The State of PEBP—More Members, Decreased Costs

PEBP experienced another excellent year in Plan Year 2017 (July 1, 2016 – June 30, 2017). PEBP continued to provide a Consumer Driven Health Plan (CDHP) alongside two Health Maintenance Organizations (HMO) for active employees and non-Medicare retirees while covering Medicare retirees through Towers Watson’s Individual Market Medicare Exchange. PEBP’s overall enrollment increased by 2% with the CDHP enrollment increasing by 4.7%. The CDHP costs, however, were a decrease of 3.8% in medical/dental, and 3.5% in pharmacy. PEBP implemented a new Pharmacy Benefits Manager (PBM), Express Scripts, with reduced costs and triple the drug rebates from our last PBM. PEBP saved $2 million switching to a new out-of-state PPO network. We also renewed HMO contracts with Hometown Health and Health Plan of Nevada for statewide services, implemented a new telemedicine virtual visit vendor (Doctor on Demand), and won a national award for specialty drug management. Please see the full report here: https://pebp.state.nv.us/wp-content/uploads/2017/10/Item4StateofPEBP.pdf

New PEBP Board Members

Governor Sandoval appointed three new Board members in July/August 2017. Dr. John Packham is the Director of Health Policy Research in the Office of Statewide Initiatives and Associate Professor in the Department of Internal Medicine at the University of Nevada, Reno School of Medicine. Dr. Packham fills the newly established second Nevada System of Higher Education (NSHE) position. Glenn Shippey is an Insurance Actuarial Analyst with the Nevada Division of Insurance. Linda Fox is the Chief Pharmacist for the Nevada Department of Corrections. Both Mr. Shippey and Ms. Fox fill the two positions on the Board dedicated to representing classified employees. The Governor also reappointed Don Bailey, a retired Nevada State Printer, for another 4-year term. Mr. Bailey represents one of two retired positions on the Board. All PEBP Board members are highlighted on PEBP’s website here: https://pebp.state.nv.us/about-us/board/.

PEBP is excited to have a well-educated, well-experienced, diverse membership representing employees, retirees, employers, and the private insurance marketplace on the Board.
Doctor on Demand — CDHP

What benefit allows CDHP participants access to a board-certified doctor or therapist 24/7/365?

If you are not one of the 1,131 participants who already know the answer to this question, you can find out more information below!

Doctor on Demand connects you face-to-face with a board-certified doctor (typically within minutes) or licensed psychologist (by appointment) on your smartphone, tablet or computer through live video 24 hours a day, 7 days a week, 365 days a year. No more waiting rooms, telephone hold music or ER visits for most nonemergency medical services! If you require a prescription, Doctor on Demand will send it to the pharmacy of your choice. Sign up today to ensure you have instant access to the care you need! https://www.doctorondemand.com/pebp

Diabetes Care Management

The Diabetes Care Management (DCM) is an “opt in” program and is open to all primary CDHP participants, their covered spouses or domestic partners and their covered dependent children diagnosed with diabetes. This program is a great way to improve your health and receive assistance to help you pay for the expense of managing your diabetes.

Those diagnosed with diabetes who are actively engaged in the DCM program will receive the following Benefits:

- Two physician office visits indicating a primary diagnosis of diabetes will be paid for under the wellness/preventive benefit annually.
- Two routine laboratory blood services such as the hemoglobin (A1c) test will be paid for under the wellness/preventive benefit annually.
- Diabetes related medications, such as insulin and Metformin, will be eligible for copayments and not be subject to the plan year deductible.
- Copayments made under this benefit will not apply to the deductible but will apply to the annual out-of-pocket maximum.
- Diabetic supplies coordinated through the Pharmacy Benefit Manager’s mail order service are eligible for purchase for a flat copayment for each 90-day supply item and are not subject to the plan year deductible. If the diabetic supply is less than the copayment, the participant will be charged the actual cost of the item and not the copayment.

For additional information on the Diabetes Care Management program, please contact HealthSCOPE Benefits at 1-888-763-8232. HealthSCOPE Benefits wants to help you stay healthy!
New Weight Loss Benefit for HPN HMO Participants

We all want to live a healthy life. Though each of us may have different goals for our health, taking simple steps in the right direction leads to positive life changes and helps us to achieve these goals. This is why Health Plan of Nevada is offering Real Appeal, a free* and convenient 52-week online weight loss program that is designed to solve the typical barriers to managing your health.

Real Appeal helps you lose weight and reduce your risk of developing certain diseases like diabetes and cardiovascular disease as it’s based on decades of proven clinical research. Most members lose an average of 10 pounds after completing only four sessions of the program.

When you enroll, you receive:
- 52 weeks of access to a Transformation Coach.
- 24/7 access to digital tools and dashboards that help you track your food, activity and weight.
- A success kit full of healthy weight management tools including fitness guides, a recipe book, weight scale and more.
- Support from weekly online group classes to learn healthy ideas from your coach and other members who share what’s helped them achieve success.

Real Appeal strives to inspire members to find the strength, the belief and the trust that change is in every one of us. If you’re ready to spark your transformation, visit pebp.realappeal.com to learn more and join today.

*Real Appeal is available at no additional cost to PEBP eligible employees, spouses, dependents 18 and older who have a BMI of 23 or higher and are enrolled in the HPN HMO Plan.

It’s Time to Get Your Flu Shot

Whether you are enrolled in the Consumer Driven Health Plan (CDHP), Hometown Health (HTH) or Health Plan of Nevada (HPN), your flu shot is covered when obtained from a participating provider.

Why get a flu shot? By getting vaccinated against the flu you can protect yourself from influenza, and may avoid spreading influenza to others such as children and aging parents.

For information about flu shot clinics and participating pharmacies in your area, click here: https://pebp.state.nv.us/resources/health-wellness/

Hometown Health Announces New Customer Service Hours

Hometown Health, in an effort to provide convenient customer service to its members, has expanded its customer service hours. Beginning immediately, members can contact Hometown Health’s customer service department by phone Monday – Sunday, 7:00 am to 8:00 pm at 1-800-336-0123.

If you would rather speak to someone in person, lobby hours at Hometown Health’s new South Reno location, 10315 Professional Circle, Reno, NV 89521 remain unchanged at 8:00 am – 5:00 pm Monday through Friday.

If you would rather access your information online, My Benefits Coverage™ is a secure online tool that allows members to access and manage their health insurance benefit information. Once you register, you will have 24/7 access to claims and referrals as well plan benefit documents. Visit HometownHealth.com and click on “My Benefits Coverage” to quickly and easily sign up and start putting the power of My Benefits Coverage™ to work for you!
Medicare Open Enrollment

Enrollment Begins October 15th

Enrollment Ends December 7th

Effective Date January 1st

Medicare Open Enrollment began on October 15 and continues through December 7, 2017 with coverage being effective on January 1, 2018. During Medicare Open Enrollment, you can make changes to your existing plans or enroll in a new plan(s) for the first time. You may receive phone calls or mailings from other insurance carriers offering plans that could cost you less money per month.

But remember: If you enroll in a plan outside of Towers Watson, you lose your Health Reimbursement Arrangement (HRA) from PEBP, along with your Life Insurance and Dental Benefits (if enrolled). You worked hard for many years serving Nevada and PEBP wants you to keep receiving employer contributions to your HRA as well as your Life Insurance and Dental Benefits.

Now is the time to review your current plan and decide if you want to make changes.

Please contact a Towers Watson Licensed Benefits Advisor at 1-888-598-7545 for help with any decision. The best time to call is in the afternoon or later in the week.

HRA On-Site Assistance in Las Vegas and Carson City

To schedule an appointment, please call 1-844-266-1395.

To see the flyer with all of the information, including locations and where parking is available, please click here: https://pebp.state.nv.us/wp-content/uploads/2017/09/TWOE_Onsite_Online.pdf

PEBP’s Medicare retirees who are already enrolled at Towers Watson’s OneExchange will have the opportunity to meet with an HRA Specialist in Carson City or Las Vegas during the second week of the month during November and December 2017.

The Towers Watson representative will be available to meet with retirees in Las Vegas or Carson City from 8:00 am to 5:00 pm on Monday, Tuesday, Thursday, and Friday and from 8:00 am to 3:00 pm on Wednesday on the scheduled weeks. In order to see an HRA Specialist, an appointment is needed.

Below is the schedule for November and December.

### November 2017

**Las Vegas**
- November 13th and 14th from 8 am - 5 pm
- November 15th from 8 am - 3 pm

**Carson City**
- November 16th and 17th from 8 am - 5 pm

### December 2017

**Las Vegas**
- December 11th and 12th from 8 am - 5 pm
- December 13th from 8 am - 3 pm

**Carson City**
- December 14th and 15th from 8 am - 5 pm

Access. Quality. Affordability