Public Employees' Benefits Program

Ensuring affordable, reliable health care for Nevada







BENEFIT GUIDE

July 1, 2026 – June 30, 2027

Plan Year 2027

WELCOME TO THE PUBLIC EMPLOYEES' BENEFITS PROGRAM

- Every effort has been made to ensure the accuracy of the information contained in this interactive document. In the event of any discrepancies between the information in this document and the Master Plan Document(s) or Evidence of Coverage applicable to each plan, the plan documents will govern.

- Please note that the information herein contains general plan benefits and may not include additional provisions or exclusions. For more information and details on eligibility or plan benefits, refer to the applicable Master Plan Document, Summary of Benefits and Coverage document or Evidence of Coverage. These documents are available on PEBP's website at https://www.pebp.nv.gov or by calling PEBP and requesting a copy be mailed to you.

- Should you have any questions regarding your benefits and/or eligibility you may send a secure message through your E-PEBP Portal or contact the PEBP office at 775-684-7000, 702-486-3100 or 1-800-326-5496.

- We encourage you to review key terms and definitions before you begin.



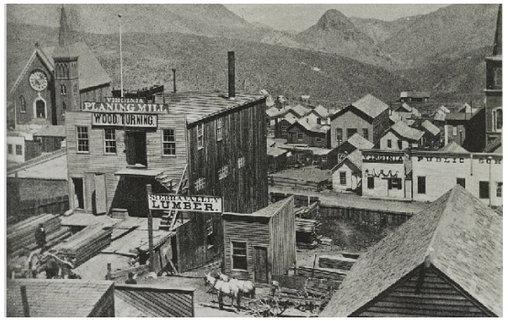


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Medical
Dental
Vision
Prescription

BENEFITS

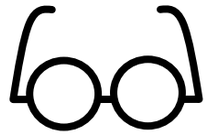
PEBP provides a comprehensive benefit package to eligible full-time employees that bundles together your medical, prescription, dental, vision, and basic life insurance.

If you are newly retiring from the State of Nevada or a participating local government entity, you may have the option to enroll in retiree coverage offered by PEBP. Please review this guide to get a general understanding of your retiree plan options, dependent eligibility, enrollment timeframe, years of service subsidy, premium cost, and the steps to enroll.

To review in-network medical, dental, vision or prescription plan comparison charts use the link icons below. Remember, you will receive a discounted rate when using in-network providers (which means lower out-of-pocket costs for you).


Medical


Dental


Vision



Prescription

All plan comparison charts in this guide contain a general overview of in-network plan benefits and do not include out-of-network benefit information or additional provisions and exclusions. To view more in-depth plan benefits including out-of-network coverage, please refer to the Plan Comparison chart or the applicable master plan document.

- Medical
- Dental
- Vision
- Prescription

UnitedHealthcare

UNITEDHEALTHCARE BENEFITS

Available to All Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO), Exclusive Provider Organization Plan (EPO) & Health Plan of Nevada (HMO) Participants

TRAVEL ASSISTANCE

Available to you and your eligible dependents when traveling 100 miles or more away from home or outside the country.

Here are just a few of the services UnitedHealthcare Global travel provides:

Travel assistance services

- Emergency travel arrangements
- Assistance in replacing lost or stolen travel documents
- Emergency translation services

Medical assistance services

- Worldwide medical and dental referrals
- Relay of insurance and medical information
- Assistance in replacing corrective lenses

Call Customer Service at 1-410-453-6330 or toll free at 1-800-527-0218

Email assistance@uhcglobal.com

THE MEMBER ASSISTANCE PROGRAM

Available to you and your eligible dependents:

- Mental health treatment, autism services and alcohol and substance use support
- Legal and financial consultations

Access your MAP benefit by calling 1-877-660-3806, TTY 711

Visit www.liveandworkwell.com



This benefit does not replace the Employee Assistance Program (EAP) offered through State of Nevada Human Resources.

- Medical
- Dental
- Vision
- Prescription

As a retiree if for any reason you leave your medical plan through Via Benefits or PEBP, you will lose your retiree basic life insurance.

It is important that your Basic Life Insurance beneficiary information is accurate and up to date in your E-PEBP portal.

UnitedHealthcare

BASIC LIFE INSURANCE

Available to Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO), Exclusive Provider Organization Plan (EPO), Health Plan of Nevada (HMO) Participants & Medicare Eligible Retirees Enrolled in Via Benefits or TRICARE for Life

Basic Life Insurance	Class 1 (Employee)	Class 2 (Retiree)
State and non-State	$25,000	$12,500

• Class 1: Full-time employees of the State of Nevada (or any non-State agency approved by the PEBP board), professional full-time employees of the Nevada System of Higher Education (under annual contract), and members of the Nevada Senate or Assembly are all eligible for this benefit. Your employer pays the full cost of basic life insurance.
• Class 2: Retirees of the State of Nevada receiving PERS, or judge retirement benefits and legislators, certain professional employees, and retirees eligible to join PEBP upon retirement. Reinstated retirees are not eligible for basic life insurance benefits or voluntary life insurance coverage. Certain retirees pay a contribution toward the cost of basic life insurance.
• State Active/Retiree: Those whose last employer is a State agency, NSHE, PERS, the Legislature, Legislative Counsel Bureau or a State Board or Commission.
• Non-State Actives/Retirees: Those whose last employer is a non-State public entity (a local government that is contracted with PEBP to provide coverage to their active employees pursuant to NRS 287.025).

Medical
Dental
Vision
Prescription

MEDICAL BENEFITS OVERVIEW

Consumer Driven Health Plan (CDHP-PPO)

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

UMR

Low Deductible Plan (LD-PPO)

- Available Nationwide

UMR

Exclusive Provider Organization (Northern Nevada EPO)

- Available in Washoe, Carson, Douglas, Storey, Lyon, Churchill, Pershing, Humboldt, Mineral, Lander, Eureka, White Pine, Lincoln and Elko counties

UMR

Health Plan of Nevada (Southern Nevada HMO)

- Available in Clark, Esmeralda, and Nye counties

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Medical
Dental
Vision
Prescription

MEDICAL BENEFITS (CONT.)

Consumer Driven Health Plan
Preferred Provider Organization (PPO) Nationwide

- A PPO has a contracted group or network of health care providers (e.g., hospitals, physicians, laboratories) that provide health care services and supplies at agreed upon discounted or reduced rates.
- High-deductible plan which provides a Health Savings Account (HSA) for eligible employees or a Health Reimbursement Arrangement (HRA) for active employees as well as retirees who are ineligible for the HSA.

Exclusive Provider Organization Plan
(EPO) Northern Nevada

- With an EPO you must use in-network health care providers that participate in the plan.
- You do not need to select a primary care physician (PCP), nor do you need to contact your PCP for referrals to specialists. However, because you are responsible for choosing specialists and hospitals, it is important to confirm with the provider that they are in-network.
- Fixed copayments for most services.
- Only urgent/emergent services covered outside of service area.

Low Deductible Plan
Preferred Provider Organization (PPO) Nationwide

- A PPO has a contracted group or network of health care providers (e.g., hospitals, physicians, laboratories) that provide health care services and supplies at agreed upon discounted or reduced rates.
- Low Deductible plan is a middle tier option that allows members to access many benefits, such as doctor's office visits, urgent care, and prescription drugs for the cost of a copay with other services subject to a low deductible.
- Low-deducible plans are not eligible for HSA contributions. You can not contribute to an already established HSA.

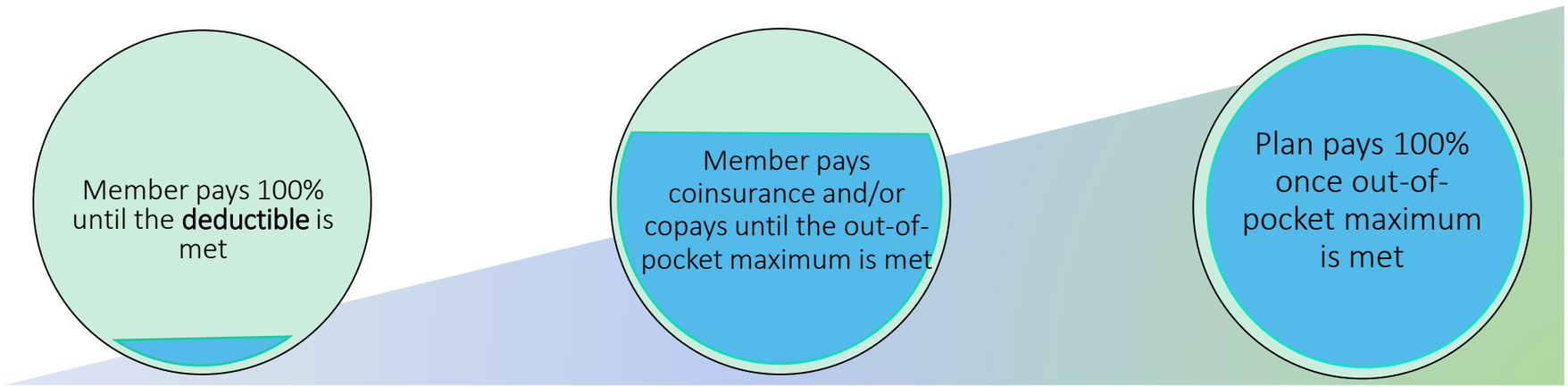
Health Plan of Nevada
Health Maintenance Organization (HMO) Southern Nevada

- With an HMO you must use in-network health care providers that participate in the plan.
- Primary care physician is required.
- Fixed copayments for most services.
- Only urgent/emergent services are covered outside of the service area, except for covered dependents enrolled in an accredited college, university or vocational school anywhere in the United States.

Medical
Dental
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Prescription

NETWORK ACCUMULATORS

Deductible	Individual & Family Deductibles start July 1st (the first day of the Plan Year) & reset the following Plan Year on July 1st. The Plan Year Deductibles combine medical & prescription drug expenses (dental deductibles are separate). PEBP Plans do not include a Deductible carryover or rollover provision.
Coinsurance & Copayments	Coinsurance is the percentage of costs that you and the Plan pay for Eligible Medical Expenses after your Deductible is met. Copayments apply as applicable to your PEBP Plan and are payable by the covered participant. Copayments do not apply towards the Deductible but do apply towards the Out-of-Pocket Maximum (OOPM). The out-of-pocket costs you pay toward your Deductible & Coinsurance for Eligible Medical Expenses accumulate toward the OOPM.
Out-of-Pocket Maximum	Once an Individual or Family satisfies the OOPM, the Plan will pay 100% of eligible medical and prescription drug expenses for the remainder of the Plan Year.



Medical and Prescription Deductibles are combined

Medical
Dental
Vision
Prescription

MEDICAL EXPENSE OVERVIEW (IN-NETWORK)

MEDICAL PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO)	HEALTH PLAN OF NEVADA (HMO)
Service Areas In-Network	Global	Global	Northern Nevada	Southern Nevada
Annual Deductible (medical and prescription combined)	$1,700 Individual $3,400 Family	$300 Individual $600 Family	$100 Individual $200 Family	N/A with exception of Tier 4 prescription drug coverage (see prescription overview)
Out-of-Pocket Maximum	$5,000 Individual $10,000 Family / $5,000 Individual Family Member	$5,000 Individual $10,000 Family / $5,000 Individual Family Member	$4,000 Individual $8,000 Family / $4,000 Individual Family Member OOPM	$5,000 Individual $10,000 Family / 5,000 Individual Family Member
HSA/HRA PEBP Contribution (Prorated after 7/1)	Base $700 + $200 each for dependent (up to three)	N/A	N/A	N/A
Medical Coinsurance	20% after Deductible	20% after Deductible	20% after Deductible	N/A
Primary Care Office Visit	20% after Deductible	$30 Copay	$20 Copay	$25 Copay
Specialist Visit (No Referral Required)	20% after Deductible	$50 Copay	$40 Copay	$25 Copay *with* a referral $40 Copay *without* a referral
Urgent Care Visit	20% after Deductible	$80 Copay	$50 Copay	$50 Copay
ER Visit	20% after Deductible	$750 Copay	$600 Copay	$600 Copay

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

Medical
Dental
Vision
Prescription

MEDICAL BENEFITS OVERVIEW (OUT-OF-NETWORK)

MEDICAL PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO)	HEALTH PLAN OF NEVADA (HMO)
Service Areas Out-of-Network	Global	Global	Urgent and Emergent	Urgent and Emergent
Annual Deductible *(medical and prescription combined)*	$1,700 Individual $3,400 Family	$600 Individual $1,200 Family	N/A	N/A
Out-of-Pocket Maximum	$12,500 Individual $25,000 Family	$12,500 Individual $25,000 Family	N/A	N/A
Medical Coinsurance	50% after Deductible	50% of the Allowable Maximum Charge*	N/A	N/A
Primary Care Office Visit	50% after Deductible	50% after Deductible*	Not Covered	Not Covered
Specialist Visit *(No Referral Required)*	50% after Deductible	50% after Deductible*	Not Covered	Not Covered
Urgent Care Visit	You pay 20% after Deductible Subject to Maximum Allowable Charge*	$80 Copay subject to Maximum Allowable Charge*	$50 Copay	Subject to Maximum Allowable Charge*
ER Visit	You pay 20% after Deductible Subject to Maximum Allowable Charge*	$750 Copay subject to Maximum Allowable Charge*	$600 Copay	$600 Copay subject to Allowable maximum Charge*

The information in the table shown contains a general overview of plan benefits and does not include additional provisions or exclusions.
*Out-of-Network health care providers have no agreements with the Plan and are generally free to set their own charges for the services or supplies they provide. The Plan will pay benefits based on the Maximum Allowable Charge on non-discounted medically necessary services or supplies, subject to the Plan's copays, deductibles, and coinsurance. Except for services subject to the No Surprises Act, out-of-network health care providers can bill the participant for any balance that may be due in addition to the amount paid by the Plan (called balance billing).

Medical
Dental
Vision
Prescription

Find an In-Network Dental Provider

Diversified Dental Services, Inc.

DENTAL BENEFITS OVERVIEW

All Consumer Driven Health Plan, Low Deductible, Exclusive Provider Organization Plan, Health Plan of Nevada, and Medicare Eligible Retirees Enrolled in Via Benefits or TRICARE for Life

BENEFIT CATEGORY	In-Network	Out-of-Network
Individual Plan Year Maximum No annual maximum for dependents under 19 (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* Routine cleanings (4/plan year) Exams (4/plan year) Bitewing X-rays (2/plan year)	• Covered 100% • Not subject to deductible • Does not apply towards individual plan year max	• 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.

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

Medical
Dental
Vision
Prescription

For an additional premium you may purchase a voluntary vision buy-up plan during open enrollment, new hire, or a qualifying life event by logging on to your E-PEBP Portal > PEBP+ Voluntary Benefits

VISION BENEFITS OVERVIEW

VISION PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO)	HEALTH PLAN OF NEVADA (HMO)
Vision Network	PEBP does not maintain a network specific to vision care	PEBP does not maintain a network specific to vision care	PEBP does not maintain a network specific to vision care	EyeMed
Vision Exam	Plan pays 80% after deductible One screening every 24 months	$10 Copay One screening every 12 months Maximum Benefit of $100	$10 Copay One screening every 12 months Maximum Benefit of $100	$10 Copay Maximum Benefit of $100 every 12 months
Lenses ---------- **Frames**	Not Covered ---------- Not Covered	$10 Copay Maximum Benefit of $100 every 24 months	$10 Copay Maximum Benefit of $100 every 24 months	$10 Copay every 12 months ---------- Maximum Benefit of $100 every 24 months
Contact Lenses *(in lieu of lenses and frames)*	Not Covered	$10 Copay Maximum Benefit of $100 every 24 months	$10 Copay Maximum Benefit of $100 every 24 months	Maximum Benefits of $250 every 12 months (subject to limitation)

For UMR plans there is no limit on the number of visions screenings for children up through 18. For the LD and EPO, there are no maximums for children under age 19 for hardware. When refraction is conducted in conjunction with an examination with a medical diagnosis, such as cataracts, it will be paid under the medical benefit, subject to deductible and coinsurance, or cost sharing.
To view more in-depth plan benefits as well as out-of-network coverage, please refer to the applicable master plan document at https://pebp.nv.gov.

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

Medical
Dental
Vision
Prescription

PRESCRIPTION BENEFITS OVERVIEW

RETAIL PRESCRIPTION DRUG BENEFITS	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO)	HEALTH PLAN OF NEVADA (HMO)
Preferred Generic*	20% after Deductible	$10 Copay 30-day $20 Copay 90-day retail/mail	$10 Copay 30-day $20 Copay 90-day retail/mail	$10 Copay 30-day $25 Copay 90-day retail/mail
Preferred Brand*	20% after Deductible	$40 Copay 30-day $80 Copay 90-day retail/mail	$40 Copay 30-day $80 Copay 90-day retail/mail	$40 Copay 30-day $100 Copay 90-day retail/mail
Non- Preferred/ Non-Formulary Brand	You pay 100% of the cost of medication	$75 Copay 30-day $150 Copay 90-day retail/mail	$75 Copay 30-day $150 Copay 90-day retail/mail	$75 Copay 30-day $150 Copay 90-day retail/mail
Specialty	You pay 20% after deductible; for drugs not on the SaveOnSP program, there is $100 min/$250 max	You pay 30% after deductible; for drugs not on the SaveOnSP program, there is $100 min/$250 max	You pay 20% after deductible; for drugs not on the SaveOnSP program, there is $100 min/$250 max	You pay 20% after deductible (30-day mail only)
ACA Preventive Medications	$0	$0	$0	$0
CDHP Preventive Medications	Up to 20% Coinsurance Not subject to Deductible	N/A	N/A	N/A
Smart90 Required (For 90-Day Medications)	Yes	Yes	Yes	No
Locate a Pharmacy OR Price a Medication Tool	EXPRESS SCRIPTS EVERNORTH HEALTH SERVICES www.express-scripts.com/NVPEBP	EXPRESS SCRIPTS EVERNORTH HEALTH SERVICES www.express-scripts.com/NVPEBP	EXPRESS SCRIPTS EVERNORTH HEALTH SERVICES www.express-scripts.com/NVPEBP	Optum Rx® www.myhpnstateofnevada.com/Pharmacy-Benefits

The information in the table shown contains a general overview of plan benefits and does not include additional provisions or exclusions. Medical and Prescription deductible are combined. If you have met your OOPM you pay $0.

*CDHP, LD, and EPO plans are required to use Express Advantage Network (EAN) Pharmacies: If you fill your prescription at a non-EAN pharmacy you will pay $10 more for your prescription. To avoid the $10 upcharge, use an EAN pharmacy for your short-term prescriptions.

Medical
Dental
Vision
Prescription

PLEASE NOTE:
You must use a Smart 90 pharmacy to fill your prescriptions

PRESCRIPTION BENEFITS OVERVIEW (CONT.)

Available to Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO) & Exclusive Provider Organization Plan (EPO) Participants

EXPRESS SCRIPTS®
EVERNORTH HEALTH SERVICES

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

Price Your Medication and Find an In-Network Pharmacy Tools
Open Enrollment - Pharmacy Benefit Plans (express-scripts.com)



Specialty Drug Program
Specialty drugs are used to treat complex conditions, such as cancer, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, rheumatoid arthritis, etc. Certain drugs fall into a category called specialty drugs. Specialty drugs and prescriptions are generally limited to a 30-day supply. Specialty drugs are available only through the Accredo, the Plan's Specialty Pharmacy. Through Accredo, patients receive an enhanced level of individual service such as one-on-one clinical support, a resource to help manage possible side effects and (for certain conditions) Accredo nurses to help administer your medication. Plan participants are encouraged to register with the Accredo Specialty Pharmacy before filling their first prescription for a specialty drug. Check with Express Scripts to determine if your prescription is considered specialty.

Active Employee
Pre-Medicare Retiree
Medicare Retiree
COBRA

RATES

This section features monthly plan rates based upon your employment status (i.e. active employees, pre-Medicare retirees, Medicare retirees), medical plan option, and coverage tier (e.g., employee or retiree only, employee or retiree and spouse/domestic partner, etc.).

State employees on Leave Without Pay (LWOP), active legislators, and employees on military leave do not receive a subsidy. This means both the employee and employer portions are included in the employee monthly premium. Survivors and unsubsidized dependents are also not eligible for a subsidy. Please view all rates on the PEBP website for unsubsidized premium amounts.

Each monthly premium rate pays for coverage for the same month, including retirees. Payments are not made in advance. The monthly premium includes medical, dental, prescription and vision coverage as well as basic life insurance for eligible participants.

Central Payroll Employees:

There is a 50/50 split of premiums for central payroll employees between the first and second paycheck of each month. If enrolled in an FSA or HSA, deductions are taken from the second check of the month.

Active Employee
Pre-Medicare Retiree
Medicare Retiree
COBRA

ACTIVE EMPLOYEE MONTHLY RATES

State Employee Rates

Effective July 1, 2026 – June 30, 2027	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)
Employee Only	$55.26	$160.18	$381.24
Employee + Spouse/DP	$313.94	$521.32	$962.20
Employee + Child(ren)	$152.28	$295.60	$599.10
Employee + Family	$410.94	$656.74	$1,180.08

Non-State Employee Rates

Effective July 1, 2026 – June 30, 2027	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)
Employee Only	$912.35	$1,386.45	$1,325.22
Employee + Spouse/DP	$1,809.90	$2,758.09	$2,635.63
Employee + Child(ren)	$1,248.93	$1,900.82	$1,816.62
Employee + Family	$2,146.48	$3,272.46	$3,127.04

Non-State Employee rates are unsubsidized rates. Employees working for a non-state agency should contact their agency to inquire about premium subsidies.

Active Employee

Pre-Medicare Retiree

Medicare Retiree

COBRA

Non-State/participating local government years of service credit criteria: To receive years of service (YOS) credit from a non-State or local participating agency, your last employer must be a current PEBP participating agency with a hire date prior to 2012.

STATE PRE-MEDICARE RETIREE MONTHLY RATES

State Retiree and Survivor Rates (Non-Medicare)

Effective July 1, 2026 – June 30, 2027	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)
Retiree Only	$278.06	$372.66	$588.56
Retiree + Spouse/DP	$702.82	$892.40	$1,324.38
Retiree + Child(ren)	$437.34	$567.56	$864.50
Retiree + Family	$862.10	$1,087.30	$1,600.34
Surviving/Unsubsidized Dependent	$813.26	$1,057.50	$1,303.10
Surviving/Unsubsidized Spouse + Child(ren)	$1,115.02	$1,450.88	$1,788.58

- For participants who retired **before January 1, 1994,** the participant premium for the selected plan and tier is shown above.
- For participants who retired **on or after January 1, 1994,** add or subtract the appropriate subsidy from the Years of Service (YOS) table to the participant premium in the selected plan and tier.
- Retirees **with less than 15 years of service**, who were initially hired by their last employer on or after **January 1, 2010,** and who are not disabled, do not receive a years of service or base subsidy and do not qualify for a Medicare Exchange HRA.
- Retirees who were initially hired **on or after January 1, 2012,** do not receive a years of service subsidy, the base subsidy, or an Exchange HRA, and will be charged the full unsubsidized rate.
- For retirees on the CDHP, LD, EPO, or HMO plan who are enrolled in Medicare Part B, subtract *up to* an additional $145.30 from the base premium.

Retirees Enrolled in the CDHP/LD PPO/EPO/HMO

Years of Service	Premium Differential
5	+$525.00
6	+$472.50
7	+$420.00
8	+$367.50
9	+$315.00
10	+$262.50
11	+$210.00
12	+$157.50
13	+$105.00
14	+$52.50
15 (base)	-
16	-$52.50
17	-$105.00
18	-$157.50
19	-$210.00
20	-$262.50

Active Employee

Pre-Medicare Retiree

Medicare Retiree

COBRA

Non-State/participating local government years of service credit criteria: To receive years of service (YOS) credit from a non-State or local participating agency, your last employer must be a current PEBP participating agency with a hire date prior to 2012.

NON-STATE PRE-MEDICARE RETIREE MONTHLY RATES

Non-State Retiree and Survivor Rates (Non-Medicare)

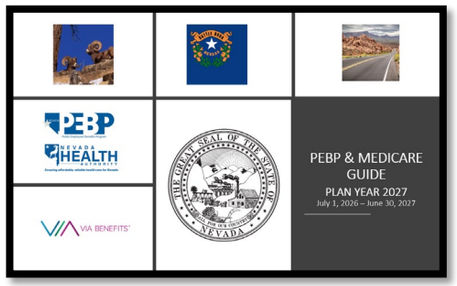
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Retiree + Spouse/DP	$702.82	$892.40	$1,324.38
Retiree + Child(ren)	$437.34	$567.56	$864.50
Retiree + Family	$862.10	$1,087.30	$1,600.34
Surviving/Unsubsidized Dependent	$906.06	$1,380.16	$1,318.94
Surviving/Unsubsidized Spouse + Child(ren)	$1,242.64	$1,894.54	$1,810.34

- For participants who retired **before January 1, 1994,** the participant premium for the selected plan and tier is shown above.
- For participants who retired **on or after January 1, 1994,** add or subtract the appropriate subsidy from the Years of Service (YOS) table to the participant premium in the selected plan and tier.
- Retirees **with less than 15 years of service**, who were initially hired by their last employer on or after **January 1, 2010,** and who are not disabled, do not receive a years of service or base subsidy and do not qualify for a Medicare Exchange HRA.
- Retirees who were initially hired **on or after January 1, 2012,** do not receive a years of service subsidy, the base subsidy, or an Exchange HRA, and will be charged the full unsubsidized rate.
- For retirees on the CDHP, LD, EPO, or HMO plan who are enrolled in Medicare Part B, subtract *up to* an additional $145.30 from the base premium.

Retirees Enrolled in the CDHP/LD PPO/EPO/HMO

Years of Service	Premium Differential
5	+525.00
6	+472.50
7	+420.00
8	+367.50
9	+315.00
10	+262.50
11	+210.00
12	+157.50
13	+105.00
14	+52.50
15 (base)	-
16	-52.50
17	-105.00
18	-157.50
19	-210.00
20	-262.50

Active Employee
Pre-Medicare Retiree
Medicare Retiree
COBRA



Additional information regarding Medicare Enrollment is in the Plan Year 2027 PEBP & Medicare Guide.

RETIREE MEDICARE MONTHLY RATES

Plan Year 2027 PEBP Dental Rates
Medicare Retirees Enrolled with Via Benefits

Effective July 1, 2026 – June 30, 2027	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.

RETIREE MEDICARE EXCHANGE (VIA BENEFITS) 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 **BETWEEN January 1, 2010, and December 31, 2011**, 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 call HSA Bank at 1-833-228-9364.
- On May 31st, each year there is an $8,000 cap placed on the available Medicare Exchange HRA balance.

PY 2027 Via Benefits HRA Contribution

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	$195
16	$208
17	$221
18	$234
19	$247
20	$260

- Active Employee
- Pre-Medicare Retiree
- Medicare Retiree
- **COBRA**

COBRA participants do not qualify for life insurance and do not receive a subsidy.

MONTHLY COBRA RATES

Plan Year 2027 COBRA Rates			*COBRA participants do not qualify for Life Insurance and do not receive a subsidy.*
Monthly Rates July 1, 2026 – June 30, 2027	Nationwide PPO Consumer Driven Health Plan (CDHP)	Nationwide PPO Low Deductible (LD)	Statewide EPO/HMO Exclusive Provider Organization Plan (EPO) & Health Plan of Nevada (HPN)
State Employee			
Employee	$835.93	$1,085.08	$1,335.59
Employee + Spouse/DP	$1,656.77	$2,155.04	$2,656.06
Employee + Child(ren)	$1,143.75	$1,486.30	$1,830.76
Employee + Family	$1,964.58	$2,556.28	$3,151.23
State Retiree			
Retiree	$829.53	$1,078.65	$1,329.16
Retiree + Spouse/DP	$1,650.34	$2,148.63	$2,649.65
Retiree + Child(ren)	$1,137.32	$1,479.90	$1,824.35
Retiree + Family	$1,958.16	$2,549.86	$3,144.82
Spouse/DP Only	$829.52	$1,078.65	$1,329.16
Spouse/DP + Child(ren)	$1,137.32	$1,479.90	$1,824.35
Non-State Employee			
Employee	$930.60	$1,414.18	$1,351.72
Employee + Spouse/DP	$1,846.10	$2,813.25	$2,688.34
Employee + Child(ren)	$1,273.91	$1,938.84	$1,852.95
Employee + Family	$2,189.41	$3,337.91	$3,189.58
Non-State Retiree			
Retiree	$924.18	$1,407.76	$1,345.32
Retiree + Spouse/DP	$1,839.69	$2,806.84	$2,681.93
Retiree + Child(ren)	$1,267.49	$1,932.43	$1,846.55
Retiree + Family	$2,183.00	$3,331.50	$3,183.18
Spouse/DP Only	$924.18	$1,407.76	$1,345.32
Spouse/DP + Child(ren)	$1,267.49	$1,932.43	$1,846.55

New Hire and Active Employee
Retiree Eligibility
PEBP and Medicare
Dependents

ELIGIBILITY

Active Employee

Employees working in a full-time position (80+ hours a month) with a state agency, participating non-state agency, or the Nevada System of Higher Education (NSHE).

Retiree Coverage

- Retirees with 5 or more years of service credit (or 8 years of service credit for retired Legislators) are eligible for retiree coverage if the employee's last employer is participating in PEBP with their active employees.
- Retirees must also be receiving retirement benefit distributions from one or more of the following:
  - Public Employees' Retirement System (PERS)
  - Legislators' Retirement System (LRS)
  - Judges' Retirement System (JRS)
  - Retirement Plan Alternative (RPA) for professional employees of the Nevada System of Higher Education
  - A long-term disability plan of the public employer

Eligible Dependent

Any of the following individuals as defined by (NAC 287.312) will be considered for coverage: dependent child(ren)/stepchild(ren), adopted child(ren), child(ren) under permanent legal guardianship, disabled dependent child(ren), spouse or domestic partner. Adding eligible dependents will require supporting documentation.

New Hire and Active Employee
Retiree Eligibility
PEBP and Medicare
Dependents

NEW HIRE AND ACTIVE EMPLOYEE ELIGIBILITY

New Hire Start of Coverage

Employees working in a full-time position with a state agency, participating non-state agency, or the Nevada System of Higher Education (NSHE) are eligible for benefits on:

- The first day of full-time employment or the date of the contract, if that date is the first day of the month; or
- The first day of the month immediately following the first day of full-time employment or contract date if the first day of employment/contract date is on or after the second day of the month.
- As a new benefits-eligible employee you must enroll or decline coverage online at https://www.pebp.nv.gov and upload any required supporting documents (if adding dependents) to your E-PEBP portal no later than the last day of the month your coverage is scheduled to become effective. See the Enrollment section for more details.

Default Enrollment

Failure to enroll or decline coverage within the specified timeframe will result in your coverage being defaulted to self-only coverage on the Consumer Driven Health Plan (CDHP) with a Health Reimbursement Arrangement (HRA). Employees enrolled in the CDHP will pay a monthly premium for that coverage, retroactive to the coverage effective date based on the date of hire. Once you have been defaulted onto the plan, you will be unable to change or remove coverage until open enrollment or because of a qualifying life event.

Active Employee Leave of Absence

Employees working for a participating local government will need to contact their Human Resources office for Leave of Absence, such as FMLA, LWOP or Military leave eligibility.

New Hire and Active Employee
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RETIREE ELIGIBILITY

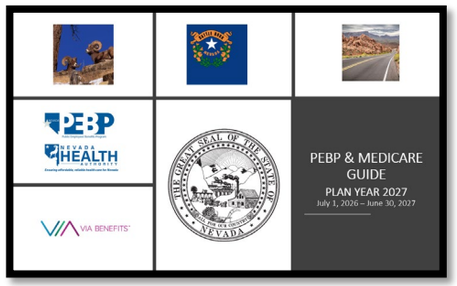
To receive years of service (YOS) credit from a non-State or local government participating agency, your last employer must be a current PEBP participating agency with a hire date prior to 2012.

A State or non-state retiree or surviving spouse, can reinstate insurance one time. Please review the Retiree Enrollment section of this guide for additional information on retiree late enrollment.

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 subsidy or Exchange HRA (if applicable) may be delayed, and that while the subsidy or Exchange HRA will be backdated, participants may be paying costs up front for up to several months.

RETIREES INITIAL HIRE DATE, RETIREMENT DATE AND EARNED YEARS OF SERVICE ARE NEEDED TO DETERMINE ELIGIBILITY		
	Retiree Coverage for Employees *Initially Hired Between* January 1, 2010 – December 31, 2011	Must have at least 15 years of service to qualify for a subsidy or Exchange HRA
	Retiree Coverage for Employees *Initially Hired On or After* January 1, 2012	May participate but **will not** qualify for a subsidy or an Exchange HRA, and will be charged the full unsubsidized rate
	Retiree Coverage for Employees *Initially Hired Before* January 1, 2010	May participate and **may** qualify for a subsidy or Exchange HRA

New Hire and Active Employee
Retiree Eligibility
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Dependents



Additional information regarding Medicare Enrollment is in the Plan Year 2027 PEBP & Medicare Guide.

PEBP AND MEDICARE ELIGIBILITY

Active Employee (65 or older)

- PEBP does not require active employees to obtain Medicare until approximately 90 days prior to their retirement. If Medicare is obtained, you must provide a copy of your Medicare card to PEBP.
- Employees enrolled in the CDHP with a Heath Savings Account (HSA) and enrolled in Medicare are not permitted, in accordance with IRS guidelines, to contribute to an HSA.

Retiree or Newly Retiring

- Retirees and their covered dependents and the survivors of such retirees, aged 65 (or under age 65 if approved for Social Security Disability benefits), must enroll in premium-free Medicare Part A (if eligible) and purchase Medicare Part B.
- Must enroll in a medical plan through Via Benefits if eligible for premium free Medicare Part A.

Retiree attains Medicare Parts A+B and covers a dependent without Medicare

- Retiree may enroll in a medical plan through Via Benefits 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.
- Retiree may stay on the CDHP, LD, EPO, or HMO plan with the non-Medicare dependent(s) until dependent(s) ceases to be an eligible dependent. The retiree may receive a Medicare Part B premium credit.

Retiree is not yet eligible for Medicare and covers a dependent with Medicare Parts A+B

- Medicare dependent may enroll in a medical plan through Via Benefits. The non-Medicare retiree may stay on the CDHP, LD, EPO, or HPN plan.
- Both the retiree and dependent may stay on the CDHP, LD, EPO, or HPN plan until both become eligible for Medicare Parts A+B.

Retiree with TRICARE for Life

- Retirees and their covered dependents and the survivors of such retirees, aged 65 (or under age 65 if approved for Social Security Disability benefits), must enroll in premium-free Medicare Part A (if eligible) and purchase Medicare Part B.
- Member must send PEBP a copy of the Military ID Card (front and back).

Spouse or Domestic Partner

- Medicare requirements also apply to covered spouses and domestic partners.

New Hire and Active Employee
Retiree Eligibility
PEBP and Medicare
Dependents

Supporting documents are required to be uploaded into your E-PEBP Portal to add eligible dependents.

DEPENDENT ELIGIBILITY

Dependent Eligibility

Legal Spouse or Domestic Partner

- If they are not eligible for group coverage through their own employer. An exception may apply if the employer-group health coverage is determined to be significantly inferior. Significantly inferior plans offer limited benefits such as a mini-med plan or a catastrophic plan with a $5,000 or greater individual deductible and the plan is not coupled with an HSA or HRA.

Child(ren)/Stepchild(ren) - Birth to Age 26

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

Disabled Dependent Child(ren)

- A child of any age with a disability incapable of self-support, provided such condition occurs before age 26.
- After age 26, proof is required that the dependent has maintained continuous medical coverage with no break in service and the completion of the Certification of Disabled Dependent Child Form by the participant and the child's physician.

Child(ren) under Legal Guardianship

- Children under *permanent* legal guardianship to age 19.
- To continue coverage after 18 to age 26, the child must be:
  - Unmarried
  - Reside with participant
  - Full-time student
  - Claimed on tax return
- Recertification is required every 2 years.

A dependent of two PEBP participants cannot be covered under more than one PEBP medical plan at the same time. A child that is covered as a dependent under a PEBP participant who becomes eligible for PEBP coverage as a primary participant may enroll as a primary participant or decline primary participant coverage and remain as a dependent of another PEBP primary participant's plan.

ENROLLMENT

- New Hires
- Retirees
- Open Enrollment
- Qualifying Life Events
- Supporting Documents

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

Click on
"E-PEBP Portal"
to access your online account



Compare plans and complete your enrollment event

Upload supporting documents

Elect beneficiaries for basic and voluntary life insurance

Send PEBP a secure message

Enroll in voluntary products



New Hires
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NEW HIRE ENROLLMENT

Employees working in a full-time position with a state agency, participating non-state agency, or the Nevada System of Higher Education (NSHE) are eligible for benefits on the first day of the month concurrent with or following the date of hire.

If you are eligible for benefits and do not make benefit elections by the last day of the month coverage is scheduled to begin, you will automatically be enrolled in self-only coverage through the Consumer Driven Health Plan (CDHP) with a Health Reimbursement Arrangement (HRA), and basic life insurance.

Employees enrolled in the CDHP will pay a monthly premium for that coverage, retroactive to the coverage effective date based on the date of hire. Once you have been defaulted into the plan, you will be unable to change or remove coverage until open enrollment or because of a qualifying life event.

As a new benefits-eligible employee you must enroll or decline coverage online in your E-PEBP Portal at https://www.pebp.nv.gov and upload any required supporting documents (if adding dependents) no later than the last day of the month your coverage is scheduled to become effective.

Date of Hire	Coverage Effective	Enrollment Must be Completed By	Supporting Documents are Required By (if any)	Default Coverage will be Processed by PEBP
January 1st	January 1st	January 31st	January 31st	February 1st retroactive to January 1st
January 14th	February 1st	February 28th	February 28th	March 1st retroactive to February 1st

New Hires
Retirees
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There are some exceptions to the rules. For more information about retiree eligibility and requirements view the PEBP and Medicare Guide.

Submit your forms by mail or on our website at https://www.pebp.nv.gov/ > Contact Us > Secure Document Upload Form.

RETIREE ENROLLMENT

Required forms can be accessed on PEBP's website under the *Retiring Before Age 65, Retiring After Age 65*, or the *Forms* pages of PEBP's website. You may also call the Member Services Unit to request the forms be mailed to you.

You will need to complete these forms within 60 days after your retirement date. Retirement coverage starts on the first day of the month concurrent with or following your date of retirement.

Retiring Before Age 65	Retiring After Age 65
• Complete your Retiree Benefit Enrollment and Change Form (RBECF) and Years of Service (YOS) forms and return to PEBP • You may remain on the CDHP, LD, EPO or HPN until you reach Medicare age	• Contact the Social Security Administration approximately 90 days prior to retirement and enroll in Medicare *free* Part A (as eligible) and purchase Medicare Part B • Complete your RBECF and YOS forms and return these along with a copy of your Medicare card to PEBP • Enroll in a supplemental medical plan with Via Benefits • TRICARE For Life participants are not required to enroll in a plan with Via Benefits, but must submit a copy of their military identification card (front and back) to PEBP

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 subsidy or 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 supplemental medical plan. HRA funding is concurrent with the medical plan effective date through Via Benefits.

New Hires
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RETIREE LATE ENROLLMENT

In accordance with Nevada Revised Statute 287.0475, a retired public officer or employee, or the surviving spouse or domestic partner of such retiree, can reinstate insurance, except basic life insurance, once during a PEBP open enrollment period. Eligibility and enrollment are subject to review and approval. Please review the Enrollment and Eligibility Master Plan Document for additional details.

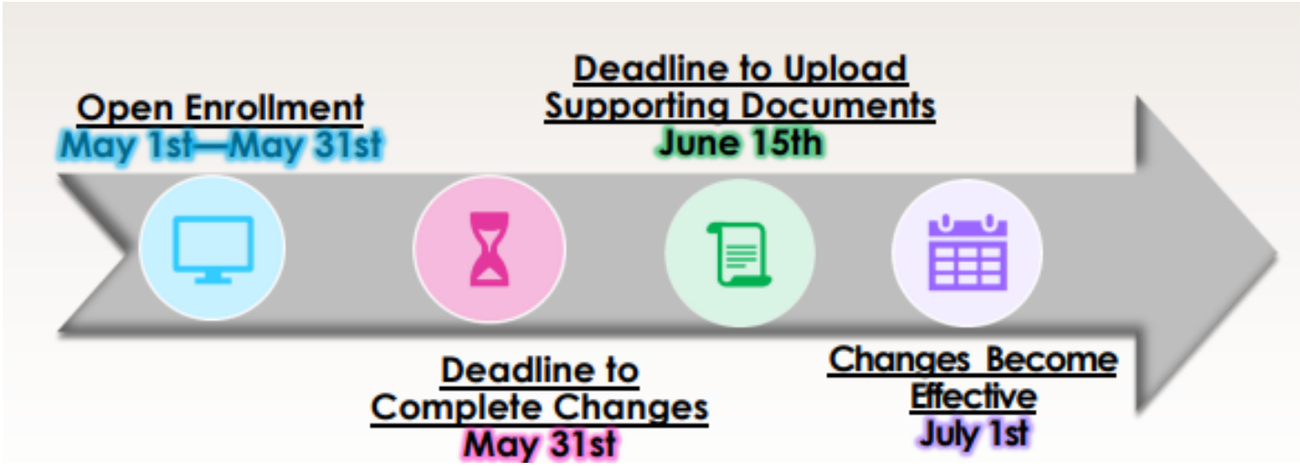
Retiree Late Enrollment Timeline

Contact PEBP Between	Complete Enrollment and submit Late Enrollment forms including Medicare and TRICARE For Life cards (if applicable)	Supporting Documents for Dependents are Due	Enrollment Effective
April 15th and May 15th	May 31st	June 15th	July 1st

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OPEN ENROLLMENT

The annual PEBP open enrollment (OE) period provides participants the opportunity to reevaluate benefits. Participants are **not** required to complete an open enrollment election if they want to remain on the same plan and coverage tier. To make plan changes outside of the open enrollment period, you must experience a qualifying life event. *PEBP makes every effort to adhere to the OE schedule. Due to the complexities of the Plan, the PEBP Board and the Legislature, the OE dates are subject to change.



Allowable Changes

- Change plan option
- Add or remove dependent(s)
- Switch from the CDHP HRA to the CDHP HSA (if eligible) or vice versa
- Elect or decline voluntary benefits
- Decline coverage
- Change employee HSA contribution (anytime)
- Beneficiary designation (anytime)
- Enroll in an FSA

Coverage Tiers

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

New Hires
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QUALIFYING LIFE EVENTS

Federal regulations generally require that plan coverage remain in effect, without change, throughout the plan year unless a qualifying life event occurs mid-year.

The Plan must be notified by completing an online event through your E-PEBP Portal within 60 days of the qualifying event date. If the online event, including uploading any required supporting documents, is not completed within the specific timeframe as outlined in the Qualifying Life Events Guide, the request will not be accepted, and the change cannot be made until the subsequent open enrollment period.

Some examples of eligible qualifying life events include:

- Marriage, divorce, or annulment
- Beginning or ending of domestic partnership
- Birth, adoption, or permanent guardianship of a child
- Dependent gaining own group coverage
- Dependent losing own group coverage
- Moving out of the EPO or HMO coverage area

Log on to your E-PEBP Portal and select *Enroll or Make Changes.*

Other qualifying life events include employees or retirees who are in declined status who experience a change in number of dependents, permanent legal guardianship and retirement. For these events you will need to submit your supporting documentation and/or required forms to PEBP using our secure document upload form on PEBP's Contact Us page.

New Hires
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QUALIFYING LIFE EVENTS REFERENCE TABLE

Life Event	How to Update	Eligibility Period
Adoption	E-PEBP Portal (Enroll & Make Changes)	60 days of the event date
Birth	E-PEBP Portal (Enroll & Make Changes)	60 days of the event date
Divorce	E-PEBP Portal (Enroll & Make Changes)	60 days of the event date
Establish Domestic Partner	E-PEBP Portal (Enroll & Make Changes)	30 days before and 60 days after the event date
Marriage	E-PEBP Portal (Enroll & Make Changes)	30 days before and 60 days after the event date
Medicare Eligibility Change	E-PEBP Portal (Enroll & Make Changes)	35 days before and 60 days after the event date
Dependent Dies	E-PEBP Portal (Enroll & Make Changes)	60 days of the event date
Dependent Gains Coverage	E-PEBP Portal (Enroll & Make Changes)	60 days before and 60 days after the event date
Dependent Loses Coverage	E-PEBP Portal (Enroll & Make Changes)	60 days before and 60 days after the event date
Terminate Domestic Partnership	E-PEBP Portal (Enroll & Make Changes)	60 days of the event date
Anytime Change	**How to Update**	**Timeframe**
Change Beneficiary Designation	E-PEBP Portal (Enroll & Make Changes)	Anytime
EE HSA Contribution Change (CDHP only)	E-PEBP Portal (Enroll & Make Changes)	Anytime
Voluntary Benefit Change	E-PEBP Portal (Enroll & Make Changes)	Anytime
Update Phone Number, Email Address or Mailing Address	Call PEBP or send a secure message in your E-PEBP Portal (Contact Us/Message Center)	Within 30 days of the event date
Name Change	Submit supporting document using PEBP's Secure Document Upload Form on PEBP's Contact Us page and include the name we have on file (previous name) • Updated Driver's License or State issued ID • Updated Social Security Card	Within 30 days of the event date

New Hires
Retirees
Open Enrollment
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Supporting Documents

All foreign documents must be translated into English.

Social Security numbers are required for all dependents. If your dependent is not eligible for a social security number, they may still be added to your plan if you complete and return the SSN Questionnaire that PEBP sends to you within the required timeframe. **Without proper documentation dependents will not be added to your plan.**

SUPPORTING DOCUMENTS

Spouse

- Copy of certified marriage certificate
- Social Security Number

Domestic Partner

- Copy of certified domestic partner certificate
- Social Security Number

Child(ren)

- Copy of certified birth certificate
- Social Security Number

PEBP will need the above information as well as additional documentation as applicable:

- Adopted Child: Adoption Decree signed by judge
- 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

Flexible Spending Accounts
Health Savings Accounts
Health Reimbursement Arrangements
HSA/HRA Employer Contributions

Find a full list of qualified health care expenses at www.irs.gov/publications/p502/

SPENDING ACCOUNTS

Flexible Spending Accounts (FSA)

FSAs are available to any eligible active employee regardless of the plan they choose, excluding the Nevada System of Higher Education employees who have a separate plan with their employer. Medical FSAs are not available to CDHP employees who have an HSA. FSAs give you a tax break on your eligible health care and dependent care expenses by having tax-free FSA contributions taken from your paycheck. By electing to direct a portion of your salary through an FSA, you essentially bank your money in a tax-free account. The money is used to pay for expenses that would otherwise be paid out of your take-home pay.

You can use your Health Care FSA debit card to pay for your eligible medical, dental, and vision expenses. Or you can submit claims to request reimbursement for your eligible health care and dependent care expenses online via your E-PEBP Portal. Use the single sign on feature to access your UMR portal.

Health Savings Account (HSA)

The Consumer Driven Health Plan (CDHP) with a Health Savings Account (HSA) helps you save tax-free money for current and future health care expenses. You can contribute, up to a certain amount regulated by the IRS each year, and PEBP will contribute a base amount as well. Your account balance rolls over from year to year and never expires so you can use the funds into retirement. Use the single sign-on feature in your E-PEBP portal to access your HSA Bank account.

Health Reimbursement Arrangement (HRA)

The Consumer Driven Health Plan (CDHP) with a Health Reimbursement Arrangement (HRA) is for those that do not meet the eligibility requirements to enroll in a Health Savings Account (HSA). The HRA is funded by PEBP the same way an HSA is; however, participant contributions are not allowed. For retirees transitioning onto a Medicare Exchange plan, any remaining funds in the HRA account revert to PEBP. Use the single sign on feature in your E-PEBP portal to access your HSA Bank account.

Flexible Spending Accounts
Health Savings Accounts
Health Reimbursement Arrangements
HSA/HRA Employer Contributions

FLEXIBLE SPENDING ACCOUNTS (FSA)

FSA Comparison	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
Examples of Covered Expenses	Qualified medical, dental and vision expenses such as: • Chiropractor • Glasses • Contact lenses • Orthodontia • Copays	Qualified dental and vision expenses such as: • Vision exams • LASIK surgery • Glasses • Contact lenses • Dental cleanings and fillings • X-rays • Orthodontia	Qualified dependent care expenses such as certain: • Preschool expenses • Nursery school expenses • Childcare in your home • Licensed home childcare Day care expenses are limited to care for children under age 13. Your expense must be for the purpose of allowing you and, if married, your spouse to be employed.
IRS Annual Allowed Maximum Calendar Year Contribution	$3,400	$3,400	$7,500 per household ($3,750 if married and file separate tax returns)
Can you have an HSA?	No	Yes	Yes
Do funds roll over from year to year	Carry over up to $680. Funds more than $680 are forfeited. Account must be depleted by July 1st if employee switches to CDHP HSA.	Carry over up to $680. Funds more than $680 are forfeited.	No carry over. All excess funds are forfeited.

Who is eligible? Fulltime active employees covered under the PEBP Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), Exclusive Provider Organization Plan (EPO) or Health Plan of Nevada (HPN). Special rules apply if you go out on a leave of absence. There is a $3.15 per month administration fee. NSHE employees are ineligible for the PEBP sponsored FSA but may be eligible through a similar program offered by their employer.

Enrollment is not automatic. You must re-enroll each open enrollment period if you want to participate in a Flexible Spending Account.

Flexible Spending Accounts
Health Savings Accounts
Health Reimbursement Arrangements
HSA/HRA Employer Contributions

A Triple Tax Advantage:

1. Pre-tax contributions
2. Tax-free interest and investment earnings
3. Tax-free payments for qualified medical expenses

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.

CDHP HEALTH SAVINGS ACCOUNTS (HSA)

If you select the Consumer Driven Health Plan with an HSA, you can use a Health Savings Account to pay for eligible out-of-pocket health care expenses now or save for future expenses.

Health Savings Accounts:

- Receive tax-free contributions from PEBP
- Employees may voluntarily contribute to their HSA through pre-tax payroll deductions
- Use your HSA funds to pay out-of-pocket medical expenses during the deductible and/or coinsurance phase of benefits
- Employee contributions are tax deductible from gross income
- Funds grow-tax deferred
- Funds carry over from one year to the next (no “use-it-or-lose-it” provision)

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

1. You are an active employee covered under the Consumer Driven Health Plan (CDHP)
2. You cannot have other coverage (Medicare, TRICARE, Tribal, HMO, COBRA etc.) unless the coverage is also an IRS qualified high-deductible health plan
3. You or your spouse cannot be enrolled in a Medical Flexible Spending Account (FSA) or Health Reimbursement Arrangement, but you may be enrolled in a Limited Purpose or Dependent Care FSA
4. You cannot be claimed on someone else's tax return (excludes joint returns)

Flexible Spending Accounts
Health Savings Accounts
Health Reimbursement Arrangements
HSA/HRA Employer Contributions

HEALTH REIMBURSEMENT ARRANGEMENTS (HRA)

If you select the Consumer Driven Health Plan with an HRA, you can use a Health Reimbursement Arrangement to pay for eligible out-of-pocket health care expenses. HRA's are funded by PEBP; participant contributions are not allowed.

Health Reimbursement Arrangement (HRA):

- Receive tax-free contributions from PEBP
- HRA funds may be used to pay for out-of-pocket qualified health expenses
- HRA's are not portable; funds revert to PEBP if an employee's coverage is terminated for any reason, including a transition into a Medicare Exchange plan

You may enroll in the CDHP with an HRA if you are not eligible for the CDHP HSA due to the following requirements:

1. You are a retiree
2. You have other coverage (Medicare, TRICARE or TRICARE for Life, Tribal, HMO, COBRA, etc.)
3. You or your spouse are enrolled in an HRA
4. You are claimed on someone else's tax return (excludes joint returns)

Flexible Spending Accounts
Health Savings Accounts
Health Reimbursement Arrangements
HSA/HRA Employer Contributions

CDHP BASE HSA/HRA CONTRIBUTION

The employer base contribution applies to State and non-State active employees, and retirees enrolled in the CDHP on July 1, 2026.

Plan Year 2027	CDHP HSA/HRA Base* Contribution
Base Contribution for Participant	$700
Employer Contribution for Dependents	$200 (each) Up to three dependents
Total Employer Contribution Amount	Up to $1,300

*Base contributions for new hires enrolled in the CDHP on August 1, 2026 – June 1, 2027, are prorated.

hsabank™
A Division of Webster Bank, N.A., Member FDIC

Flexible Spending Accounts
Health Savings Accounts
Health Reimbursement Arrangements
HSA/HRA Employer Contributions

HSA/HRA FAQs

When are my HRA funds forfeited?	HRA funds are forfeited when an employee terminates PEBP coverage; when an employee enrolls in the CDHP with an HSA, LD, EPO or HPN; when a retiree enrolls in the LD, EPO or HPN; and when a retiree enrolled in the CDHP with an HRA moves to the Via Benefits (Medicare Exchange).
Do I have to submit reimbursement requests for CDHP HRA funds within a specified period?	HRA rules require claims to be submitted for reimbursement within 365 days of the date the expenses incurred. Visit the HSA Bank Employee Resource Center for instructions on how to claim reimbursement for your HRA and the five receipt must-haves for reimbursement.
How much can I contribute to my HSA each plan year?	The IRS sets the limits for how much an employee can contribute to their HSA using pre-tax dollars. The total contribution amount for Plan Year 2027 for individuals is $4,400 and $8,750 for family coverage. Employees aged 55 and older can contribute an additional $1,000. Contribution limits include employer contributions.
Who administers HSAs and HRAs for those enrolled in the CDHP?	HSA Bank administers these accounts. You can access your account by using the single sign-on feature in your E-PEBP portal. Eligible retirees enrolled with Via Benefits may have an Exchange-HRA administered by Via Benefits.
If I have Medicare and am on a plan with Via Benefits how much will I be receiving for my monthly HRA?	The Years of Service HRA contribution remains at $13 per month, per year of service. There is an $8,000 roll over cap each year. Please see Medicare Exchange HRA Contribution section for more information.

Disease Care Management
Carrum Health
Hinge Health
2nd.MD
Telemedicine
Real Appeal
Voluntary Benefits

ADDITIONAL BENEFITS

In this section you can explore additional benefits offered through PEBP.

Disease Care Management

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Telemedicine

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For the CDHP, LD, and EPO Plans, contact UMR to get started. The pharmacy benefit manager is Express Scripts.

DISEASE CARE MANAGEMENT

Consumer Driven Health Plan (CDHP PPO)

• Diabetes Care Management Program – This is a voluntary "opt-in" program that provides, but is not limited to, the ability to purchase diabetes related medications, such as insulin, at a copay and not be subject to deductible or coinsurance.
• Obesity Care Management Program – This is a voluntary "opt-in" program that provides, but is not limited to, medically supervised weight loss program, nutritional counseling, weight-loss medications.
•Preventive Drug Program–Plan pays 80-100%of the cost of preventive drugs identified by Express Scripts.

Low Deductible (LD PPO)

• Obesity Care Management Program–This is a voluntary "opt-in" program that provides, but is not limited to, medically supervised weight loss program, nutritional counseling, weight-loss medications.

Exclusive Provider Organization Plan (EPO)

• Obesity Care Management Program– This is a voluntary "opt-in" program that provides, but is not limited to, medically supervised weight-loss program, nutritional counseling, weight-loss medications.

Health Plan Of Nevada (HMO)

• Disease Management Program – This program provides a personalized care plan to help self-manage asthma or diabetes. This program is for eligible members at no cost. It's designed to provide support and does not replace the treatment plans put into place by a provider. Always talk to a provider about any important health issues. https://www.myhpnstateofnevada.com/Disease-Management.

Disease Care Management
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For Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), and Exclusive Provider Organization Plan (EPO) participants.

Visit https://info.carrumhealth.com/pebp/

Call (888)855-7806

CARRUM HEALTH

Higher Quality. Lower costs. Surgery and cancer care have never been better.



Carrum Health is a value-based Centers of Excellence platform that negotiates directly with top healthcare providers to offer upfront bundled payments to employers. Their unique approach ensures patients receive more appropriate care that is better, less expensive, and easier for everyone.

carrumhealth

Participants may use the Centers of Excellence Benefit for procedures such as: Total, partial, and revision hip and knee replacement surgery; Spinal fusion surgery; Bariatric (weight loss) surgery; Other orthopedic and spine procedures (e.g., hand, wrist, elbow, shoulder, ankle, foot); Cardiac (heart) surgery; and Oncology.

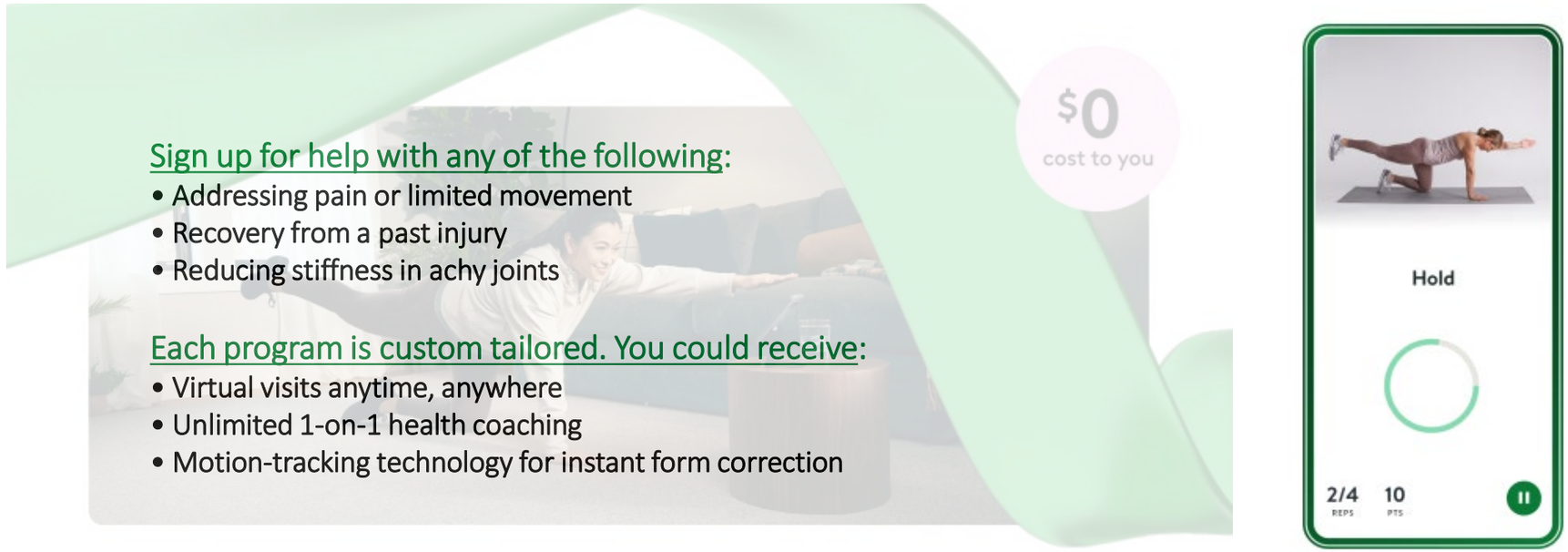
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HINGE HEALTH

Take Control of Your Pain

Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), and Exclusive Provider Organization Plan (EPO) participants and your eligible dependents have access to Hinge Health's programs for muscle and joint pain for **$0 copay**. Hinge Health is moving people beyond pain by transforming the way it is treated and prevented by connecting people digitally with expert clinical care. Using advanced technology and AI, a team of clinical experts guides people through personalized care directly from their phone. It is proven to reduce pain by 68%, prevent 42% of new opioid prescriptions, and avoid one in two unnecessary surgeries. **Scan the QR code to learn more or apply at hinge.health/nevadapebp or call (855)902-2777.** Participants must be 18 years and older.

Hinge Health



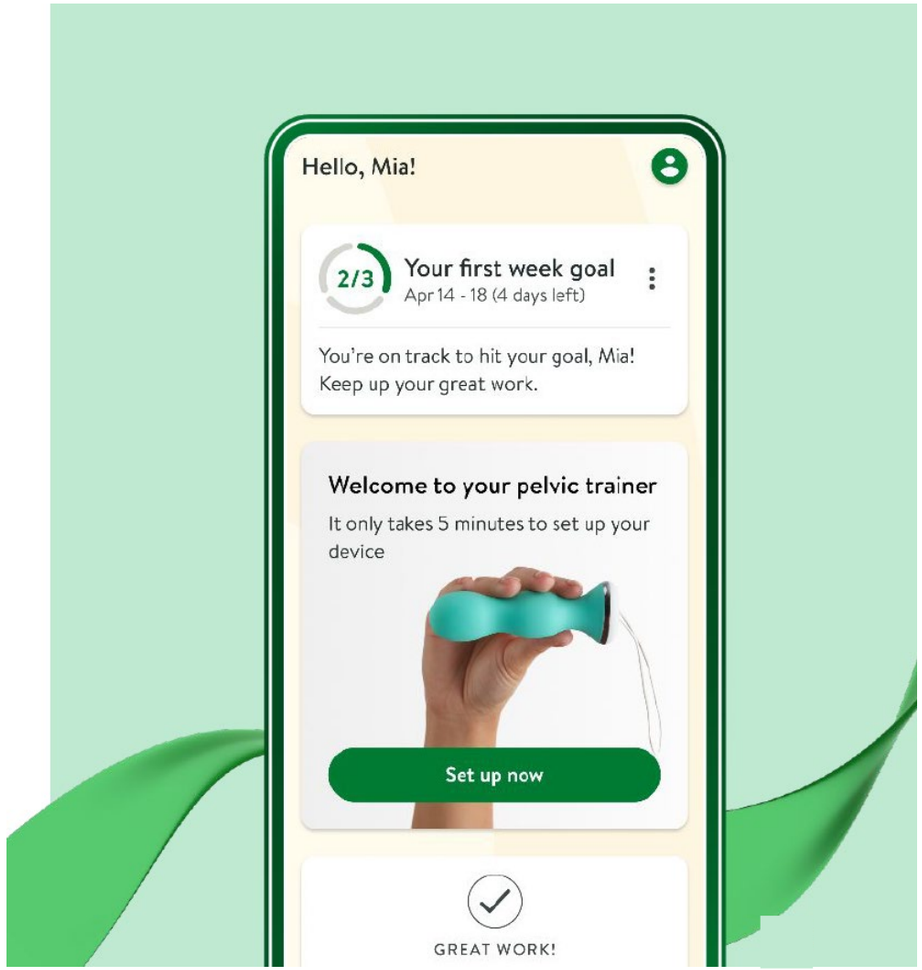
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HINGE HEALTH: WOMEN'S HEALTH

Specializing in Women's Health

Pelvic Trainer Device for Pelvic Floor Strengthening

- **Personalized pelvic floor care:** Members receive a pelvic floor trainer, where clinically indicated.
- **Pelvic floor strengthening:** Pelvic trainer offers gamified Kegel exercises and immediate feedback on contraction strength and quality.
- **Comprehensive exercise therapy:** Pelvic trainer works synergistically with whole body pelvic floor physical therapy, resulting in enhanced pelvic healthcare.
  - FDA Registered
  - Offered at no additional cost where clinically indicated
  - No member-level data sharing
  - Patented detection of incorrect and harmful pelvic floor contractions



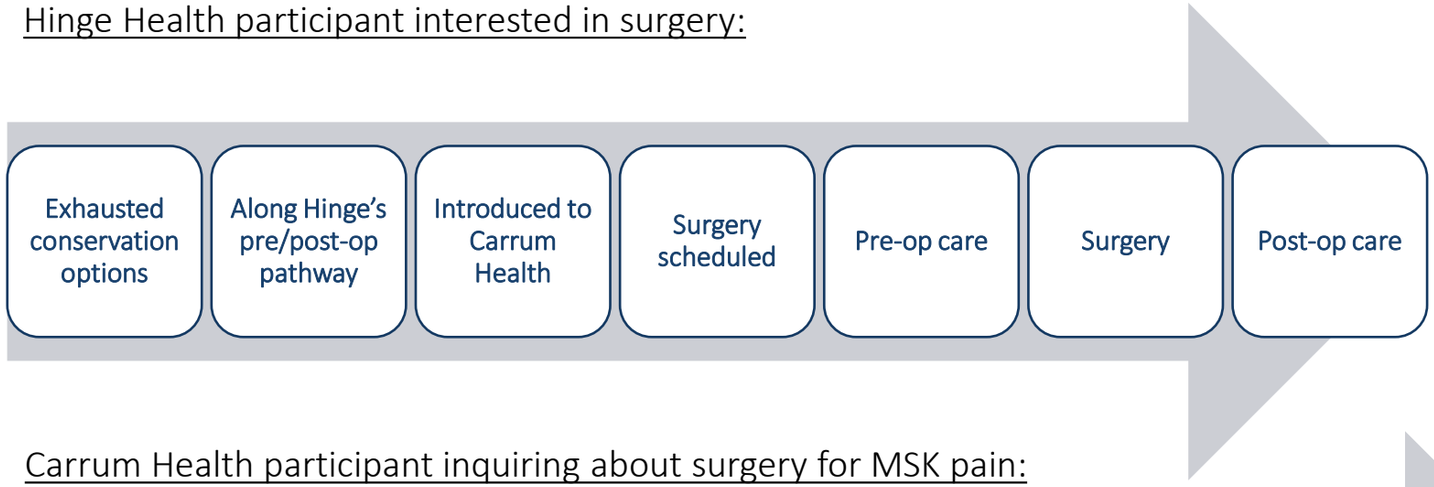
Scan the QR code to learn more or apply at hinge.health/nevadapebp or call (855)902-2777.

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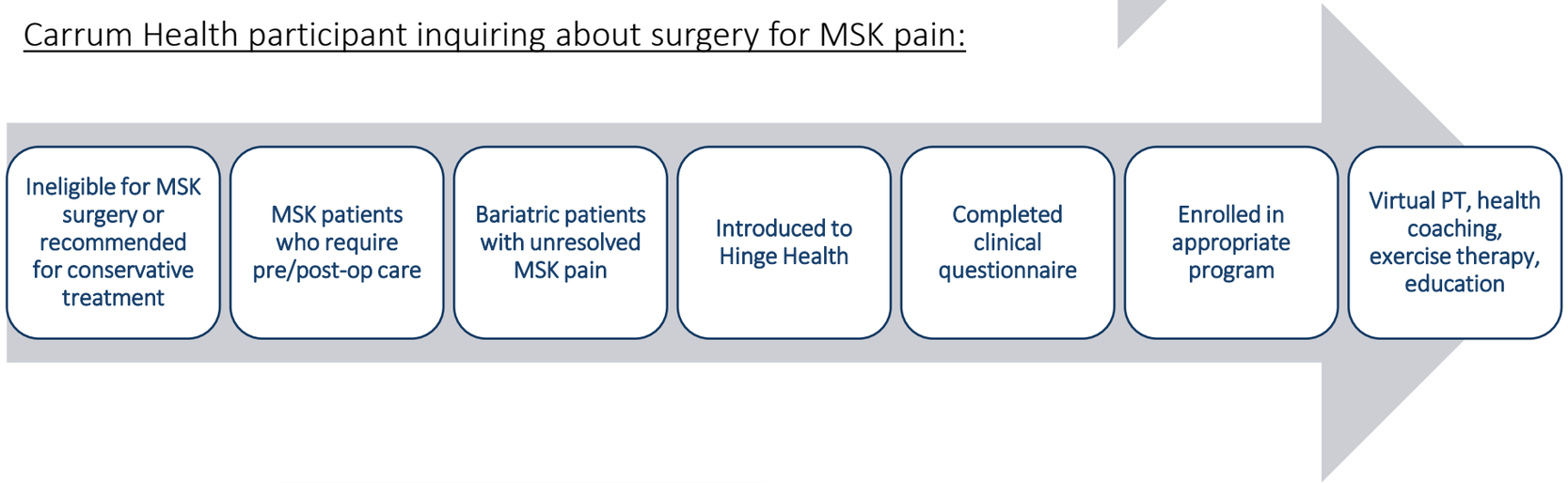
CARRUM HEALTH AND HINGE HEALTH

Integrated clinical workflows enable end-to-end visibility and support of participants throughout their care journey.

Hinge Health participant interested in surgery:



Carrum Health participant inquiring about surgery for MSK pain:



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2ND.MD

An exclusive membership for Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), and Exclusive Provider Organization Plan (EPO) participants with 2nd.MD, a virtual expert consultation and medical navigation service for **$0 copay**.

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

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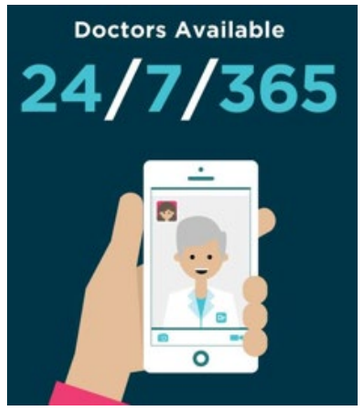
In a true medical emergency such as chest pains, shortness of breath or broken bones, dial 911 or seek immediate medical attention, as appropriate.

TELEMEDICINE: UMR

For Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), and Exclusive Provider Organization Plan (EPO) participants. Telemedicine (virtual medicine) is covered when using in-network providers who offer telemedicine. It is also available through Doctor on Demand.

Some of the conditions that can be treated:

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



	CDHP	LD	EPO
Urgent Medical Care	$59	$10	$10
Mental Health Therapy	$88 (25 minutes)	$20 (25 minutes) $30 (50 minutes)	$20 (25 or 50 minutes)

Connect with Doctor on Demand:
Call: 1-800-997-6196
Visit: https://doctorondemand.com/
Email: support@doctorondemand.com

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Disease Care Management
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In a true medical emergency such as chest pains, shortness of breath or broken bones, dial 911 or seek immediate medical attention, as appropriate.

TELEMEDICINE: HPN

For Health Plan of Nevada (HPN) participants. Telemedicine (virtual medicine) is covered when using in-network providers who offer telemedicine. It is also available through NowClinic for **$0 copay**.

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 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.

24/7 ADVICE NURSE

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.

URGENT CARE HOUSE CALL

Get on-demand health care at home. Urgent care house calls can treat most things urgent care centers can for the same cost and it's available seven days a week.
Some of the things home urgent care visits can help with:

- Migraine headaches
- Cuts that need stitches and skin infections
- Urinary tract infections
- Flu and pneumonia
- Dehydration, IV placements and IV fluids
- Asthma attacks, COPD and respiratory infections



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

- Disease Care Management
- Carrum Health
- Hinge Health
- 2nd.MD
- Telemedicine
- **Real Appeal**
- Voluntary Benefits

Available to all Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), Exclusive Provider Organization Plan (EPO) and Health Plan of Nevada (HPN) participants for **$0 copay**.

REAL APPEAL





Live Online Sessions
Join weekly online group sessions led by a coach, with the flexibility to reschedule anytime.



Tailored to You
You are not visible in the online group sessions and can choose how you'd like to participate.



Stay on Track
Use our fitness, food and weight trackers to stay on top of your progress and hit your goals.



Success Kit
A Success Kit with food and weight scales, and more, shipped to you after you attend your first session.

With Real Appeal, You'll Learn Ways to:
- Eat healthier
- Stay active
- Fit healthy choices into your lifestyle
- Stay motivated
- Develop lasting, healthy habits

What You Need to Register:
- PEBP insurance card
- Personal calendar— to choose your weekly online session day and time
- Shipping address— to receive success Kit after attending your first online session.

Visit enroll.realappeal.com to get started.

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Voluntary Benefits

Active Employees: Even if you have chosen to decline your PEBP health insurance benefits, you can still sign up for any of these voluntary benefits for yourself or any of your dependents.

*Participants must be enrolled on $5,000 Voluntary Life Insurance (VLI) to enroll their dependents in VLI

VOLUNTARY BENEFITS

Voluntary benefits are offered to all participants who are eligible for benefits, except for some products that may not apply or be available to retirees. To learn more about these voluntary benefits, or to start shopping, log into your E-PEBP Portal.

Voluntary Products	Enroll During Open Enrollment or Qualifying Life Event	Anytime
Accident Insurance	X	
Buy-Up Vision Plan (VSP)	X	
Critical Illness Plan	X	
Hospital Indemnity Plan	X	
Legal Plan	X	
Long Term Disability	X	
Short Term Disability	X	
Voluntary Life Insurance*	X	
Auto, Home and Renters Insurance		X
Identity Theft Protection		X
Pet Insurance		X

corestream



CDHP and LD Plan
Exclusive Provider Organization Plan
Health Plan of Nevada
Additional Contacts

CONTACTS

The links on the left will guide to PEBP's third-party administrators contact information.

Contact PEBP

Log on to your E-PEBP Portal to send a secure message.

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

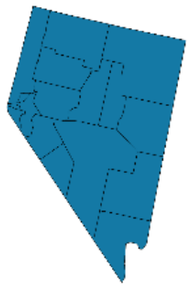
Need to update your contact information?

Send a secure message through your E-PEBP portal with your new address and/or phone number, or call PEBP and a Member Service Representative will update your information for you. Email addresses can be updated at the initial log-in for your E-PEBP portal.

Need to submit documentation to PEBP?

If you are sending supporting documents, please upload them into your E-PEBP Portal. Trouble uploading supporting documents to your E-PEBP portal? Visit https://www.pebp.nv.gov/ > Contact Us > Submit Supporting Documents > Secure Supporting Document Upload Form.

CDHP and LD Plan
Exclusive Provider Organization Plan
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Additional Contacts

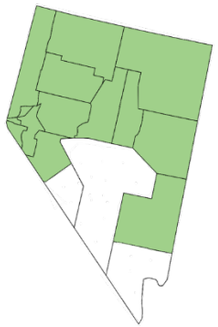


UMR

CONSUMER DRIVEN HEALTH PLAN (PPO) AND LOW DEDUCTIBLE PLAN (PPO)

SERVICE	RESOURCE OR VENDOR	WEBSITE	PHONE NUMBER
• Medical, Dental and Vision Benefits and Claims • ID Cards • FSA • Find a Medical Provider • Disease Care Management	UMR PO Box 8022 Wausau, WI 54402-8022	Log on to your E-PEBP Portal and select *UMR*	1-888-7NEVADA (1-888-763-8232) Group Number: 76414946
Find a Dental Provider	Diversified Dental Services 5470 Kietzke Lane, Suite 300 Reno, NV 89511	Find a Provider tool at https://www.pebp.nv.gov/or www.ddsppo.com	Customer Service: 1-866-270-8326
• Prescription Drug Coverage • Specialty Drug Coverage • Find a Pharmacy • Price a Medication Tool	Express Scripts P.O. Box 66566 St. Louis, MO 63166-6566	Log on to your E-PEBP Portal and select *Click here to access Express Scripts,* under Quick Link	Express Scripts 1-855-889-7708 Benefits and Prescriptions 1-800-282-2881 Specialty Pharmacy - Accredo 1-877-ACCREDO (1-877-222-7336)
Utilization and Case Management	Sierra Health-Care Options, Inc PO Box 15645 Las Vegas, NV 89144-5648	Fax: 1-800-288-2264	Customer Service: 1-888-323-1461
• Basic Life Insurance • Member Assistance Program (MAP) • Travel Assistance	UnitedHealthcare Specialty Benefits P.O. Box 7149 Portland, ME 04112-7149	Basic Life Insurance	Customer Service: 1-888-763-8232
Voluntary Products	Corestream	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
Telemedicine	Doctor on Demand	www.doctorondemand.com/pebp	1-800-997-6196
HSA/HRA	HSA Bank	https://account.hsabank.com/	1-833-228-9364

CDHP and LD Plan
Exclusive Provider Organization Plan
Health Plan of Nevada
Additional Contacts

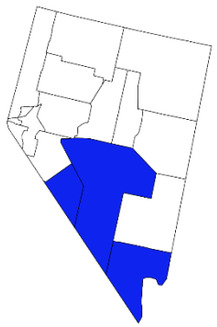


UMR

EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO) NORTHERN NEVADA

SERVICE	RESOURCE OR VENDOR	WEBSITE	PHONE NUMBER
• Medical, Dental and Vision Benefits and Claims • ID Cards • Flexible Spending Accounts • Find a Medical Provider • Disease Care Management	UMR PO Box 8022 Wausau, WI 54402-8022	Log on to your E-PEBP Portal and select *UMR*	1-888-7NEVADA (1-888-763-8232) Group Number: 76414946
Find a Dental Provider	Diversified Dental Services 5470 Kietzke Lane, Suite 300 Reno, NV 89511	Find a Provider tool on https://www.pebp.nv.gov or www.ddsppo.com	Customer Service: 1-866-270-8326
• Prescription Drug Coverage • Specialty Drug Coverage • Find a Pharmacy • Price a Medication Tool	Express Scripts P.O. Box 66566 St. Louis, MO 63166-6566	Log on to your E-PEBP Portal and select *Click here to access Express Scripts,* under Quick Link	Express Scripts 1-855-889-7708 Benefits and Prescriptions 1-800-282-2881 Specialty Pharmacy - Accredo 1-877-ACCREDO (1-877-222-7336)
Utilization and Case Management	Sierra Health-Care Options, Inc PO Box 15645 Las Vegas, NV 89144-5648	Fax: 1-800-288-2264	Customer Service: 1-888-323-1461
• Basic Life Insurance • Member Assistance Program • Travel Assistance	UnitedHealthcare Specialty Benefits P.O. Box 7149 Portland, ME 04112-7149	https://www.pebp.nv.gov/Plans/basic-life-insurance/	Customer Service: 1-888-763-8232
Voluntary Products	Corestream	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
Telemedicine	Doctor on Demand	www.doctorondemand.com/pebp	1-800-997-6196

CDHP and LD Plan
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Health Plan of Nevada
Additional Contacts



HEALTH PLAN OF NEVADA

HEALTH PLAN OF NEVADA (SOUTHERN NEVADA HMO)

SERVICE	RESOURCE OR VENDOR	WEBSITE	PHONE NUMBER
• Medical and Vision Benefits and Claims • Medical ID Cards • Find a Medical Provider • Disease Care Management	**Health Plan of Nevada** 2720 N. Tenaya Way Las Vegas, NV 89128-0424	Log on to your E-PEBP Portal or visit https://www.myhpnstateofnevada.com/	1-702-242-7300 or 1-800-777-1840
Flexible Spending Accounts	**UMR**	Log on to your E-PEBP Portal and select *Click here to access UMR,* under Quick Links or call UMR	1-888-7NEVADA (1-888-763-8232)
Dental ID Cards	**UMR**	Log on to your E-PEBP Portal and select *Click here to access UMR,* under Quick Links or call UMR	1-888-7NEVADA (1-888-763-8232)
Find a Dental Provider	**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
• Prescription Drug Coverage • Specialty Drug Coverage • Find Pharmacy Network Providers • Price a Medication Tool	**Optum RX** P.O. Box 2975 Mission, KS 66201	www.myhpnstateofnevada.com/Pharmacy-Benefits	1-800-788-4863
• Basic Life Insurance • Member Assistance Program • Travel Assistance	**UnitedHealthcare Specialty Benefits** P.O. Box 7149 Portland, ME 04112-7149	Basic Life Insurance	Customer Service: 1-888-763-8232
Voluntary Products	**Corestream**	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
Telemedicine	**NowClinic**	https://www.myhpnstateofnevada.com/Virtual-Visits	1-877-550-1515

CDHP and LD Plan
Exclusive Provider Organization Plan
Health Plan of Nevada
Additional Contacts

ADDITIONAL 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 Assistance: 1-844-266-1395
Medicare Eligibility	**Social Security Administration**	www.ssa.gov	1-800-772-1213
Medicare Services	**Centers for Medicare Services**	www.cms.gov	1-800-633-4227
PEBP Dental ID Cards	**UMR**	Log on to your E-PEBP Portal or call UMR	1-888-7NEVADA (1-888-763-8232)
Find a PEBP Dental Provider *(Via Benefits Medicare Retirees)*	**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	Basic Life Insurance	Customer Service: 1-888-763-8232
Voluntary Products	**Corestream**	Log on to your E-PEBP Portal	Customer Service: 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

Key Terms and Definitions
PY26 Summary of Changes

KEY TERMS AND DEFINITIONS

Annual/Annually	For the purposes of this Plan, annual refers to the 12-month period starting July 1 through June 30.
Base Plan	The self-funded Consumer Driven Health Plan (CDHP). The base plan is also defined as the "default plan."
Coinsurance	The portion of eligible medical expenses for which the covered person has financial responsibility. In most instances, once your costs reach the deductible limit, the insurance company pays for covered expenses at its level of coinsurance, and you pay at your level of coinsurance. The coinsurance varies depending on whether in-network or out-of-network providers are used.
Copayment, Copay	The fixed dollar amount you are responsible for paying when you incur an eligible medical expense for certain services, generally those provided by network health care practitioners, hospitals (or emergency rooms of hospitals), or health care facilities. This can be in addition to coinsurance amounts due on the same incurred charges. Copayments are limited to certain benefits under this program.
Deductible	The amount of eligible medical, prescription drug and dental expenses you are responsible for paying before the plan begins to pay benefits.
Exclusions	Specific conditions, circumstances, and limitations for which the plan does not provide plan benefits.
Formulary	A list of generic and brand name drug products available for use by participants.

Key Terms and Definitions
PY2Y7 Summary of Changes

KEY TERMS AND DEFINITIONS (CONT.)

Health Reimbursement Arrangement	A Health Reimbursement Arrangement (HRA) is an employee-funded spending account that can be used to pay qualified medical expenses. The HRA is 100% funded by the employer. The terms of these arrangements can provide first dollar medical coverage until the funds are exhausted or insurance coverage kicks in. The contribution amount per employee is set by the employer, and the employer determines what the funds can be used to cover and if the dollars can be rolled over to the next year. In most cases, if the employee leaves the employer, they can't take remaining HRA funds with them.
Health Savings Account	An account that allows individuals to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis.
In-Network Provider	A provider that the network, or one of its rental networks, have contracted or made arrangements with to provide health services to covered individuals at a discounted rate. To determine if a provider is an in-network provider log onto your E-PEBP portal and use the UMR single sign on feature. Then click the "Find a Provider" tab. You may also call the number of the back of your ID card and a customer service representative can locate an in-network provider for you.
Out-of-Pocket Maximum	The maximum amount of coinsurance each covered person or family is responsible for paying during a plan year before the coinsurance required by the plan ceases to apply. When the out-of-pocket maximum (OOPM) is reached, the plan will pay 100% of eligible covered expenses for the remainder of the plan year.
Premium	The amount you pay to obtain a health insurance plan. Most participant premiums are automatically deducted from their paycheck. The premium is separate from the deductible, copay, coinsurance and OOPM.
Usual and Customary	The amount paid for a medical care, treatment, or supplies in a geographic area based on what providers in that area usually charge for the same or similar service. The U&C amount is used to determine the allowed amount the plan will pay.

Key Terms and Definitions
PY27 Summary of Changes

PLAN YEAR 2027 SUMMARY OF CHANGES

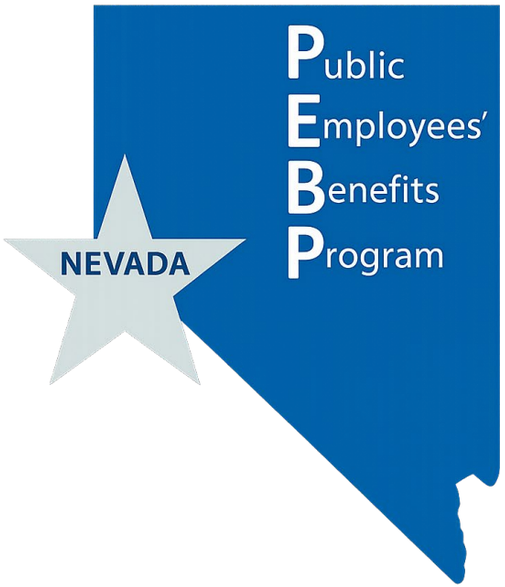
	DESCRIPTION OF ENHANCEMENT/CLARIFICATION	CDHP	LD	EPO	HPN
1.	**Speech Therapy covered for individuals through age 26, with visitation limits and exclusions for treatment of stuttering and stammering removed.**	✓	✓	✓	
2.	**One wig covered for patients diagnosed with alopecia up to $350 per plan year.**	✓	✓	✓	
3.	**Revised provisions relating to Autism Spectrum Disorder in accordance with Senate Bill 257 of the 2025 Legislative Session.**	✓	✓	✓	
4.	**Noninvasive prenatal screening is covered in accordance with Senate Bill 344 of the 2025 Legislative Session.**	✓	✓	✓	
5.	**Prior authorizations are removed for biopsies, MRIs, and dialysis.**	✓	✓	✓	

Key Terms and Definitions
PY27 Summary of Changes

PLAN YEAR 2027 SUMMARY OF CHANGES (PT. 2)

	DESCRIPTION OF ENHANCEMENT/CLARIFICATION	CDHP	LD	EPO	HPN
6.	**Breast cancer screening includes additional imaging and/or pathology covered at 100% as preventive services.**	✓	✓	✓	
7.	**Diagnostic breast imaging is covered at 100% as preventive services, after the deductible has been met.**	✓			
8.	**Diagnostic colonoscopies are covered at 100% as preventive services, after the deductible has been met.**	✓			
9.	**Diagnostic breast imaging is covered at 100% as preventive services.**		✓	✓	
10.	**Diagnostic colonoscopies are covered at 100% as preventive services.**		✓	✓	





Public Employees' Benefits Program
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Revised 4/2026