



Aging Into Healthcare

PEBP Presentation

Presented by: Amy Vanderlinden

PEBP Member Services



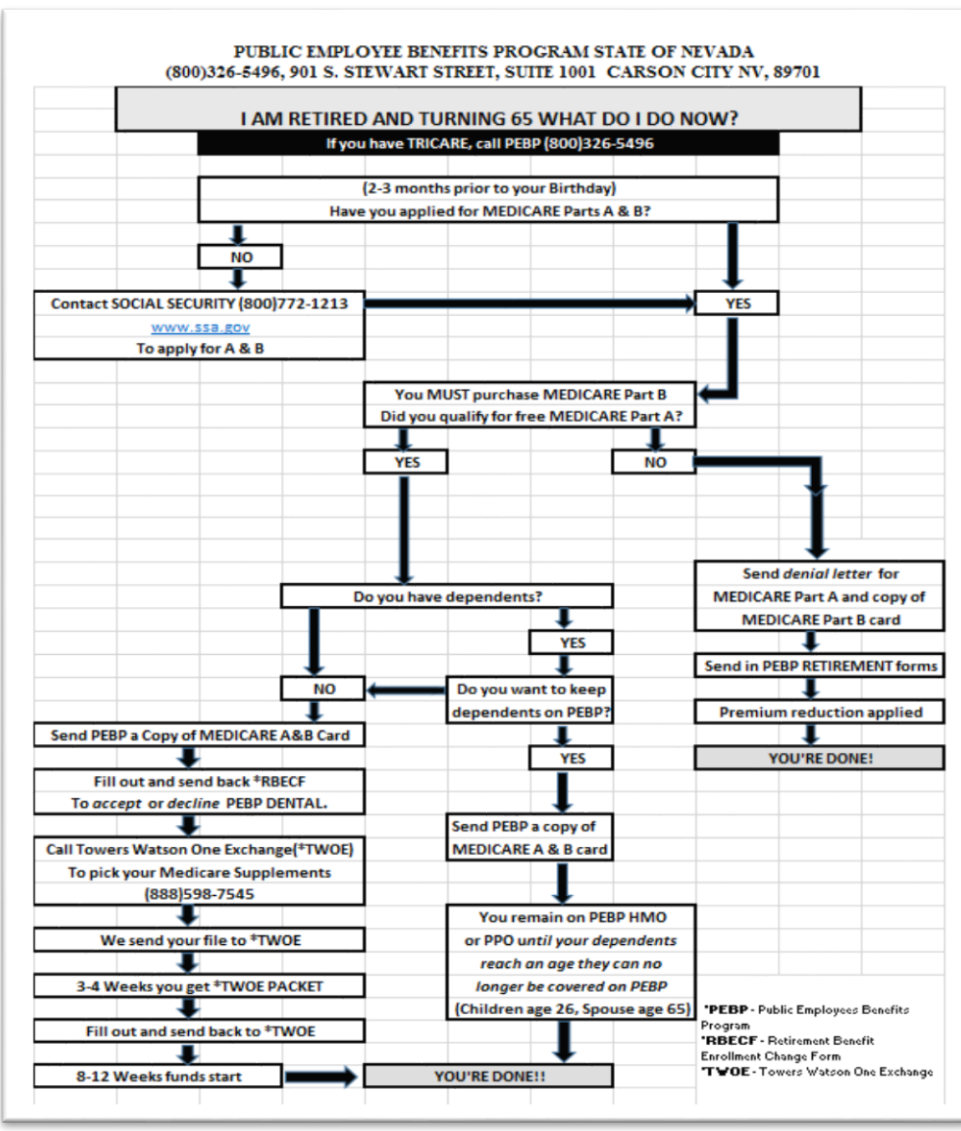
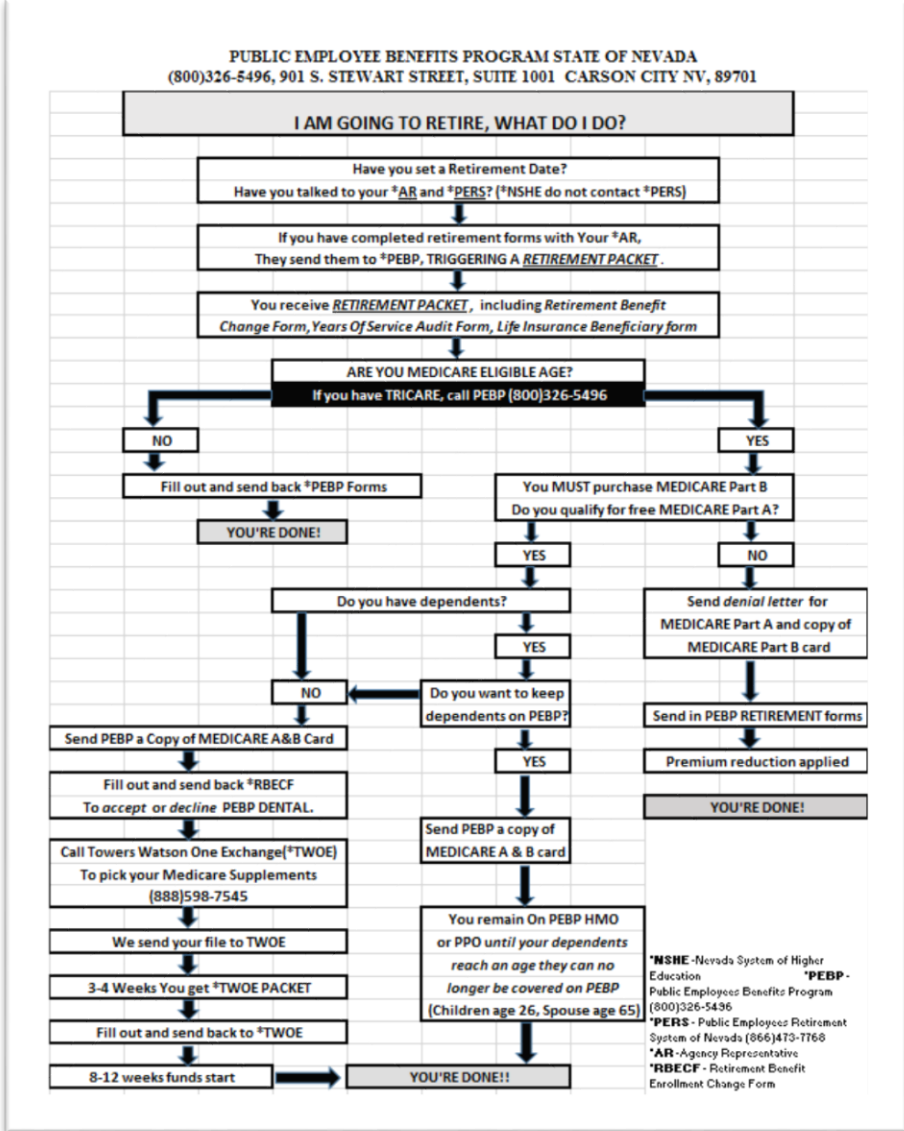


Today's Topics

- Who is Eligible for Retiree Coverage through PEBP?
 - Preparing for Medicare Enrollment
 - Who Qualifies for Medicare
 - PEBP's Medicare Requirements
 - Who is Towers Watson OneExchange?
 - Enrollment options for Medicare Retirees
 - PEBP Dental Plan option
 - Towers Watson's OneExchange HRA vs CDHP HRA
- Health Reimbursement Arrangement (HRA) offered through OneExchange and how to maximize your reimbursements
- Importance of maintaining enrollment through OneExchange



What Do I Need To Do if....





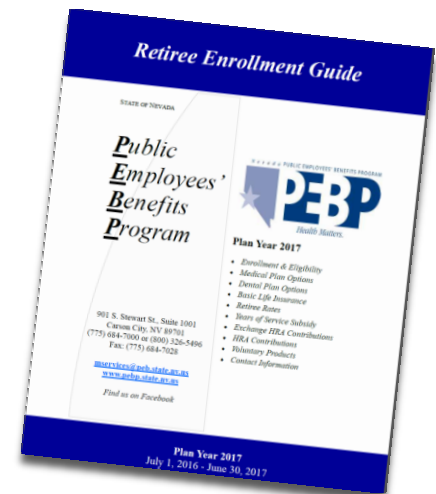
Who is Eligible for Retiree Coverage?

- 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)
 - ◆ Retirement Plan Alternative (RPA) for professional employees of the Nevada System of Higher Education
 - ◆ Judges' Retirement System (JRS)
 - ◆ A long-term disability plan of the public employer

- Non-state employees who retired after November 30, 2008 are NOT eligible for new PEBP retiree coverage.

Non-state Retirees who were covered under PEBP as a Retiree on November 30, 2008, and continually since, may remain covered under PEBP as long as they continue to pay their premiums.





Retirees Initial Hire Dates

Retirees initial hire date will determine their eligibility for benefits:

Retiree Coverage for Employees Initially Hired On or Before January 1, 2012

Employees who meet the following requirements qualify for a “Years of Service” premium subsidy or Exchange (HRA) contribution at initial retirement or re-retirement:

- Was initially hired by the state or participating non-state entity before January 1, 2012; and
- Is vested with the Public Employees’ Retirement System (PERS) or the Nevada System of Higher Education (NSHE) (did not withdraw [cash out] their pension from PERS or NSHE); and
- Returned to work with a state agency or a participating non-state agency on or after January 1, 2012; and
- Upon retirement the last employer is a state or participating non-state entity.

Retiree Coverage for Employees Initially Hired On or After January 1, 2010

Employees who subsequently retire with less than 15 years of service credit are eligible to elect retiree coverage but will not qualify for a subsidy or Exchange HRA contribution unless the retirement occurs under a long-term disability plan.

Retiree Coverage for Employees Initially Hired On or After January 1, 2012

May participate in the program at retirement but will not qualify for a premium subsidy or an Exchange HRA (Health Reimbursement Arrangement) contribution upon retirement.



**PEBP and Medicare
 One Exchange Guide**



***Public
 Employees'
 Benefits
 Program***

901 South Stewart Street, Suite 1001
 Carson City, NV 89701
 mservices@peb.state.nv.us
 www.pebp.state.nv.us
 775-684-7000 or 800-326-5496



PLAN YEAR 2018
 July 1, 2017 - June 30, 2018

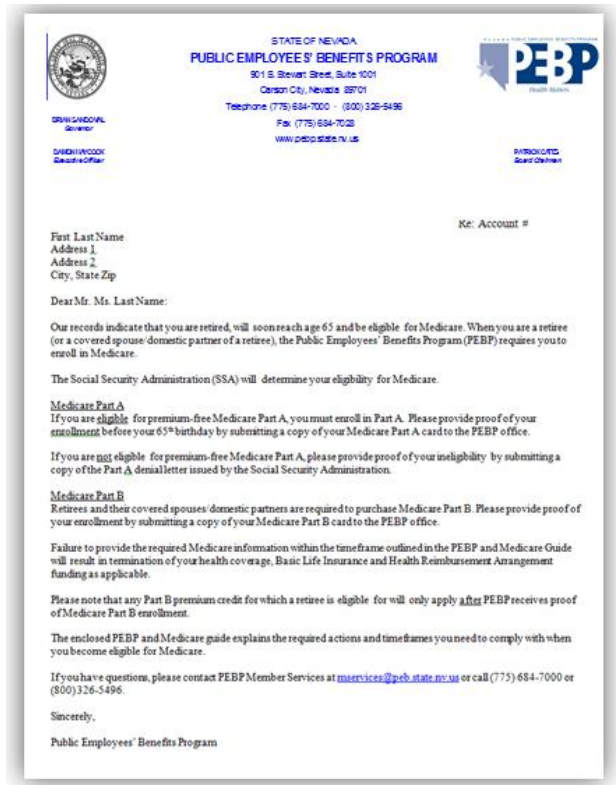


Happy Birthday!

Approximately 2 months before your 65th birthday, PEBP will mail you:

- Happy Birthday letter
- PEBP and Medicare and;
 OneExchange Guide
- Retiree Benefit Enrollment and
 Change Form

If not received about 6 weeks prior to your birthday month please call PEBP Member Services to be sure it is on its way





Who Qualifies for Premium-Free Part A Medicare?

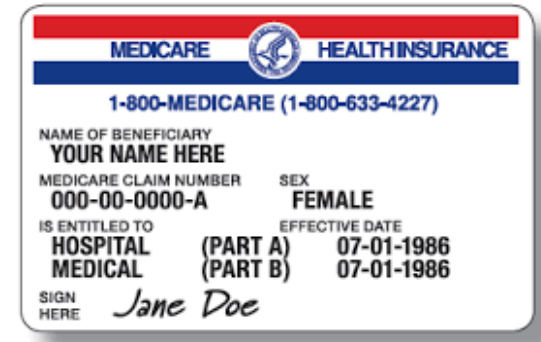
➤ You qualify if you or your spouse (or former spouse of 10 years) have at least 40 calendar quarters (10 years) of work in any job at which you paid Social Security taxes in the U.S.

or

➤ You are eligible for Railroad Retirement benefits

or

➤ You are under age 65 and approved for Social Security Disability benefits.



Note: Everyone age 65 or older can enroll in Medicare Part B by paying a monthly premium for Part B coverage.



PEBP's Medicare Requirements

ALREADY RETIRED

Approaching 65th birthday

- Enroll in premium-free Medicare Part A*
- Purchase Part B coverage

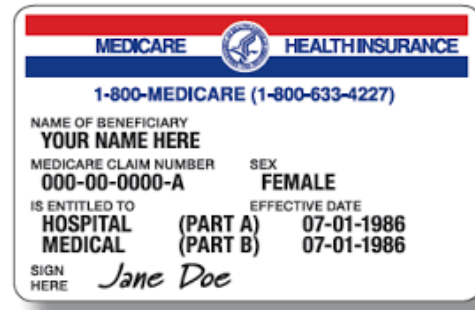
TRICARE

- Copy of Military identification card (front and back)
- Copy of Medicare A & B card

ALREADY RETIRED

Under age 65 and approved for Social Security Disability benefits

- Enroll in Part A* and purchase Part B after satisfying the SSA's 24 month waiting period



NEWLY RETIRING

After age 65

- Must enroll in Medicare A*
- Purchase Part B 60-90 days prior to retirement date

SPOUSE/DP

- Medicare requirements also apply to covered spouses and domestic partners

ACTIVE

- Not required to enroll in Medicare until 60-90 days prior to retirement

*Eligibility requirements apply for **premium free** Medicare Part A -
 Contact the Social Security Administration to check eligibility for Medicare



PEBP & Medicare Enrollment Options

We're in it together

Retiree or newly retiring already 65 with Medicare A + B No covered Dependents

- ✓ **Must** enroll in medical supplement through Towers Watson OneExchange
- ✓ Submit a copy of Medicare AB card to PEBP (fax, mail or email)
- ✓ Complete and submit RBECE to elect or decline PEBP dental (mail or in office only)
- ✓ Tricare? Submit copy of Military ID, not required to enroll at TWOE

*If newly retiring and already 65 contact Social Security to enroll in Medicare A+B approximately 60-90 days prior to retirement

Retiree with Medicare A + B Covering non-Medicare Dependent

- ✓ Retiree **may** enroll in medical plan at TWOE; and
- ✓ Non-Medicare dependents **may** stay enrolled in PEBP PPO or HMO as unsubsidized dependents or terminate coverage
- ✓ Retiree **may** stay on PEBP PPO or HMO with non-Medicare dependents until they cease to be eligible (child ages out, spouse/DP turns 65)
- ✓ Submit copy of Medicare AB card
- ✓ Complete and submit RBECE

Active- Not yet Retiring

- ✓ Not required to enroll in Medicare
- ✓ If Medicare is obtained, submit copy of card to PEBP office.
- ✓ CDHP HSA will become HRA (if applicable)

Retiree or newly retiring already 65 NOT eligible for free A

- ✓ May remain on CDHP or HMO (with dependent if applicable) or decline all benefits.
- ✓ Retiree **must** purchase Medicare Part B
- ✓ Obtain Part A denial letter from the SSA
- ✓ Submit both documents to the PEBP office
- ✓ Complete and submit the RBECE
- ✓ Receive Part B premium credit of \$134 first of the month following PEBP's receipt of Medicare B card



Who is Towers Watson OneExchange?

- First and Largest Individual Medicare Market Exchange for Retirees with Medicare Parts A and B
- Licensed advisors provide guidance and ongoing advocacy
- Personalized options with plans from a nationwide network of carriers

- over 100** years experience
- Over 1-million retirees served across 540+ employers
- Licensed advisor provides guidance and ongoing advocacy
- Personalized options with plans from a nationwide network of carriers
- Founded in 2004
- More Choice, More Flexibility – Better Value
- First and Largest private Medicare Exchange
- No fees for our service
- Our 10th annual enrollment season

Plans and Partners

All Plan Types

- Medicare Advantage
- Medicare Supplement (Medigap)
- Prescription Drug (Part D)

Dental Plans and Visions Plans

UnitedHealthcare, Humana, aetna, MetLife, AARP, WELLPOINT, DELTA DENTAL, Express Scripts Medicare (PDP), SILVERSCRIPT, vsp.

Wide selection of plans from leading national / regional carriers



PEBP Dental Plan Option

- Retirees and covered spouses/domestic partners who enroll in a medical plan through OneExchange have the option to elect the PEBP Dental Plan.
- If PEBP Dental is elected, coverage must remain in effect for the plan year (July 1-June 30).
- A Retiree Benefit Enrollment and Change Form (RBECE) is required to elect or decline dental coverage.
- A paper claim is not required for dental reimbursement through Towers Watson OneExchange. This will occur automatically.
- If you receive a PERS pension, in most cases the dental premium will be deducted from your check.



Plan Year 2018 Dental Premium	State Retiree	Non-State Retiree
Retiree Only	\$38.89	\$38.21
Retiree + Spouse/DP	\$77.78	\$76.42
Surviving/Unsubsidized Spouse/DP	\$38.89	\$38.21

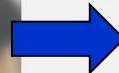


What You Need To Do: Action Required!

PEBP must receive a copy of your Medicare card as well as the Retiree Benefit Enrollment and Change Form.



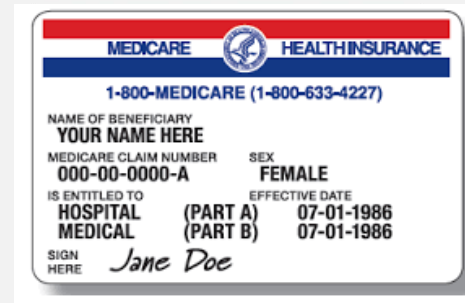
Contact OneExchange



1-888-598-7545

- Call now to complete your profile and schedule an enrollment appointment
- You will need your Medicare card, prescription list, and doctor and hospital information

We are Ready!



Step 1: Evaluate plan options

Step 2: Enroll with a Licensed Benefit Advisor

Step 3: Manage Plan and HRA

OneExchange[®]

from Towers Watson



The OneExchange Process

Step 1: Evaluate plan options

A Licensed Benefit Advisor will assist with selecting a: medical, prescription drug, dental and vision plan that fits your medical requirements and budget.



Step 2: Enrollment

After you have discussed your options and made your plan selections, OneExchange assists you with the enrollment process.

Step 3: Manage

After Enrollment

- HRA funding for eligible retirees
- Advocacy assistance, claims support, network provider assistance, etc.

What is an HRA?

Health Reimbursement Arrangement

Tax-free account used to reimburse you for eligible health care expenses — you pay first and then get reimbursed

If you are eligible, PEBP will make a **monthly contribution** to a Health Reimbursement Account (HRA)

You may use HRA funding to **reimburse yourself** for eligible medical, prescription drug, dental, and vision premiums, as well as eligible out-of-pocket healthcare expenses.



Your **HRA** funding through Towers Watson OneExchange will be available in **about 8-12 weeks and Monthly Thereafter**

Unused funds DO roll over*

*Subject to 365-day rolling claim submission deadline



OneExchange HRA vs Consumer Driven Health Plan HRA

PEBP offers two types of HRAs:

Consumer Driven Health Plan (CDHP/PPO)

- This HRA is funded through allocations from PEBP on July 1st.
- The basic funding for these accounts for Plan Year 18 is \$700 for the retiree and \$200 for each covered dependent (maximum 3 dependents).
- Once the retiree transitions to OneExchange, the remaining funds in the Consumer Driven Health Plan HRA account are no longer available to the retiree.

OneExchange HRA

- The OneExchange HRA is funded according to the retirees' years of service (or retirement date). Beginning with 5 years of service to a maximum of 20 years of service.
- This HRA is funded on a monthly basis.

- You will not get to keep the **CDHP HRA** when you enroll at Towers Watson.
- Any money left on the HealthScope Visa Debit will revert back to the State.

Please note: PEBP HMO participants do not have a CDHP HRA account.



Medicare Exchange HRA Contribution Eligibility

- In accordance with plan rules, PEBP requires retirees with Medicare Parts A and Medicare B to enroll in and maintain* medical coverage through Towers Watson's OneExchange.
- Towers Watson is contracted with PEBP not only to administer the HRA funding, but also because they are a company of Medicare (and Medicare supplement) specialists who are familiar with all the rules pertaining to supplements and coverage.
- If Retirees does not enroll and maintain* a medical Medicare supplement through TWOE they will **NOT** receive PEBP HRA contributions and will lose all their PEBP sponsored benefits entirely (PEBP dental, basic life insurance (if applicable), voluntary life insurance (if applicable) and HRA funding).

**Having Tricare or Tricare for Life is the only exception to this rule. If Retiree has Medicare A+B and Tricare they do not need to enroll in a medical supplement with Towers Watson's OneExchange.*



How the OneExchange HRA is Funded

Effective July 1, 2017

PY 2018 HRA Contribution	
Years of Service	\$ Contribution
5	+60.00
6	+72.00
7	+84.00
8	+96.00
9	+108.00
10	+120.00

PY 2018 HRA Contribution	
Years of Service	\$ Contribution
11	+132.00
12	+144.00
13	+156.00
14	+168.00
15	+180.00

PY 2018 HRA Contribution	
Years of Service	\$ Contribution
16	+192.00
17	+204.00
18	+216.00
19	+228.00
20	+240.00

- If you retired **before** January 1, 1994, your HRA contribution is based on 15 years of service
- If you retired **after** January 1, 1994, your HRA contribution is \$12 per month, per year of service beginning with 5 years (\$60) and a maximum of 20 years (\$240)

PEBP will automatically establish your Exchange-HRA once you have enrolled in a medical plan through OneExchange. Once established, you will receive the OneExchange-HRA kit with information on how to use the Exchange-HRA and claim forms. This normally takes about 8-12 weeks from your effective date.



We're in it together

Reimbursement Guide

Manage your Reimbursement Funds

- Pay for your expenses
- Automate your Premium Payment
- Website and your Online Account
- Submit for Reimbursement
- PEBP Dental is Automatically Reimbursed
- Important Documents
- Understand your Explanation of Payment Statement
 - Funding Packets may take 8-12 weeks for effective date to be received

Recurring Premium Reimbursement Form
 Mail: P.O. Box 981155 El Paso, TX 79998-1155 Fax: 1-855-121-2604

Direct Deposit Authorization
 Mail: PO BOX 981155 El Paso, TX 79998 1155 Fax: 1 855 121 2604

Recurring Medicare Part B Reimbursement Form
 Mail: PO Box 981155, El Paso, TX 79998-1155 Fax: 1-855-121-2604

Reimbursement Form
 Mail: P.O. Box 981155, El Paso, TX 79998-1155 Fax: 1-855-121-2604

VOID



HRA Reimbursement Options through OneExchange

Reimbursement Options

1

Automatic Reimbursement

- Enroll in a participating plan
- Ask to select option
- Pay premiums as required
- Available for plan premiums only

2

Recurring Claim

- Recurring claim form
- Fill out form
- Attach required documentation once
- Available for premiums / Medicare Part B premium

3

Manual Claim

- Manual claim form
- Fill out form
 - Attach required documentation
 - Submit via Mail, Fax or Web
 - Available for all expense types



Option 1: Automatic Reimbursement for Plan Premiums

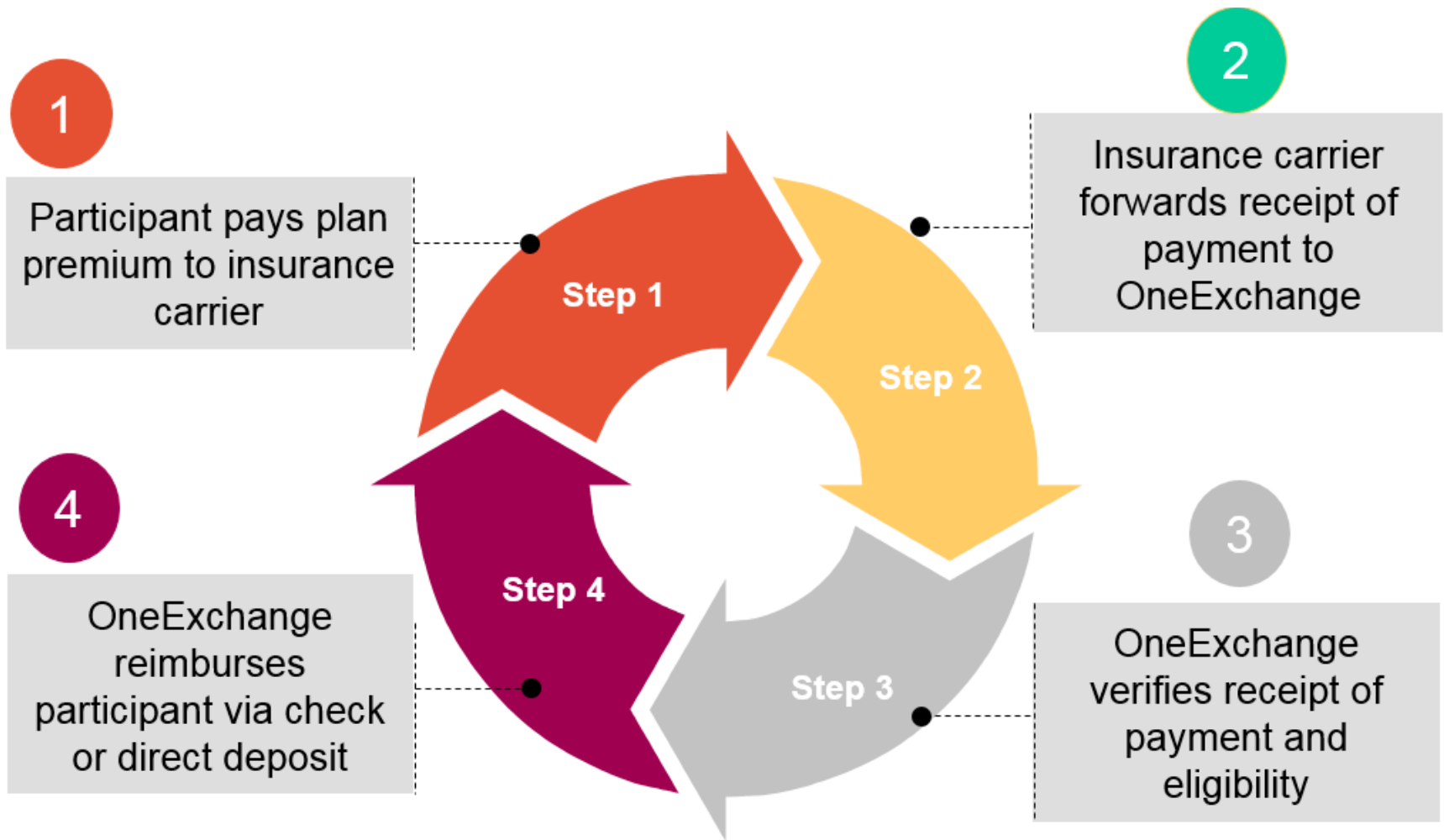
Auto-Reimbursement

- Enrollment into a participating plan is required*
- Available for **plan premiums only**
- **You pay** your premium to **carrier directly first**
- Ask OneExchange to turn on auto-reimbursement

- Call OneExchange at (888)598-7545 to activate
- Can take **2 to 3 months** to initiate
- May also be some delay Jan – Mar each year and when you enroll in a new plan
- Works for premium reimbursement only
- *Available on most plans
- No paper forms required
- If you need your reimbursement sooner, simply fill out a reimbursement form
- Additional forms can be requested by calling OneExchange at (888)598-7545 or by visiting the OneExchange website



How Does Automatic Reimbursement Work?





Option 2: Recurring Premium Reimbursement

Recurring Claim

- Recurring Claim Form required
- You pay your requested expense first
- Fill out OneExchange Recurring Claim Form
 - Attach required documentation once
 - Available for premiums and Medicare Part B premium

Recurring Premium Reimbursement

Apply once for the entire year
- Expires 12/31 each year-

- Monthly Plan Premiums
- Part B Premiums



Remember: Sign and Date

Recurring Premium Reimbursement

Mall to: P.O. Box 2396 Omaha, NE 68103-2396 Fax to: 1-855-321-2605

OneExchange
from Towers Watson

① Employer Name Total Pages

Account Holder Name - Last First Middle

Social Security Number Zip Code

②

Action	Relationship	Premium Type	Start Date	End Date	Monthly Amount
New	Spouse	Medicare Part B	Jan 2014	Dec 2014	\$104.90 (example)

③ Certification

By signing below, I certify that the information provided on this reimbursement request form is correct and that the expenses for which I am requesting or for which I am providing validation, were incurred for premiums for the covered participant under the plan on or after its effective date, have not been reimbursed in any other way from any other source and will not be submitted for future reimbursement. Upon receiving notice of a change in premium or a cancellation of coverage, I will notify OneExchange of the change within a suitable time period.

Account Holder Signature Date

④ Your reimbursement will NOT BE APPROVED without the correct supporting documentation submitted with this request form. See the documentation instructions on the reverse side of this form for more information. Please see your Summary Plan Description (SPD) regarding the deadline for requesting reimbursements.

08F-14-074



Recurring Reimbursement for Part B Premium

Part B Premium Deducted From Social Security Pension

Recurring Premium Reimbursement

OneExchange™
from Towers Watson

Mail to: P.O. Box 2396 Omaha, NE 68103-2396 Fax to: 1-855-321-2605

① Employer Name Total Pages

Account Holder Name – Last First Middle

Social Security Number Zip Code

②

Action	Relationship	Premium Type	Start Date	End Date	Monthly Amount
New	Spouse	Medicare Part B	Jan 2014	Dec 2014	\$104.90 (example)

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Account Holder Signature Date

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Your New Benefit Amount

BENEFICIARY'S NAME Marge Simpson

Your Social Security benefits will increase by 1.5 percent in 2014 because of a rise in the cost of living. **You can use this letter when you need proof of your benefit amount to receive food, rent, or energy assistance; bank loans; or for other business.** Keep this letter with your other important financial documents.

How Much Will I Get And When?

- Your monthly amount (before deductions) is \$1,400.90
- The amount we deduct for Medicare medical insurance is (If you did not have Medicare as of Nov. 14, 2013 or if someone else pays your premium, we show \$0.00.) \$104.90
- The amount we deduct for your Medicare prescription drug plan is \$0.00
- The amount we deduct for voluntary federal tax withholding is (If you did not elect voluntary tax withholding as of November 14, 2013, we show \$0.00) \$0.00
- After we take any other deductions, you will receive on January 15, 2014. \$1,296.00

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. We would be happy to review the amounts.

You may receive your benefits through direct deposit, a Direct Express® card, or an Electronic Transfer Account. If you still receive a paper check and would like to switch to an electronic payment, please visit www.godirect.org or call 1-800-333-1795.

What If I Have Questions?


Please visit our website at www.socialsecurity.gov for more information and a variety of online services. You also can call 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m., Monday through Friday. Recorded information and services are available 24 hours a day. Our lines are busiest early in the week, early in the month, as well as during the week between Christmas and New Year's Day; it is best to call at other times. If you are deaf or hard of hearing, call our TTY NUMBER, 1-800-325-0778. If you are outside of the United States, you can contact any U.S. embassy or consulate office. Please have your Social Security claim number available when you call or visit and include it on any letter you sent to Social Security. If you are inside the United States and need assistance of any kind, you also can visit your local office.



Direct Deposit Authorization Form

The fastest, most secure way to receive your reimbursement

Direct Deposit Authorization



from Tenet's Within

Mail to: P.O. Box 2398 Omaha, NE 68103-2398 Fax to: 1-855-321-2805

The fastest, most secure way to receive your reimbursement!

Employer Name <input style="width: 95%;" type="text"/> Account Holder Name - Last <input style="width: 95%;" type="text"/> Financial Institution/Branch <input style="width: 95%;" type="text"/> City <input style="width: 95%;" type="text"/> Bank Routing Number <input style="width: 95%;" type="text"/> I would like to: (Select one) <input type="checkbox"/> authorize a new direct deposit <input type="checkbox"/> change an existing direct deposit <input type="checkbox"/> cancel an existing direct deposit	Social Security Number <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> First Middle <input style="width: 40%;" type="text"/> <input style="width: 40%;" type="text"/> State Zip <input style="width: 40%;" type="text"/> <input style="width: 40%;" type="text"/> Account Number <input style="width: 95%;" type="text"/> Account Type: (Select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
--	--

I hereby authorize PayFlex Systems USA, Inc. on behalf of OneExchange to initiate credit or debit entries to my account with the Financial Institution Indicated above. This authority is to remain in full force and effect until OneExchange has received written notification from me of its termination in such time and in such manner as to afford OneExchange and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement plan.

Account Holder Signature _____ Date _____

Include a voided check for checking accounts or a savings account slip for savings accounts. This form cannot be processed without this information.

John Q. Smith 0000

100 Maple Lane
Home Town, USA 12345 Date _____

Pay to the order of _____ \$ _____

VOID

Dollars
Home Town Bank
100 Main Street
Home Town, USA 12345
12345678909874 1234567890987 9999

Bank Routing Number Account Number Check Number

Direct deposit can also be set up by logging into your online account at www.extendhealth.com or over the phone by calling OneExchange.

DEF-14-248

Direct Deposit Set Up

- Fax
- Online
- Mail

Direct Deposit Authorization Forms
 available at
www.Medicare.OneExchange.com/PEBP



Timely Filing of HRA Reimbursement Claims

All claims must be submitted to
OneExchange within one year
(12 months) from the date service
is incurred.



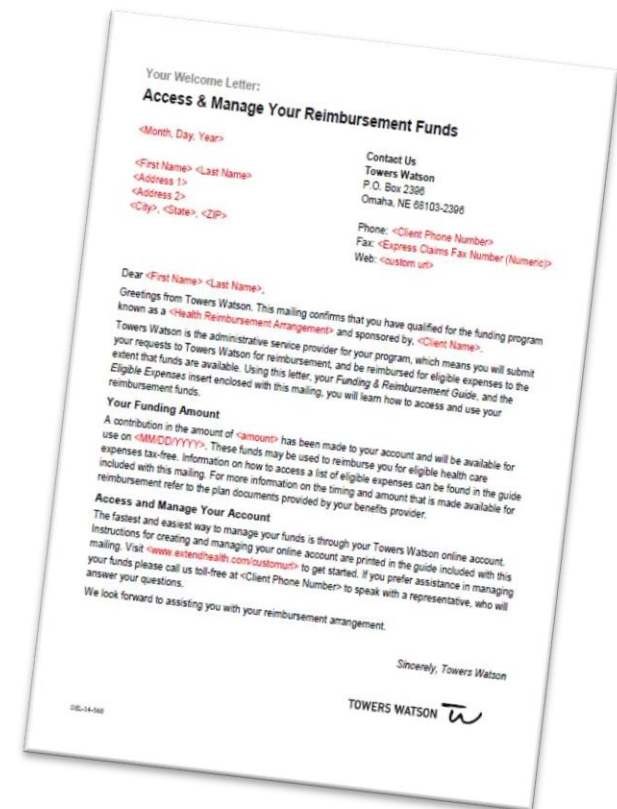


We're in it together

Medical Plan Enrollment is Required to Receive Exchange HRA Funding

- Received some mail that is confusing?
- Moving?
- Is your coverage being discontinued?
- Be sure to call OneExchange for all your HRA questions

1-888-598-7545



****In order to maintain your PEBP benefits, (HRA, Basic Life insurance and Dental Plan (if applicable), you MUST STAY enrolled in a medical plan with OneExchange****



Medicare Open Enrollment

October 15 to December 7

- Medicare Open Enrollment* provides an opportunity for you to change your health plan and prescription drug coverage for 2018. Information on 2018 plans will be available in October 2017.
- Changes made during the Medicare Open Enrollment will become effective **January 1, 2018**.
- If you want to make ANY changes to your coverage, you **MUST** make your changes through **OneExchange**. Making changes outside of OneExchange will cause you to **forfeit** your monthly HRA contribution, Basic Life Insurance and PEBP dental (if applicable).

Thinking about a change?
Call OneExchange!

We are here to help you with changes or to answer any questions: 1-888-598-7545

Remember, to keep your PEBP HRA benefits, you must enroll through Towers Watson's OneExchange!

Medicare.OneExchange.com/PEBP

OneExchange[™]
from Towers Watson

PEBP

OneExchange
1-888-598-7545

*Medicare Open Enrollment is *different* than PEBP's Open Enrollment



OneExchange Lifetime Retiree Advocacy



- Trained in insurance, Medicare and issue resolution
- Support retirees with everything from basic questions, reviewing plan benefits and addressing more complex issues dealing with insurance carriers or Medicare

Questions and Concerns?

- **Provider Questions**
 - Billing Issues — why did I get this bill?
 - Need help finding a network provider
- **Carrier Questions**
 - Late cards, incorrect effective date, late enrollment penalty
 - Clarification of letters
- **Claim Denial/Appeals**
- **HRA Funding**
 - Providing claim forms and assistance
 - Explaining qualifying expenses
- **Moving or Dual Residences**



We're in it together






Medicare choices made simple & affordable.

Our customer service, trained and licensed benefit advisors, and comprehensive knowledge of the Medicare market make OneExchange the trusted advisor for hundreds of thousands of retirees.

OneExchange helps you choose the medical, prescription drug, dental and vision plan that fit your medical requirements and budget. We help you to make informed and confident enrollment decisions.

[Click here](#) to learn more about this program.

Getting Started

-  **Start Your Personal Profile**
Take steps now to begin the enrollment process.
-  **Shop & Compare**
Search for Medicare plans available in your area.
-  **Check Your Enrollment Status**
-  **File a Reimbursement Request**
-  **Speak to a Medicare Expert**

Important Messages



Updated Prescription Profiler™
Shop and compare Medicare insurance options with the lowest estimated annual out-of-pocket cost based on your prescription drug expenses. Prescription Profiler is a powerful tool that is regularly updated with the most current prescription drug cost information.
[Shop & compare now ▶](#)



Speak to an Expert
Have questions or want to learn more about the services we offer? You can schedule a call with one of our licensed benefit advisors to discuss insurance options or send us an email with your question.

Our Insurance Partners



OneExchange offers plans from the leading national and regional health insurance companies.

[Contact Us ▶](#)

Want more information?

Towers Watson's OneExchange (888) 598-7545

<https://Medicare.OneExchange.com/PEBP>



SUMMARY OVERVIEW

- ✓ Contact Social Security Administration and enroll in Medicare A+B (as eligible)
- ✓ Send PEBP copy of Medicare A+B card (by mail, email, in person or fax)
- ✓ Send PEBP original Retiree Benefit Enrollment and Change Form-RBECF (by mail or in person in Carson City, NV office)
- ✓ Call and complete enrollment with Towers Watson OneExchange
- ✓ Wait for funding packet from Towers Watson (can take about weeks from effective date)

Please contact PEBP Member Services with any questions about the process. We are available Monday through Friday from 8 am to 5pm at (800)326-5496.

Contact Information

Public Employees' Benefits Program
901 S. Steward St. Suite 1001 Carson City, NV 89701
(775) 684-7000 or (800) 326-5496
www.pebp.state.nv.us
mservices@peb.state.nv.us

Towers Watson's OneExchange
(888) 598-7545
<https://Medicare.OneExchange.com/PEBP>

Social Security Administration
(800) 772-1213
www.ssa.gov

*Today's Healthcare presentation presented by:
Amy Vanderlinden, PEBP Member Services Lead*