



What to Expect The Process



 UnitedHealthcare®

UMR


A UnitedHealthcare Company

PROCESS HIGHLIGHTS



1. Meet with PERS
2. Confirm/Solidify your retirement date
3. Notify PMT/HR, meet with HR Team
4. HR Team will generate a separation notice and will send that to UMR
5. UMR will work with the Department and Payroll, getting your benefit paperwork ready for you
6. **Meet with UMR about 2 weeks prior to your retirement date. Call 702-413-1701, option 0 to schedule you appointment.**

THE CHECKLIST



You will be given a check list during out-processing by PMT/HR.

Follow ALL of the steps and DO NOT SKIP UMR FOR ANY REASON!

Las Vegas Metro Employee Benefit Trust





WHAT IF.....?

- 1) I'm not age 50.....*
- 2) I don't have 20 years on*
- 3) I'm not keeping Metro's insurance*

MY BUDDY TOLD ME

I LOSE MY BENEFITS

I'M NOT ELIGIBLE

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ELIGIBILITY FOR LVMEBT



- The employee has attained **age 50**, and;
 - *Has a minimum of 10 years of service*
- If less than age 50, has **20 years of actual commissioned service with the Department**, not including years purchased from Nevada PERS.**
- If an employee retires due to disability, 15 years of commissioned service is required to qualify.
- The employee has **continuously made all of the contributions** during the time of employment.
- **The employee is eligible for a pension benefit through NV PERS.**

Buy-up Options

If you are short years of service OR you are younger than age 50 you MAY buy up and become eligible for benefits (lesser of).

If you are short the required 15 years to qualify under the medical disability provision, you MUST buy up to the lesser of the age or 20 years of service requirement.

The buy up amount is equivalent to what you would have paid in as an employee for that shortage of time (\$66.46 per payperiod)

- *You can pay all at once from your cash out. You receive a bit of a tax advantage as the buy-up amount is deducted before they calculate and deduct taxes.*
- *You can also make payment arrangement. Benefits will begin once the shortfall is paid.*

If you do not meet the eligibility requirements and you choose not to buy-up, you forfeit your benefits. There is no provision for reimbursing funds paid into the trust if you don't qualify for benefits.

Buy-up is prorated based on \$144/month for shortfall



LVMPD EMPLOYEE BENEFIT TRUST

BENEFITS

- You may receive **up to \$400.00** a month for the reimbursement of medical expenses based on your out of pocket medical costs, including health care premiums.

These payments are made via Direct deposit into your savings or checking account

- If you elect to continue coverage with the Health & Welfare Trust and contributions are withheld from your PERS retirement, UMR will automatically process your reimbursement monthly. You are not required to submit a claim.
- If the LVMPD Employee Health and Welfare coverage is declined, a claim form and proof of payment for your insurance coverage is required to be submitted for reimbursement to be issued. You have up to 12-months to file a claim based on the date the expense was incurred.



LVMPD Employee Health & Welfare Trust



Election for Retiree Coverage through the Health & Welfare Trust...

- The plan allows you to continue your health coverage as a retiree up to the age of 65. Payment of contributions will be required to continue coverage.
- Contributions can be paid directly from your PERS retirement check every month or by using the Auto Withdrawal Option through UMR's Direct Pay Department.
- PERS AUTO-DEDUCT. PERS pays your contributions at the end of the month (i.e. April's payment will be made the end of April for April coverage) **Small Tax Advantage**
- AUTO-WITHDRAWAL occurs prior to the month of coverage (April's payment would come out prior to the 1st of April).



WAIVER OF RETIREE COVERAGE

- If you elect COBRA, you are WAIVING retiree coverage and you may NOT reinstate coverage as a retiree at a later date.
- If you take Dental/Vision and waive Medical/Rx coverage as a retiree, you may NOT reinstate that coverage at a later date.
 - *Exception: If your spouse is actively employed and on the Trust and YOU now become a dependent on the Trust under your spouse, your retiree rights are preserved because you never left the Trust.*



- ✓ We encourage you to shop!
 - *Spouse's Coverage (Compare)*
 - *RightOpt*
 - *Private Broker*
 - www.nevada-health-insurance.org

- ✓ Don't be afraid to buy/have separate policies for the family. You all use services differently.

- ✓ Think about HOW you use the plan

- ✓ Entering a 2nd career/getting another job, call me to strategize.



Fast facts: Plan categories

Plan categories are based on how you and the plan share your health care costs. Generally, plans in categories with lower premiums pay less of your total costs. Categories with higher premiums usually pay more. All plans cover at least the same set of essential health benefits. **Categories have nothing to do with care quality.**

Bronze

4 Plans

\$\$\$\$

Average premium

\$1,105

per month

Lower monthly premiums than Silver, but your deductible is higher and you pay more when you get care.

Silver

7 Plans

\$\$\$\$

Average premium

\$1,412

per month

Higher monthly premium than Bronze, but your deductible is lower and the plan covers more of your costs.

Gold

2 Plans

\$\$\$\$

Average premium

\$1,574

per month

Higher premiums than Silver, but your deductible is lower and your plan pays more when you get care.



Health Plan Of Nevada - MyHPN Bronze 8

Bronze | HMO | Plan ID: 95865NV0030053

Estimated monthly premium

\$1,060.93

Deductible

\$6,600

Individual Total

\$13,200

Family Total



Out-of-pocket maximum

\$7,350

Individual Total

\$14,700

Family Total



Service	Cost Share	Our Plans Cost Share
Primary Care	\$ 40 per visit	\$ 0
Specialist Care	\$100 per visit	\$ 30
Coinsurance	20%	15%
Drugs	\$25/\$75/40%/50%	\$5/\$25/\$50/\$100



Ambetter From SilverSummit Healthplan With 3 Free PCP Visits

Gold | HMO | Plan ID: 45142NV0010001

Estimated monthly premium

\$1,633.21

Deductible

\$2,000

Family Total

Out-of-pocket maximum

\$12,700

Family Total

Service	Cost Share	Our Plans Cost Share
Primary Care	20%	\$ 0
Specialist Care	20%	\$ 30
Coinsurance	20%	15%
Drugs	\$10/\$25/\$75%/30%	\$5/\$25/\$50/\$100

Retiree Rates for EHWT coverage



Retirees (per month)	Full Coverage	Medical/Rx Only	Dental/Vision Only
Retiree Only	\$ 883.50	\$ 831.82	\$ 51.68
Retiree +1	\$ 1,400.00	\$ 1,292.53	\$ 107.47
Retiree +2	\$ 1,400.00	\$ 1,285.52	\$ 114.48
Retiree +3	\$ 1,400.00	\$ 1,282.25	\$ 117.75
Retiree +4	\$ 1,400.00	\$ 1,278.83	\$ 121.17
Retiree +5	\$ 1,400.00	\$ 1,274.32	\$ 125.68
Retiree +6 or more	\$ 1,400.00	\$ 1,271.87	\$ 128.13

(2018) COBRA, What is that?



COBRA (per month)	Full Coverage	Medical/Rx Only	Dental/Vision Only
Employee Only	\$ 600.18	\$ 546.36	\$ 53.82
Employee +1	\$ 1,248.25	\$ 1,136.31	\$ 111.94
Employee +2	\$ 1,329.62	\$ 1,210.39	\$ 119.24
Employee +3	\$ 1,367.58	\$ 1,244.94	\$ 122.64
Employee +4	\$ 1,407.28	\$ 1,281.08	\$ 126.20
Employee +5	\$ 1,459.73	\$ 1,328.82	\$ 130.90
Employee +6 or more	\$ 1,488.18	\$ 1,354.73	\$ 133.46

COBRA is NOT retiree coverage. It is short term/gap coverage and completely terminates after 18 months.



Important

- Apples to Apples
 - *Deductible*
 - *Coinsurance*
 - *Out of Pocket Maximum*
 - *Regional or National*
- Medications
- Doctors (Network)
- Bundles (Med/Rx, Vision & Dental)

Call Kelly
702-641-2160

DON'T SLIP UP!!!



CLEAR AS MUD

UMR

702-413-1701

Press “0”

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