll in Medicare Parts A (as eligible) and purchase Medicare Part B. Be sure to have the effective date correlate with your retirement date.

Retirees who are eligible to retain coverage under the PEBP Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), Exclusive Provider Organization Plan (EPO), or Health Plan of Nevada (HMO) and who have Part B coverage will receive a Part B premium credit of *up to* $145.30. The Part B premium credit will apply to the retiree's premium on the 1st day of the month following the date PEBP receives the Part B card or the effective date of Part B coverage, whichever occurs later. Dependents are not eligible for a premium credit.

Health Reimbursement Arrangement (HRA) funds are not transferable from any other plan offered by PEBP to the Medicare Exchange. If a retiree on a PEBP sponsored plan terminates coverage or transitions to the Medicare Exchange, any remaining funds in that HRA account revert to PEBP. To find out your HRA balance please contact HSA Bank at 1-833-228-9364.

If you are not eligible for a Years of Service subsidy or need to view the unsubsidized rates for Plan Year 2027 click here, to review the State/Non-State Retiree and Survivor rates for Non-Medicare Retirees.

This document is not intended to cover every option detail. Complete details are in the legal documents, contracts, and administrative policies that govern benefit operation and administration.

Important Information- Address Updates for VIA Benefits Participants

If you contact PEBP to update your mailing address, you must also update your address directly with VIA benefits if you are enrolled in a plan through VIA. VIA plan availability and eligibility are based on your ZIP code, and failing to update your address may impact the plans available to you, your existing coverage, or your ability to receive assistance with selecting a new plan. PEBP staff may remind you to update your address with VIA benefits whenever you submit an address change to PEBP.

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Summary of Plan Year 2027 Changes

Basic Life Insurance (BLI) amounts for eligible State and non-State retirees are $12,500 .

The rates for the PEBP Dental PPO option have changed for plan year 2027. Refer to the PEBP Monthly Dental Rates for more information.

For more information about dental rates, monthly HRA contributions, and the Medicare Exchange Health Reimbursement Arrangement Summary please view the Master Plan Documents under Plan Year 2027 Master Plan Documents.

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Contacts and Resources

Service	Resource or Vendor	Website	Phone Number
Medicare Exchange and HRA Funding	Via Benefits 10975 Sterling View Drive, Suite A1 South Jordan, UT 84095	www.my.viabenefits.com/pebp	General: 1-888-598-7545 HRA Onsite Assistance: 1-844-266-1395
Medicare Eligibility	Social Security Administration	www.ssa.gov	1-800-772-1213
Medicare Services	Centers for Medicare and Medicaid Services (CMS)	www.cms.gov	1-800-633-4227
General Medicare Questions	Medicare	www.medicare.gov	1-800-MEDICARE (1-800-699-4819)
PEBP Dental ID Cards	UMR	Log on to your E-PEBP Portal and select *Click here to access UMR,* under Quick Links	1-888-7NEVADA (1-888-763-8232)
Find Dental Provider *(PEBP Dental Only)*	Diversified Dental Services 5470 Kietzke Lane, Suite 300 Reno, NV 89511	Log on to your E-PEBP Portal or visit www.ddsppo.com	Customer Service: 1-866-270-8326
Basic Life Insurance	UnitedHealthcare Specialty Benefits P.O. Box 7149 Portland, ME 04112-7149	https://www.pebp.nv.gov/Plans/getting-to-know-your-plan/	Customer Service: 1-888-763-8232
Voluntary Products	Varies – Contact Corestream	Log on to your E-PEBP Portal and click + Shop for new benefits	1-775-249-0716
Retirement (PERS)	Public Employees' Retirement System Carson City and Las Vegas Locations	www.nvpers.org	Toll Free: 1-866-473-7768 Carson City: 775-687-4200 Las Vegas: 702-486-3900
Deferred Compensation	Nevada Public Employees' Deferred Compensation Program 100 N. Stewart St., Suite 100 Carson City, NV 89701	www.defcomp.nv.gov	1-775-684-3398

Supporting Documents such as RBECF and Medicare Cards can be mailed to:

3427 Goni Road, Suite 109
Carson City, NV 89706

-OR-

Upload Online:
https://www.pebp.nv.gov/
> Contact Us > Secure Document Upload Form

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HRA Contribution/ Allowance	Also referred to as a "benefit credit" is the amount of money determined by your years of service that is deposited into your HRA account on a schedule determined by the Plan Administrator. Retired public employees enrolled in a medical plan through the contracted third-party administrator may qualify for an HRA contribution based on the date of hire, date of retirement, and total years of service credit earned with each Nevada public employer.
HRA Contribution Eligibility	To receive the PEBP HRA contribution, an eligible retiree must obtain and maintain an individual medical insurance policy through the PEBP sponsored Medicare Exchange. In other words, to receive the PEBP HRA contribution amount, the eligible retiree must enroll in and maintain a medical insurance policy through the PEBP sponsored Medicare Exchange. If the eligible retiree does not enroll and maintain medical coverage as described above, the eligible retiree will NOT receive the PEBP HRA contribution amount and will lose their PEBP sponsored benefits entirely including but not limited to life insurance and dental insurance. This policy also applies to eligible retirees who are covered under their spouse's employer sponsored health plan. *NOTE: Effective July 1, 2015, the policy described under "HRA Contribution Eligibility" does not apply to eligible retirees or their spouses who have health coverage under TRICARE for Life and Medicare Parts A+B. To receive the PEBP HRA contribution, these individuals must submit a copy of their Military ID card(s) to PEBP. PEBP will coordinate their enrollment with the third-party Medicare HRA administrator.*
Health Reimbursement Arrangement (HRA)	A Health Reimbursement Arrangement (HRA) is an employee-funded spending account that provides tax-free reimbursement for qualified medical expenses such as monthly insurance premiums, Medicare Part B premiums and copays incurred by eligible participants. If the retiree leaves the plan, they cannot take remaining HRA funds with them. Via Benefits will administer the HRA and will provide education to the participant on how to use the account and complete the reimbursement process.
Medicare Part D	Prescription drug coverage subsidized by the federal government but is offered only by private companies contracted with Medicare such as HMOs and PPOs.
Medicare Advantage Plans	An insurance plan provided by a private insurance carrier that combines coverage for hospital costs, doctor visits and other medical services. Prescription drug coverage is typically included. These plans have lower premiums, but higher costs when individuals access health care. Individuals must be enrolled in Medicare Parts A+B to be eligible for a Medicare Advantage plan.
Medigap (Medicare Supplement) Plans	A private health insurance that supplements or fills in the "gaps" where Medicare Parts A+B leave an individual uncovered. Medigap plans do not have networks. They typically have higher monthly premiums, but little to no out-of-pocket costs. A separate Part D drug plan needs to be selected for prescription coverage.
Qualified Medical Expenses	These are expenses generated by the participants that can be submitted for reimbursement from a retiree's HRA; including medical, prescription, dental and vision premiums, Medicare Part B premiums, and doctor and prescription copays. The IRS defines qualifying expenses.
Via Benefits () Individual Market Medicare Exchange	The Third Party Administer PEBP has chosen to administer the Medicare Exchange benefits and HRA. Via Benefits is the longest and oldest Medicare Exchange in the country and is a division of Willis Towers Watson, a 100-year-old benefits consulting firm.
Years of Service	Years of service as calculated pursuant to NAC 287.485 and maintained in the eligibility records of PEBP. Retired public employees enrolled in a medical plan through VIA Benefits may qualify for an HRA contribution based on the date of hire, date of retirement, and total years of service credit earned with each Nevada public employer.
Unsubsidized Dependent of a Retiree	An unsubsidized dependent is defined as the eligible spouse/domestic partner and/or eligible dependent(s) of a retiree who remains covered under the Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan, or Health Plan of Nevada while the primary participant transitions coverage to the Medicare Exchange. Note: Unsubsidized dependents can only be added or removed during open enrollment or as a result of a qualifying event.

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Public Employees' Benefits Program

This document is for informational purposes only. Any discrepancies between the information contained in this guide and the Plan Year 2027 Master Plan Document(s), HMO Evidence of Coverage Certificates, Medicare Exchange Health Reimbursement Arrangement Summary Plan Description or the 2027 Medicare & You handbook shall be superseded by the plans' official documents.

Please visit https://www.pebp.nv.gov/ to find the PEBP Health and Welfare Wrap Plan, which includes the HIPAA Privacy Notice, for all legal notices pertaining to this document. You can also view PEBP's Privacy Notice here. This document and other materials are available through PEBP's website. You may request a copy of the HIPAA Privacy Notice or any other document by sending a secure message through your E-PEBP Portal or calling PEBP Member Services at 775-684-7000, 702-486-3100 or 1-800-326-5496.





Public Employees' Benefits Program
3427 Goni Road, Suite 109
Carson City, NV 89706

Member Services: 775-684-7000, 702-486-3100 or 1-800-326-5496

https://www.pebp.nv.gov/

Send a secure message by logging on to your E-PEBP Portal

Revised 4/2026

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