On March 23, 2017, the PEBP Board approved the Plan Year 2018 rates for the Consumer Driven Health Plan (CDHP) and the Health Maintenance Organization (HMO) plans.

The CDHP rates were approved at “flat” (no increase/decrease) from the current year for State Employees and Retirees, and a 10-13% increase (varies per tier of coverage) for Non-State participants.

The HMO rates for the Standard HMO plan were approved at a 3%-6% increase (depending on tier of coverage) for State Employees and Retirees and 10% increase for Non-State participants.

The PEBP Board also approved the final program of benefits, to include continuation of almost every benefit offered today and a couple of new benefits to the CDHP and Medicare Part B retirees not on the Medicare Exchange.

A full report is available here: PEBP_Rates_Presentation—March 23, 2017

The PEBP Board approved all recommendations in the report above.

Please watch for PEBP’s Open Enrollment flyers announcing Open Enrollment Meetings where representatives will be available to answer questions.

For the first year since the inception of the Consumer Driven Health Plan (CDHP), PEBP is providing a new benefit on certain preventive / maintenance prescription drugs you take every month.

Traditionally, all prescription drugs are subject to the annual deductible before cost-sharing begins. In Plan Year 2018, PEBP, in collaboration with Express Scripts, will be offering a “Preventive Drug Benefit” to participants on the CDHP.

These prescription drugs shown on the Preventive Drug List will be available on July 1, 2017 and will bypass the high deductible and cost the participant a 20% coinsurance.

Example: Advair (taken for Asthma)

- Previous Monthly Cost: $350
- Preventive Program Cost: $70
- Monthly Savings: $280!!!

PEBP knows you need to take monthly maintenance drugs, and complying with your drug treatment helps manage your condition and saves you and PEBP costly visits to urgent care and emergency rooms. We are excited to provide you this new benefit!
Starting July 1, 2017, PEBP’s Consumer Driven Health Plan (CDHP) will be offering primary participants the ability to earn an additional $200 of Health Savings Account (HSA) / Health Reimbursement Arrangement (HRA) funding. This funding is in addition to the base HSA / HRA amounts of $700 per primary participant, $200 per dependent (maximum 3).

To earn your $200, you need to complete a Preventive Program (shown on the right).

PEBP’s Third Party Administrator (HealthSCOPE Benefits) will receive claims from your doctor and dentist to validate you have completed all four activities and then will request the $200 from PEBP to place in your HSA/HRA account. The doctors and dentists have a full 12 months to submit claims, so please be patient awaiting your additional funds.

Only activities performed in Plan Year 2018 (July 1, 2017—June 30 2018) will count.

Certain exemptions will be allowed (police/fire annual medical exams, etc.). More information will come out soon!

Medicare Part B Credits Increasing—CDHP & HMOs

State and Non-State Retirees on the Consumer Driven Health Plan (CDHP) and Health Maintenance Organizations (HMO) who are on Medicare Part B currently receive $104.90 per month off of their monthly plan premiums.

As Medicare has increased Part B premiums, PEBP recognizes you need to pay for these services and Part B helps the plan save money saving everyone in overall monthly premiums.

Starting July 1, 2017, PEBP is increasing the Part B premium credit to $134 to keep up with Medicare Part B premium increases.

This reimbursement will continue to be applied to your monthly medical plan premium rates, and you will still need to purchase and pay for Medicare Part B per the PEBP’s policy.

Again, this credit is only applied to retirees on the CDHP and HMO plans. Those on the Medicare Exchange receive different HRA funding.

PEBP is pleased to provide retirees this relief to your monthly medical costs!

In-Person Retiree Meetings—Turning 65

Started in March 2017, PEBP began offering weekly in-person Pre-Medicare informational sessions to our participants. The presentation provides a step-by-step process on how to transition to the Medicare Exchange and allows an opportunity for participants to have their questions answered by PEBP staff. The sessions are held every Tuesday, alternating weekly at 10am and at 2pm. For a schedule, please refer to the meetings and events section of the PEBP website.

While this is currently being offered in the Carson City office only, PEBP plans to expand this service in the near future so attendance and participation is available throughout the state.

As an additional tool, the presentation materials have been made available on the Retiree Resources section of the PEBP website: PEBP Pre-Medicare Informational Session

"Medicare increased my Part B premiums over the last few years. Will PEBP increase my credit amount to meet these increases?"

Yes we will!
New Alternate HMO Plan

Starting July 1, 2017, PEBP in partnership with Hometown Health and Health Plan of Nevada, will offer multiple Health Maintenance Organization (HMO) plans.

Two plans will be offered to State and Non-State employees, pre-Medicare retirees, and their families: a Standard HMO and Alternate HMO Plan.

The Alternate HMO Plan is only offered in certain counties in Nevada, requires a Primary Care Physician (PCP) referral to specialists, is less costly per month in premiums than the Standard HMO, but has higher costs for emergency services, out-patient surgeries and prescription drugs.

In Northern Nevada, the available amount of PCPs is significantly reduced, and participants in Northern Nevada should expect to be referred to Renown managed specialists, hospital services, etc. and may have to travel to Reno for care.

In Southern Nevada, this new plan more closely resembles the gatekeeper Health Plan of Nevada referral process utilized today requiring PCP referrals to network specialists.

To schedule an appointment, please call 844-266-1395.

Doctor on Demand — CDHP Virtual Visits

Do you feel ill and you can’t get in to see your doctor? Are you contemplating heading to Urgent Care or the Emergency Room? Why spend hundreds of dollars when you have another option?

Doctor on Demand connects CDHP participants face-to-face with a board-certified doctor or licensed psychologist (by appointment) on your smartphone, tablet or computer through live video. To learn more, watch the Doctor on Demand video here: What is Doctor on Demand

The cost for a medical visit is $49; the cost for a behavioral health visit is $79 for a 25 minute appointment.

If appropriate, their doctors will also prescribe you non-narcotic drugs called in to your designated pharmacy to help you recover from your illness.

View the Doctor on Demand FAQ or flyer for more information.

To get started today, download the Doctor on Demand Registration Guide to learn how to set up your account using a mobile device, tablet or desktop.

Towers Watson On-Site Assistance

PEBP wants to remind Medicare Exchange retirees we partnered with Towers Watson’s OneExchange to provide an HRA Specialist onsite in the PEBP office in Carson City, NV during the second week of each month.

This resource has been available to PEBP since November 2016 and will continue through June 2017. The following dates are scheduled:

- April 10th—14th
- May 8th—12th
- June 12th—16th

The Towers Watson representative will be available to meet with retirees on a walk-in basis; however, appointments are recommended Monday through Friday from 8 am to 5 pm on scheduled weeks.

To schedule an appointment, please call 844-266-1395.
The Public Employees’ Benefits Program (PEBP) administers a group health and life insurance program which offers comprehensive medical, prescription drug, dental, vision, life, and long-term disability insurance.

Our organization is responsible for designing and managing a quality health care program for approximately 44,000 primary participants and 26,000 covered dependents, totaling over 70,000 lives right here in Nevada.

We are happy to offer Nevada public employees easy-to-access, clear-cut, helpful information about their benefit plan so that they may maintain and manage a health care program that works best for their needs, budget, and lifestyle.

**Access. Quality. Affordability**

**PEBP is Hosting Open Enrollment Meetings**

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