

Employee Open Enrollment

Plan Year 2010

STATE OF NEVADA

Public *Employees'* *Benefits* *Program*

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N e v a d a PUBLIC EMPLOYEES' BENEFITS PROGRAM



What's Inside:

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- Active Rates and Subsidy Amounts
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Plan Year 2010
November 1, 2009 - June 30, 2010

Plan Year 2010 Open Enrollment

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DEADLINE FOR OPEN ENROLLMENT CHANGES IS SEPTEMBER 30, 2009.

This document is for informational purposes only. Any discrepancies between the information contained herein and the *Self-funded PPO Master Plan Document/HMO Evidence of Coverage Certificates* shall be superseded by the plans' official documents.

Introduction

Open Enrollment Plan Year 2010

Dear Participant,

As you review this information about the new plan year, you will learn of the many changes that are ahead for PEBP. Most of these changes were necessary due to the State's dire financial situation. In order to meet funding targets, the PEBP Board made many difficult decisions that will impact each and every participant. Most significant of these changes are:

- Extending the current plan year through October 31, 2009.
- Holding a "short" plan year for 2010 from November 1, 2009 through June 30, 2010.
- Collapsing the "high" and "low" self-funded PPO options into a single choice.
- Removing the health assessment questionnaire and the incentives that went along with it for completion.
- Reducing the percentage of subsidy that is paid by the State.
- Changing the HMO benefits to contain costs.

This guide does not list every benefit or service that is covered. It also does not describe every limitation or exclusion of your health plan. For a more comprehensive information source, you should review the applicable plan document which is available on the PEBP website at www.pebp.state.nv.us.

For assistance, PEBP Member Services can be reached at (775) 684-7000 or (800) 326-5496. Hours of operation are Monday – Friday (except holidays) 8:00 a.m. to 5 p.m. For questions regarding the HMO plans, please contact the plan directly. HMO and other vendor contacts can be found on page 15.

Completing the Open Enrollment Form

After you have read the enclosed material and have made your plan selection effective November 1, 2009, please complete the Open Enrollment Form if any of the following changes apply:

- Changing health plan options from the High or Low Deductible PPO plan to an HMO option.
- Changing from an HMO option to the self-funded PPO plan option
- Changing coverage tiers
 - Participant Only
 - Participant + Spouse
 - Participant + Child (or children)
 - Participant + Family (spouse and children)
- Adding or deleting any dependents
- Updating your address

Open Enrollment Forms must be received in the PEBP office no later than September 30, 2009

Summary of Plan Year 2010 Changes

Effective November 1, 2009

Self-funded PPO Plan

- PEBP will offer a single Self-funded PPO Plan option. The plan will have a \$725 individual deductible and \$1,450 family deductible. There will no longer be a “High” or “Low” Deductible PPO Plan.
- The Health Assessment Questionnaire (HAQ) and its related plan incentives (50% deductible reduction and increase to the in-network dental maximum from \$1,500 to \$2,000 per person) will be discontinued.
- Elimination of psychotherapy (counseling) and neurotherapy benefits for Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD). However, the pharmacy benefits for medications to treat these conditions will continue as a covered benefit.
- The PPO retail pharmacy benefit for specialty pharmaceuticals (e.g., Enbrel, Avonex, etc.) will increase from the current \$40 copay to a \$50 copay or 25% of the cost of the drug (whichever is greater) up to a \$100 maximum out-of-pocket coinsurance per prescription.
- The PPO copay amount for mail order prescription drugs on Preferred (Tier 2) drugs will increase from \$70 to \$120 for a three month supply. The generic drug copayments for mail order (Tier 1) moved from \$10 to \$15 for a three month supply.
- Additional criteria have been added for participants seeking approval for weight loss surgery benefits. For a complete list of the criteria, please refer to the *Self-funded PPO Plan Master Plan Document* at: <http://www.pebp.state.nv.us/plans/mpdocument.pdf>.
- New pre-certification requirements have been added for outpatient spinal surgery. The new criteria can be found in the Self-funded PPO Plan Master Plan Document as listed above.

Health Plan of Nevada (HPN)

- The only change Health Plan of Nevada made to its plan design was to increase the Preferred prescription drug copayment (Tier 2) from \$30 to \$35, and the non-Preferred (Tier 3) from a \$50 copay to a \$55 copayment.

Summary of Plan Year 2010 Changes

Effective November 1, 2009

Hometown Health Plan

- Primary care physician copay increases from a \$15 copay to a \$20 copay per visit.
- Specialty care physician copay increases from a \$15 copay to a \$30 copay per visit.
- Hospital Inpatient and Outpatient Services increases from a \$200 copay per admission to a \$500 copay per day (maximum \$1,500 copay per admission).
- Other benefit changes can be found at <http://stateofnv.hometownhealth.com/>

Medical Plan ID Cards

- All PPO, Hometown Health Plan and Health Plan of Nevada participants will receive new medical ID cards in November. The new cards will include a name and logo change for Fiserv Health Plan Administrators (FHPA) to United Medical Resources, Inc. dba UMR. UMR is the third-party administrator for the Self-funded PPO medical and the dental plan.

PPO Dental Plan and Basic Life Insurance

There are no changes to the PPO Dental Plan or the Basic Life Insurance benefits.

The Open Enrollment period starts Tuesday, September 1, 2009, and ends Wednesday, September 30, 2009. A presentation will be conducted at the meetings to explain plan changes effective November 1, 2009. There will be an opportunity to ask questions after each presentation. Vendors will be located at their tables before and after the presentations to answer questions and distribute provider directories. For the schedule of Open Enrollment meetings, turn to page 18.

Note: The Governor's office has approved 2 hours release time for State employees to attend an Open Enrollment Meeting.

Health Plan Options

Self-funded PPO Plan

The Self-funded PPO Plan will have a \$725 individual deductible and \$1,450 family deductible. The plan is structured similarly to the current Low Deductible Plan with fixed copays for certain services, e.g., primary care visit - \$20 copay; specialist visit - \$30 copay; and urgent care visit - \$45 copay. It will continue to include the Wellness/Preventive benefit (in-network) of \$2,500 per plan year for each covered person. The plan year out-of-pocket maximum (in-network) will remain at \$3,500 for one individual and \$7,000 per family. Participants enrolled in the Self-funded PPO Plan have access to a Statewide PPO network, as well as a national network (Beech Street). This plan is the “base” plan which participants are defaulted if a different plan selection is not made.

Health Plan of Nevada (HPN) HMO

Health Plan of Nevada is a Health Maintenance Organization (HMO) where participants can access dependable care at fixed copays. HPN offers a wide selection of physicians, hospitals, pharmacies and other health care providers. The service area includes Clark, Esmeralda and Nye Counties. HPN requires that you select a primary care physician (PCP) when enrolling in this plan. To select a primary care physician, or to review *HPN's Evidence of Coverage*, visit the PEBP website at www.pebp.state.nv.us, or contact HPN at (702) 242-7300 or (800) 777-1840.

Hometown Health Plan HMO

Hometown Health (HMO) Plan features medical, prescription drug, and vision coverage. Medical services must be received from a network provider. This plan requires that you select a primary care provider at initial enrollment. Hometown Health Plan offers its members “Open Access.” This means you can *self-refer* to select contracted specialists without first obtaining a referral from your primary care physician (PCP). This plan is available to participants residing in Carson City, Churchill, Douglas, Elko, Eureka, Lander, Lincoln, Lyon, Humboldt, Mineral, Pershing, Storey, Washoe, and White Pine Counties. To select a primary care physician, or to review Hometown Health Plan's *Evidence of Coverage Certificate*, visit www.pebp.state.nv.us, or contact Hometown Health Plan at (775) 982-3232 or (800) 336-0123.

HMO Reciprocity

Participants enrolled in the Hometown Health Plan or the Health Plan of Nevada are eligible for expanded statewide provider access. These plans have a special network reciprocity agreement that allows HMO members to utilize both networks under certain circumstances. Reciprocity applies when traveling to/from northern/southern Nevada, and for dependents who are away at school in either the northern or southern part of the state. Expanded access is based on the primary participant's designated HMO plan provisions. The designated plan's pre-authorization requirements and referral guidelines still apply as described in the specific HMO plan document.

Medical Plan Comparison

Benefit Category	Self-funded PPO Plan In-network	Health Plan of Nevada Southern Nevada	Hometown Health Plan Northern Nevada
	Amount You Pay	Amount You Pay	Amount You Pay
Medical Plan Deductible	\$725 individual \$1,450 family	No deductible	No deductible
Out-of-Pocket Maximum	\$3,500 per person \$7,000 per family (per <i>plan</i> year)	\$6,200 per person (per <i>calendar</i> year)	\$3,500 per person \$7,000 per family (per <i>calendar</i> year)
Hospital Inpatient Services	\$105 admission copay, plus 20% coinsurance	\$200 copay per admission	\$500 copay per day (3 day max copay)
Outpatient Services	20% coinsurance, after deductible	\$50 copay per admission	\$250 copay per admission
Primary Care Visit	\$20 copay	\$15 copay	\$20 copay
Specialist Visit	\$30 copay	\$15 copay	\$30 copay
Urgent Care Visit	\$45 copay	\$15 copay	\$35 copay
Emergency Room Visit	\$70 copay per visit, plus 20% coinsurance, after deductible	\$50 copay, plus \$25 physician copay	\$100 copay per visit (waived if admitted to the hospital)
Routine Laboratory and X-ray Services*	20% coinsurance, after deductible	No charge	No charge
Chiropractic Services	\$30 Copay per visit	\$15 copay per visit	\$30 copay per visit
Wellness/Prevention	0% coinsurance (\$2,500 annual maximum per person, not subject to deductible)	\$15 copay per visit	\$20 copay / PCP visit \$30 copay / specialist visit
Vision Exam	One exam every 12 months paid at 80% of U & C	\$10 copay every 12 months	\$15 copay every 12 months
Hardware (frames, lenses and contacts)	\$125 hardware allowance every 24 months	\$10 copay (lenses) Frames: \$100 allowance/24 mos. Elective contacts \$115 allowance in lieu of lenses/ frames	15% to 20% discount

The PPO family deductible applies when two or more individuals are covered on the plan. The family deductible may be met by one person, or by a combination of eligible claims for all covered family members. PPO (in-network) and non-PPO (out-of-network) out-of-pocket maximums are maintained separately. Refer to the *Self-funded PPO Master Plan Document*, or the *HMOs' Evidence of Coverage (EOC)* for more information.

*Copayments for CT, MRI, Nuclear Medicine and PET scans vary based on the plan option. Contact the plan administrator for applicable copayments.

Pharmacy Plan Comparison

Pharmacy Benefit	Self-funded PPO Plan	Health Plan of Nevada	Hometown Health Plan
	Amount you pay	Amount you pay	Amount you pay
Plan Year Deductible	\$50 per person (excludes generics)	None	None
Retail Pharmacy 30 day supply			
Preferred Generic Tier 1	\$5 copay no deductible	\$7 copay	\$7 copay
Preferred Brand Tier 2	\$40 copay, after plan year deductible (if no generic equivalent)	\$35 copay (if no generic equivalent)	\$30 copay
Non-Preferred Brand Tier 3	100% of contracted price	\$55 copay	\$50 copay
Specialty Drugs	Higher of \$50 copay or 25% of drug cost (maximum \$100) after plan year deductible	Applicable retail pharmacy copay will apply	30% coinsurance (\$2,500 max out-of-pocket per calendar year)
Mail Order 90 day supply			
Preferred Generic Tier 1	\$15 copay no deductible	\$14 copay	\$14 copay
Preferred Brand Tier 2	\$120 copay, after plan year deductible (if no generic equivalent)	\$70 copay	\$60 copay
Non-Preferred Tier 3	100% of the contracted rate	Not available by mail order	\$100 copay
Specialty Drugs	Not available through mail order.	Applicable retail pharmacy copay will apply	90 day supply not available

Dental Plan

All PPO and HMO Eligible Participants

Benefit Category	In-Network	Out-of-Network
Plan Year Maximum	\$1,500 per person	\$1,000 per person
Plan Year Deductible	\$50 per person or \$150 per family (family of 3 or more)	\$50 per person or \$150 per family (family of 3 or more)
Preventive Services Four cleanings per plan year, Exams, bitewing X-rays (2/year)	100%, no deductible	80%, no deductible
Basic Services Fillings, extractions, root canals, full-mouth X-rays	80%, after deductible	50%, after deductible
Major Services Bridges, crowns, dentures, tooth implants	50%, after deductible	\$50%, after deductible

Note: The combination of in-network and out-of-network dental benefit payments will not exceed the plan year maximum of \$1,500.

Basic Life & Accidental Death and Dismemberment (AD & D) Insurance

Benefit Description	Benefit Summary All Eligible Participants
Basic Life and Accidental Death & Dismemberment Insurance	\$20,000 per eligible employee \$ 2,000 per eligible dependent

Life Insurance Beneficiary Designation

When was the last time you updated your beneficiary designation? Open Enrollment is the perfect time to update your records. The Beneficiary Designation and Change Form is available for download at www.standard.com/mybenefits/nevada/ or by visiting www.pebp.state.nv.us, select Vendor Contact Information, and Standard Insurance.

State Active Rates

Effective November 1, 2009 - June 30, 2010

Self-funded PPO Plan	Rate	Base Subsidy	Supplemental Subsidy	Employee Premium
Employee Only	\$ 582.37	\$ 547.43	\$ -	\$ 34.94
Employee + Spouse	\$ 1,341.53	\$ 1,109.21	\$ -	\$ 232.32
Employee + Child(ren)	\$ 662.31	\$ 606.58	\$ -	\$ 55.73
Employee + Family	\$ 1,065.07	\$ 904.63	\$ -	\$ 160.44
Health Plan of Nevada Southern Nevada HMO	Rate	Base Subsidy	Supplemental Subsidy	Employee Premium
Employee Only	\$ 370.88	\$ 315.25	\$ -	\$ 55.63
Employee + Spouse	\$ 727.60	\$ 554.25	\$ -	\$ 173.35
Employee + Child(ren)	\$ 606.87	\$ 473.36	\$ -	\$ 133.51
Employee + Family	\$ 930.45	\$ 690.16	\$ -	\$ 240.29
Hometown Health Plan Northern Nevada HMO	Rate	Base Subsidy	Supplemental Subsidy	Employee Premium
Employee Only	\$ 585.47	\$ 497.65	\$ -	\$ 87.82
Employee + Spouse	\$ 1,282.62	\$ 964.74	\$ 24.31	\$ 293.57
Employee + Child(ren)	\$ 772.85	\$ 623.19	\$ -	\$ 149.66
Employee + Family	\$ 1,284.80	\$ 966.20	\$ 24.91	\$ 293.69

Note: State Employees on Leave Without Pay (LWOP) pay 100% of Rate.

Non-State Active Rates

Effective November 1, 2009 - June 30, 2010

Self-funded PPO Plan	Rate	Supplemental Subsidy	Employee Premium
Employee Only	\$ 782.53	\$ -	\$ 782.53
Employee + Spouse	\$ 1,472.34	\$ 34.89	\$ 1,437.45
Employee + Child(ren)	\$ 721.02	\$ -	\$ 721.02
Employee + Family	\$ 1,294.00	\$ 88.69	\$ 1,205.31
Health Plan of Nevada Southern Nevada HMO	Rate	Supplemental Subsidy	Employee Premium
Employee Only	\$ 367.04	\$ -	\$ 367.04
Employee + Spouse	\$ 700.04	\$ -	\$ 700.04
Employee + Child(ren)	\$ 594.62	\$ -	\$ 594.62
Employee + Family	\$ 918.95	\$ -	\$ 918.95
Hometown Health Plan Northern Nevada HMO	Rate	Supplemental Subsidy	Employee Premium
Employee Only	\$ 657.74	\$ -	\$ 657.74
Employee + Spouse	\$ 1,428.37	\$ -	\$ 1,428.37
Employee + Child(ren)	\$ 864.57	\$ -	\$ 864.57
Employee + Family	\$ 1,450.43	\$ -	\$ 1,450.43

State and Non-State Active COBRA Rates

Effective November 1, 2009 - June 30, 2010

State Active COBRA	Medical, Pharmacy, Dental and Vision Coverage			Medical, Pharmacy, and Vision (excludes Dental)		
	Self-funded PPO Plan	Health Plan of Nevada	Hometown Health Plan	Self-funded PPO Plan	Health Plan of Nevada	Hometown Health Plan
Employee Only	\$ 572.69	\$ 356.97	\$ 575.86	\$ 529.85	\$ 314.13	\$ 533.02
Employee + Spouse	\$ 1,347.04	\$ 720.83	\$ 1,286.95	\$ 1,246.65	\$ 620.44	\$ 1,186.56
Employee + Child(ren)	\$ 654.23	\$ 597.68	\$ 766.98	\$ 604.07	\$ 547.52	\$ 716.82
Employee + Family	\$ 1,065.05	\$ 927.74	\$ 1,289.17	\$ 982.86	\$ 845.55	\$ 1,206.98
Non-State Active COBRA	Medical, Pharmacy, Dental and Vision Coverage			Medical, Pharmacy, and Vision (excludes Dental)		
	Self-funded PPO Plan	Health Plan of Nevada	Hometown Health Plan	Self-funded PPO Plan	Health Plan of Nevada	Hometown Health Plan
Employee Only	\$776.86	\$353.06	\$649.57	\$736.88	\$313.08	\$609.59
Employee + Spouse	\$1480.46	\$692.72	\$1,435.61	\$1,406.02	\$618.28	\$1,361.17
Employee + Child(ren)	\$714.12	\$585.19	\$860.54	\$674.56	\$545.63	\$820.98
Employee + Family	\$1,298.56	\$916.01	\$1,458.12	\$1,225.11	\$842.56	\$1,384.67

Note: COBRA participants do not qualify for life insurance or an employer subsidy. All COBRA participants must pay a 2% administrative fee which has been included in the rates shown above.

Completing the Open Enrollment Form

Completing the Open Enrollment Form

After you have read the enclosed material and have made your plan selection effective November 1, 2009, please complete the Open Enrollment Form if any of the following changes apply:

- Changing health plan options from the High or Low Deductible PPO plan to an HMO option.
- Changing from an HMO option to the self-funded PPO option
- Changing coverage tiers
 - Participant Only
 - Participant + Spouse
 - Participant + Child (or children)
 - Participant + Family (spouse and children)
- Adding or deleting any dependents
- Updating your address

Note: If you are enrolled in the PPO Plan and are not moving to an HMO (or vice versa) do not complete the enclosed Open Enrollment Form.

Include ONLY those changes you are making to your coverage. For example, if your current coverage is Participant + Family (*yourself, spouse and child[ren]*) and the *only* change you are requesting is to *delete* your spouse as a dependent. Complete the front of the form by entering your address information and selecting your new health plan and coverage tier (Participant + Child (ren)). List **ONLY** your spouse's information on the reverse side of the form and indicate "delete" as the action. The other family members will remain on your plan and *only your spouse will be deleted*.

To add dependents to your plan, you must provide the following:

- Adding a child: copy of certified birth certificate.
 - Adding a child age 19 through 23: copy of certified birth certificate and full-time student status verification from an accredited institution for the Fall 2009 semester.
 - Adding a spouse: copy of marriage certificate.
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- Return completed forms and supporting documents to your designated Agency Representative.
 - Open Enrollment Forms are due in the PEBP office by September 30, 2009.
 - Forms that are mailed must be postmarked no later than September 30, 2009
 - Faxes and/or photo copies of the Open Enrollment form will not be accepted.

Public Employees' Benefits Program
901 South Stewart Street, Suite 1001
Carson City, NV 89701

Public Employees' Benefits Program (PEBP) Important Notices

HIPAA Privacy Practices

The Privacy Rule provides federal protections for personal health information and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other purposes. For more information, please visit the following website: <http://www.hhs.gov/ocr/office/index.html>

Women's Health Cancer Rights Act of 1998

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. This includes all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymphedema.

If you have questions about coverage of mastectomies and reconstructive surgery, please call your plan administrator for additional information:

- Self-funded PPO Plan: (877) 963-8232
- Health Plan of Nevada: (702) 242-7300 or (800) 777-1840
- Senior Dimensions Retiree Choice Plus Plan: (702) 242-7301 or (800) 650-6232
- Hometown Health Plan: (775) 982-3232 or (800) 336-0123
- Senior Care Plus: (775) 982-3112 or (800) 336-0123

Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). For more information, please visit the following website <http://www.dol.gov/index.htm>.

Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it for your records. This notice has information about your current prescription drug coverage with PEBP and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is included at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. PEBP has determined that the prescription drug coverage offered by the PEBP plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays, and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. For more information, contact Medicare at (800) 633-4227.

What happens to your current coverage if you join a Medicare Drug Plan?

Your PEBP coverage pays for health expenses, in addition to prescription drugs. If you decide to join a Medicare drug plan, you will still be eligible to receive all of your current health benefits but you will not be eligible for prescription drug benefits, if you choose to enroll in a Medicare Prescription Drug Plan.

Your current drug coverage under the PEBP plans is one of the following:

Self-funded PPO Plan: Retail: in-network \$5 copay/generic, \$40 copay/preferred brand, and 100% for non-preferred brand drugs, specialty drugs are the greater of \$50 copay or 25% (maximum \$100). Mail Order: \$15 for generic, \$120 preferred brand, and 100% of the cost for non-preferred brand drugs.

Important Notice About Your Prescription Drug Coverage and Medicare

Health Plan of Nevada (HPN): Retail and Specialty drugs in-network: \$7 copay for generic, \$35 copay for preferred brand, \$55 copay for non-preferred brand. Mail Order (90-day supply) \$14 copay for generic, \$70 copay for preferred brand, \$110 copay for non-preferred .

Senior Dimensions Retiree Choice Plus Plan: Retail, in-network copay: \$5 generic, \$25 preferred, \$45 non-preferred, and 25% for specialty drugs. Mail order: copay \$5 generic, \$25 preferred brand, non-preferred not available, and 25% for Specialty drugs.

Hometown Health Plan: Retail, in-network \$7 copay for generic, \$30 copay for preferred brand, \$50 copay for non-preferred brand, and 30% coinsurance for Specialty drugs up to \$2,500 out-of-pocket maximum. Mail Order (90-day supply) \$14 copay for generic, \$60 copay for preferred brand, \$100 copay for non-preferred brand.

Senior Care Plus: Retail, in-network \$4 copay for generic, \$40 copay for preferred brand, \$70 copay for non-preferred brand. Specialty drugs \$100 copay. Mail Order (90-day supply): \$10 copay for generic, \$100 copay for preferred brand, \$175 copay for non-preferred, and \$250 for Specialty drugs.

When you pay a higher premium (penalty) to join a Medicare Drug Plan.

You should also know that if you drop or lose your current coverage with PEBP and do not join a Medicare drug plan within 63 continuous days after your PEBP coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you have a lapse of 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up at least 1% of the Medicare base premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join. Note: You will receive this notice each year. You may also request a copy of this notice at any time.

The *Medicare & You Handbook* (available at www.medicare.gov) has information about Medicare plans that offer prescription drug coverage. For more information about the Medicare prescription drug coverage, visit: www.medicare.gov or call your State Health Insurance Assistance Program of Nevada at (800) 307-4444, or 800-Medicare (800) 633-4227. TTY users should call (877) 325-0778.

Keep this Creditable Coverage notice. If you decide to join one of the Medicare Prescription Drug Plans, you may be required to provide a copy of this notice.

Public Employees' Benefits Program

901 S. Stewart Street, Suite 1001
Carson City, NV 89701
(775) 684-7000 or (800) 326-5496

Date: August 1, 2009

Vendor Contact Information

Self-funded PPO Plan

Medical, Dental, Prescription, Vision	Provider	Phone	Website
Medical, vision and dental claims pre-authorization	UMR (formerly Fiserv)	(877) 963-8232	www.pebp.state.nv.us www.benplan.com
In-State PPO Network Provider Directories	PEBP Statewide PPO Network	(800) 336-0123	www.pebpstatewideppo.com, www.pebp.state.nv.us
Out-of-State PPO Network	Beech Street	(800) 432-1776	www.beechstreet.com, www.pebp.state.nv.us
Pharmacy	Catalyst Rx	(702) 869-4600 (800) 799-1012	www.catalystrx.com Use ID: nevada Password: benefit www.pebp.state.nv.us
Pre-certification Case Management Disease Management	APS Healthcare	(888) 323-1461	www.pebp.state.nv.us www.apshealthcare.com

Hometown Health Plan HMO

Medical claims Pre-authorization Provider network	Hometown Health Plan	(775) 982-3232 (800) 336-0123	http://stateofnv.hometownhealth.com www.pebp.state.nv.us
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Health Plan of Nevada (HPN) HMO

Medical claims Pre-authorization Provider network	Health Plan of Nevada	(702) 242-7300 (800) 777-1840	http:// stateofnv.healthplanofnevada.com www.pebp.state.nv.us
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Dental Plan (PPO and HMO Plans)

Dental claims	UMR (formerly Fiserv)	(877) 963-8232	www.benplan.com www.pebp.state.nv.us
Dental Provider Network	Diversified Dental Services	(775) 337-1180 (702) 869-6200	www.ddsppo.com www.pebp.state.nv.us

Vendor Contact Information

Other Benefit Administrator	Contact Information
<ul style="list-style-type: none"> • Flexible Spending Accounts (Health Care and Dependent Care) 	<p>ASI Flex P.O. Box 6044 Columbia, MO 65205-6044 Customer Service: (800) 649-3035 Claims Fax: (866) 381-9682</p>
<ul style="list-style-type: none"> • Home, Auto, RV, Boat, Renters/ Rental Insurance 	<p>Liberty Mutual 5081 S. McCarran Boulevard Reno, NV 89502 Customer Service: (800) 637-7026 gary.bishop@libertymutual.com</p>
	<p>Travelers' Insurance (888) 695-4640 www.travelers.com</p>
<ul style="list-style-type: none"> • Basic Life and Accidental Death & Dismemberment (AD & D) • Long-term Disability (LTD) • Voluntary Life Insurance • Short-term Disability • Beneficiary Financial Counseling • MEDEX Travel Assistance 	<p>Standard Insurance Company 920 SW Sixth Avenue Portland, OR 97204 Customer Service: (888) 288-1270 www.standard.com/mybenefits/nevada/index.html</p>
<ul style="list-style-type: none"> • Voluntary Long-term Care Insurance 	<p>UNUM Customer service: (800) 227-4165</p>

Wellness Fair Schedule

Wellness Fairs are offered to all **PPO and HMO** Plan participants age 18 years and older.

Wellness Fairs are designed to provide participants and their covered dependents with convenient health screenings such as blood chemistry panels, blood pressure readings, vision screening, etc. Reminders about the Wellness Fairs will be mailed to participants approximately five weeks prior to the scheduled event.

Many of the fairs allow walk-ins; however, the fairs held in Carson City, Ely, Elko, Las Vegas and Reno are by appointment only.

To schedule an appointment call the Hometown Health Plan Hotline at:

- (888) 324-3243, press option 1, then press option 2, Monday through Friday between 8 a.m. and 4 p.m. Appointments cannot be made *earlier* than 5 weeks prior to the scheduled fair.
- Participants who have special needs, or who are diabetic, will need to inform the operator.

For additional information about the Wellness Fairs, visit the PEBP website: www.pebp.state.nv.us.

City	Day	Date	Time	Facility
Elko	Friday	Oct 2	7:00 am - 12:00 pm	Elko Convention Center
Carson City	Tues - Fri	Oct 6 - 9	7:00 am - 11:30 am	Carson City Community Center
Reno	Wed - Fri	Oct 21 - 23	7:00 am - 11:00 am	Reno Convention Center
Fallon	Tuesday	Oct 27	7:30 am - 11:00 am	Fallon Convention Center
Caliente	Wednesday	Nov 18	7:30 am - 9:30 am	Caliente Youth Center
Las Vegas	Thurs - Fri	Nov 19 - 20	7:00 am - 12:00 pm	Cashman Center Rooms 102 - 106

Wellness Fairs held in Ely, Hawthorne, Lovelock, Tonopah, Winnemucca, and Yerington are held in the spring and early summer. Participants residing in these areas will receive Wellness Fair reminders in the mail approximately five weeks prior to the scheduled event.

Open Enrollment Meetings

Date	Time	Facility Address	City
Sept 4	Actives & Retirees - 9:00 am	Truckee Meadows Community College 7000 Dandini Blvd. Sierra Bldg., Room 108	Reno
Sept 4	UNR Employees Only - 2:00 pm	UNR 1664 N. Virginia St., Joe Crowley Student Union , Ballrooms A & B	Reno
Sept 8	Retirees - 9:30 am Actives - 1:00 pm Actives - 3:00 pm	Reno-Sparks Convention Center 4590 S. Virginia St, Room A-3	Reno
Sept 9 - 11	Retirees - 9:30 am Actives - 1:30 pm	National Guard Armory 2460 Fairview Drive (Auditorium) ID Required*	Carson City
Sept 14	DOC Employees Only - 10:00 am	Lovelock Correctional Facility	Lovelock
Sept 14	Actives & Retirees - 2:30 pm	NDOT 725 W. 4 th Street	Winnemucca
Sept 15	Retirees - 9:00 am Actives - 11:00 am	Great Basin College 1500 College Pkwy. <i>Theatre & Solarium</i>	Elko
Sept 16	Actives & Retirees - 9:30 am	Great Basin College 2115 Bobcat Ave., Rooms 107 & 109	Ely
Sept 18	Actives & Retirees - 10:00 am	Fallon Convention Center 100 Campus Way	Fallon
Sept 21 - 22	Retirees - 10:00 am Actives - 2:00 pm	Sierra Health Services Chairman's Auditorium 2716 N Tenaya Way ID Required*	Las Vegas
Sept 23	Retirees - 9:30 am Actives - 1:00 pm Actives - 3:00 pm	UNLV Marjorie Barrick Museum 4505 S. Maryland Pkwy	Las Vegas
Sept 24	Actives & Retirees - 10:00 am	College of Southern Nevada Charleston Campus, Room K-101 6375 W. Charleston Blvd.	Las Vegas

***Government issued ID card required at the entrance gate (e.g., driver's license or State ID)**

Note: If you require special accommodation during the Open Enrollment meeting, please call the PEBP office at (775) 684-7000 or (800) 326-5496.