

It's time to explore your options!

2015 Annual Benefits Enrollment Guide

Enroll between October 20 and November 5, 2014

My health

My work.

My life.

My rewards.



Enroll Between October 20 and November 5, 2014

Take the time to think about your health care needs and the choices available to you. It's up to you to decide what's right for you, your family and your budget.

For enrollment instructions, see page 20.

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My health

Learn About and Enroll in Your 2015 NV Energy Benefits

Promoting good health remains a top priority at NV Energy. That's why we provide a range of very competitive health and insurance benefit options and a financial incentive for taking steps that lead to good health. Because when we all take action to improve our health and manage our health care costs, we all win.

What's Changing for 2015

There are only a few differences in your benefits for next year that you should be aware of before you enroll:

Benefit	Changes for 2015
All medical options (See page 7)	<ul style="list-style-type: none">• If you enroll in a medical plan without the <i>Healthy Living Program</i>, NV Energy's contribution to your HRA or HSA will decrease to \$500 from \$750 (employee-only coverage) or \$1,000 from \$1,500 (if you cover dependents).• Maximum HSA contributions will increase to \$3,350 (individual); \$6,650 (family)
<i>Healthy Living Program</i> (See page 4)	<ul style="list-style-type: none">• The program will be managed by wellPORTAL.• There are two modified versions of the <i>Healthy Living Program</i> for 2015:<ul style="list-style-type: none">– <i>Healthy Living Program</i> (In Service Area) for those residing in the service area.– <i>Healthy Living Program</i> (Out of Area) for those residing outside of the service area.
Prescription drug coverage (See page 13)	<ul style="list-style-type: none">• CVS Caremark will replace Aetna as administrator of our prescription drug program, with no change in benefits. You will now have a larger network of retail pharmacies, including Walgreens. (CVS Caremark is not the exclusive provider of prescription purchases.)
Dental coverage (See page 19)	<ul style="list-style-type: none">• MetLife will replace Aetna as our dental plan carrier, with no change in benefits.



Don't Miss Out on the Healthy Living Incentive!

You could earn an incentive of \$600, \$1,200, or \$1,800 (depending on who you cover). But you have to take action. See pages 4–6 for more details.

NV Energy will continue contributing toward your out-of-pocket expenses in the HSA and HRA medical options. The amount of the contribution depends on who you cover and whether you enroll in a medical option that includes the *Healthy Living Program*.

Your Annual Benefits Enrollment To-Do List

- Read this guide to learn about the changes for 2015 and refresh your memory on how the different options work.
- Use Aetna's website to estimate your costs and research the quality of the services you buy. See page 18.
- Make the right medical plan choice for you and your family.

If You Take No Action During Annual Enrollment

You're not required to enroll. If you don't want to change plans or add a dependent to your coverage, your 2014 medical, dental and vision plan elections will remain in effect, but at 2015 rates based on the new coverage levels.

However, if you don't enroll:

- If you're currently enrolled in the HSA medical option, your HSA employee contribution will not continue in 2015.
- You won't have a Health Care or Dependent Care Flexible Spending Account (FSA), and you'll miss out on the tax savings these accounts provide.

Check Out the Improved Enrollment Website!

When you enroll, you'll notice our NV Energy benefit website at nvenergy.benefitsnow.com has a new look and feel. You will no longer be required to log in using your 5-digit employee ID number and date of birth. If you have already registered with the "new" site, log in using the username and password you created previously.

First time accessing the site? Please click the "First-Time User?" link and follow the instructions to create a username and password.

You can also enroll by calling the Benefit Service Center at **866-583-3813**, Monday – Friday, 8 a.m. – 5 p.m. Pacific Time.

The Latest on Health Care Reform

We've already seen a number of changes and new options as a result of the Affordable Care Act (ACA) — also known as health care reform. The law has and will continue to change the way the U.S. health insurance system works, with the goal of making affordable health care available for all Americans, regardless of their medical history or ability to pay.

NV Energy medical plans comply with all health care reform requirements. As long as you are enrolled in an NV Energy medical plan:

- Your medical coverage will meet (or exceed) the mandated affordability and coverage requirements.
- It is unlikely you will receive any kind of financial help (subsidy) from the government to pay for any coverage you may purchase from a public marketplace.

Health Care Reform in 2015

Unlike last year, there are very few changes in health care reform for 2015. However, most Americans will still be required to have health insurance or pay a penalty. This is called the “individual mandate.”

Here's how it may affect you:

- Starting January 1, 2015, you must have health insurance or you'll pay a penalty of \$325 per adult* (up from \$95 in 2014). In 2016, the penalty goes up to \$695 per adult.
- If you enroll in a medical plan (NV Energy's plan or an alternative), you won't pay a penalty.
- Alternatives include the option to purchase your coverage through a marketplace plan or through a spouse's or domestic partner's plan (if applicable).
- The Nevada state online marketplace, known as the Silver State Health Insurance Exchange, will be available for Nevadans to buy health coverage from different insurance carriers at different prices.

*Plus \$162.50 per child (maximum \$975 per family), or 2% of your family income, whichever is more.

Enrollment in the health insurance marketplace begins November 15, 2014 for coverage beginning January 1, 2015.



Marketplace vs. Exchange

Whether you hear it called the “health insurance marketplace” or an “exchange” or something similar, it's all referring to a website where health insurance companies come together to give you a place to shop for health insurance.

Health care reform has changed the health insurance landscape for all of us. NV Energy will continue to monitor the legislation and keep you informed.



The 2015 *Healthy Living Program*

The *Healthy Living Program* is NV Energy’s wellness program for Local 396 represented employees.

The NV Energy *Healthy Living Program* for Local 396 employees has been modified for 2015.

There are two modified versions of the 2015 *Healthy Living Program* that will be managed by wellPORTAL.

- 1. *Healthy Living Program (In Service Area)*** — for NV Energy employees (and their covered spouses or domestic partners) who reside in the *Healthy Living Program* service area, which is defined as all Las Vegas, North Las Vegas, Henderson and Blue Diamond zip codes.
- 2. *Healthy Living Program (Out of Area)*** — for NV Energy employees (and their covered spouses or domestic partners) who reside outside of the *Healthy Living Program* service area (referred to herein as “out-of-area employees”).

This year you will not be required to get a biometric screening from Quest or complete a health risk assessment with Aetna.

As an incentive for participating in the *Healthy Living Program*, employees earn the following:

Healthy living incentive paycheck credits throughout the plan year. The amount of your paycheck credit varies based on your coverage status (as illustrated below):

Maximum <i>Healthy Living</i> Incentive	Employee Only	Employee + Spouse or Child(ren)	Family
Annual Total	\$600	\$1,200	\$1,800
Per Paycheck Amount	\$25	\$50	\$75

NV Energy will also contribute a higher level of funds into your HRA/HSA to help pay for eligible medical expenses:

	Employee Only	Employee + Dependent(s)
HRA/HSA Contribution with <i>Healthy Living Program</i>	\$750	\$1,500
HRA Contribution without <i>Healthy Living Program</i>	\$500	\$1,000

Get the Details

Refer to your 2015 *Healthy Living Program* flyer.

In-Service-Area Employees

The *Healthy Living Program* offers you VIP access to primary care and financial incentives for taking proactive, yet simple steps to manage your health.

The *Healthy Living Program* aligns you with a specific group of primary care providers (“PCPs”) who provide you with VIP access and high-quality, cost-effective primary care.

The program is based on the concept of the “medical home.” Under the *Healthy Living Program*, you designate a medical home by selecting a PCP and using that PCP for your primary care needs.

You are also required to coordinate other types of health care through your PCP. In order for the medical home concept to work, you must do your part, which means following the *Healthy Living Program* Compliance Requirements listed in your 2015 *Healthy Living Program* flyer.

If you neglect to follow one or more of the *Healthy Living Program* Compliance Requirements, you’ll be notified in writing by U.S. mail with a clear explanation of the steps you need to take to comply. However, if upon notification you do not comply within the allotted timeframe, your healthy living incentive paycheck credits may be reduced or eliminated for the remainder of the plan year.

In addition, if you enroll in the HRA with *Healthy Living Program* (In Service Area), you and your covered spouse or domestic partner will continue to receive two additional free PCP visits each plan year, plus a free annual preventive exam, for a total of three free PCP office visits per plan year. (Please note the two additional free PCP visits are not available with the HSA with *Healthy Living Program*.)

Remember, check your mail...the *Healthy Living Program* manager is sending additional information to you in the mail within the next month or so. You will receive your 2015 *Healthy Living Program* Guidelines and Program Compliance Requirements (what you need to do to earn your incentive.) Plus, don’t forget, if you haven’t done so, you will also need to return your completed PCP Election Form. Look for these documents in the mail.

IMPORTANT

To earn the incentive, you must enroll in a medical plan that includes the *Healthy Living Program* (In Service Area) option.

Please contact wellPORTAL, the *Healthy Living Program* manager at **702-366-0300** or via email at hlp@wellportal.com, if you have any questions regarding the *Healthy Living Program* Compliance Requirements or the Compliance Process.

IMPORTANT

To earn the incentive, you must enroll in a medical plan that includes the *Healthy Living Program* (Out of Area) option.

Please contact wellPORTAL, the *Healthy Living Program* manager at **702-366-0300** or via email at hlp@wellportal.com, if you have any questions regarding the *Healthy Living Program* Compliance Requirements or the Compliance Process.

Out-of-Area Employees

NV Energy employees residing outside of the *Healthy Living Program* service area (referred to herein as “out-of-area employees”) who elect to participate in the *Healthy Living Program* are not required to designate a PCP/medical home from the *Healthy Living Program* PCP network.

The *Healthy Living Program* service area is defined as all Las Vegas, North Las Vegas, Henderson and Blue Diamond zip codes.

However, out-of-area employees and their covered spouses or domestic partners are required to complete the Personal Health Assessment requirement with a Primary Care Provider (“PCP”) of their choice within 90 days of their coverage effective date.

You satisfy the Personal Health Assessment requirement by completing a simple form with your PCP, to verify that you are under their care and up-to-date for recommended health measures.

Remember, check your mail...the *Healthy Living Program* manager is sending additional information to you in the mail within the next month or so. You will receive your 2015 *Healthy Living Program* Guidelines and Program Compliance Requirements (what you need to do to earn your incentive.) You’ll also receive your Personal Health Assessment form to take to your PCP. Look for these documents in the mail.



My health tip

Charlie gets a physical exam each year. In-network preventive care is covered at 100% — there’s no cost to him. It will help keep small health problems from becoming big ones.

Choose Your Medical Plan

Compare your options and choose the plan that's right for you, your family and your budget.

NV Energy offers three plans for you to choose from:

- Health Savings Account (HSA) with *Healthy Living Program*
- Health Reimbursement Arrangement (HRA) with *Healthy Living Program*
- Health Reimbursement Arrangement (HRA) without *Healthy Living Program*

You can receive preferred health benefits and a financial incentive when you participate in the *Healthy Living Program* (see pages 4–6).

The HRA Plan

NV Energy sets up a fund for you to pay eligible medical expenses. Any money left in the fund at the end of the year will be rolled over to the next year. The company owns the HRA fund, so if you leave the company, change to the HSA Plan, or drop your medical coverage, you forfeit any amount remaining in the fund. If you retire, unused HRA funds will be moved to a retiree HRA. Generally, out-of-pocket expenses for the eligible health care services will be paid first from the HRA fund, as long as there is enough money available.

The HSA Plan

This plan allows you to set aside pretax dollars in a Health Savings Account (HSA) to pay for current eligible medical expenses or to save for future expenses. NV Energy also contributes to your HSA. The HSA is your account and goes where you go, even if you leave the company or retire.

How the Plans Work*

January → → NV Energy pays 100% of preventive care all year long → → December				
HRA	Step 1 NV Energy contributes to your HRA each year.	Step 2 Use the money in your HRA to help cover your deductible and coinsurance. Once your HRA runs out, you must pay out of pocket.	Step 3 After you meet your deductible, you pay coinsurance until you reach the out-of-pocket maximum.	Step 4 Once you reach your out-of-pocket maximum, NV Energy pays 100% until end of year.

January → → NV Energy pays 100% of preventive care all year long → → December				
HSA	Step 1 NV Energy contributes to your HSA. You can also contribute.	Step 2 You decide whether to use HSA money or pay out of pocket to cover your deductible and/or coinsurance. Depending on your HSA balance, it may cover the deductible and coinsurance, or you may have to make up the difference out of pocket.	Step 3 After you meet your deductible, you pay coinsurance until you reach the out-of-pocket maximum.	Step 4 Once you reach your out-of-pocket maximum, NV Energy pays 100% until end of year.

*For more plan details and examples, see pages 8–12.

Qualified Medical Expenses

HRA and HSA money can be used only to pay for qualified medical expenses, which include, but are not limited to, doctors' fees, prescribed drugs, chiropractors' fees, and hospital expenses not reimbursed by a medical plan. For more information, go to [irs.gov](https://www.irs.gov) and search for Publication 969.



How the Plans Compare

The following charts compare the features, contributions and coverage of your medical plan options.

Compare Features

	HRA Plan A fund is set up for you to pay eligible medical expenses.	HSA Plan An account is set up in your name through PayFlex.
Who contributes to the fund/account?	NV Energy only	You (if you want, through pretax contributions) and NV Energy
Who decides how the money is spent?	Eligible medical expenses are automatically paid from the HRA until the fund is used up.	You decide whether or not to spend the money in your HSA.
How much does NV Energy contribute to the fund/account?	\$750 for employee only \$1,500 for employee + spouse or child(ren) \$1,500 for employee + family (Reduced if you enroll in HRA without <i>Healthy Living Program</i>)	
Can you take the money with you if you leave NV Energy?	Yes, if you qualify for retiree medical, any unused HRA funds will be moved to a retiree HRA.	Yes
Does the money in the fund/account earn interest?	No	Yes
Do you have to use all the money in the fund/account each year?	No	No

How the Plan Options Work

- NV Energy contributes money each year to help you pay for out-of-pocket medical expenses.
- In-network preventive care and generic drugs on the preventive medications list are covered at 100%. The deductible is waived for preferred and non-preferred brand-name drugs on the list.
- Coinsurance (how much you pay for a covered service after you meet your deductible) is based on the medical plan you choose. Please see the “Compare Coverage and Out-of-Pocket Costs” chart on page 9.
- Prescription drugs **not** on the preventive medications list are subject to the deductible and coinsurance based on CVS Caremark’s contracted rates.
- You will receive higher benefits if you see providers within the Aetna Choice POS II network.
- Once you use up the money in your HRA or HSA, you pay 100% of the cost until you meet your deductible.
- An out-of-pocket maximum amount limits how much you pay after you meet the deductible during the calendar year. Once you reach your out-of-pocket limit within a calendar year, NV Energy pays 100% of your eligible expenses for the rest of the same calendar year.
- If you don’t use all the funds in your HRA or HSA, the money rolls over to the following year.
- See page 11 for additional details about the HRA plans, and page 12 for the HSA Plan.

When you enroll in the HRA with *Healthy Living Program*, you and your spouse or domestic partner receive two additional PCP visits at no cost each year plus a free annual preventive exam for a total of three free office visits a year.

Compare Coverage and Out-of-Pocket Costs **Note:** 2015 changes (required by new IRS regulations) are shown in green.

	HRA with <i>Healthy Living Program</i>		HRA without <i>Healthy Living Program</i>		HSA with <i>Healthy Living Program</i>	
NV Energy's Contribution to the Fund/Account	Employee only: \$750 Employee + family: \$1,500		Employee only: \$500 Employee + family: \$1,000		Employee only: \$750 Employee + family: \$1,500	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Annual Deductible <i>(includes prescription drugs)</i>						
• Employee only <i>(and individual deductible for HRA Plans)</i>	\$1,000	\$2,000	\$1,000	\$2,000	\$1,300	\$2,500
• Employee + spouse or child(ren)	\$2,000	\$4,000	\$2,000	\$4,000	\$2,600	\$5,000
• Employee + family	\$2,000	\$4,000	\$2,000	\$4,000	\$2,600	\$5,000
Annual Out-of-Pocket Maximum <i>(includes prescription drugs)</i>						
• Employee only <i>(and individual out-of-pocket maximum for HRA Plans)</i>	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000
• Employee + spouse or child(ren)	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
• Employee + family	\$5,000	\$10,000	\$5,000	\$10,000	\$5,000	\$10,000
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Coinsurance amounts the plan pays after you meet the annual deductible:						
Physician Charges <i>(office visits, inpatient, outpatient)</i>	90%	70%	90%	70%	80%	60%
Healthy Living Program Two Additional PCP Office Visits	100%, no deductible	NA	NA	NA	NA	NA
Specialist Charges <i>(office visits, inpatient, outpatient)</i>	90%	70%	90%	70%	80%	60%
Annual Preventive Care <i>(well-child and well-adult care)</i>	100%, no deductible	Not covered	100%, no deductible	Not covered	100%, no deductible	Not covered
Inpatient Hospitalization <i>(physician, maternity and newborn)</i>	90%	70%	90%	70%	80%	60%
Urgent Care	90%	70%	90%	70%	80%	60%
Emergency Room**	90%	90%	90%	90%	80%	80%
Mental Health Care and Substance Abuse Treatment <i>(inpatient/outpatient)</i>	90%	70%	90%	70%	80%	60%
Lab, X-ray and Complex Imaging <i>(MRA/MRS/MRI, CAT scan, PET scan)</i>	90%	70%	90%	70%	80%	60%
Allergy Testing, Treatment and Injections	90%	70%	90%	70%	80%	60%
Chiropractic Care <i>(limited to 20 visits per calendar year)</i>	90%	70%	90%	70%	80%	60%
Durable Medical Equipment	90%	70%	90%	70%	80%	60%
Prescription Drug*** <i>(deductible applies; out-of-pocket maximum the same as medical)</i>	Retail (30-day supply): 90% after deductible Mail order (90-day supply): 90% after deductible Applies to generic, preferred and non-preferred		Retail (30-day supply): 90% after deductible Mail order (90-day supply): 90% after deductible Applies to generic, preferred and non-preferred		Retail (30-day supply): 80% after deductible Mail order (90-day supply): 80% after deductible Applies to generic, preferred and non-preferred	

*Benefits for out-of-network services are based on reasonable and customary charges. You may be billed for any charges above that amount.

**Non-emergency use of the ER is not covered.

***For preferred and non-preferred brand-name drugs on the preventive medications list, the deductible is waived and the plan pays the same coinsurance as shown.



Which Medical Plan Is Right for You?

This quick quiz can help you decide. Check the statement in each row that most closely matches the needs of you and your family.

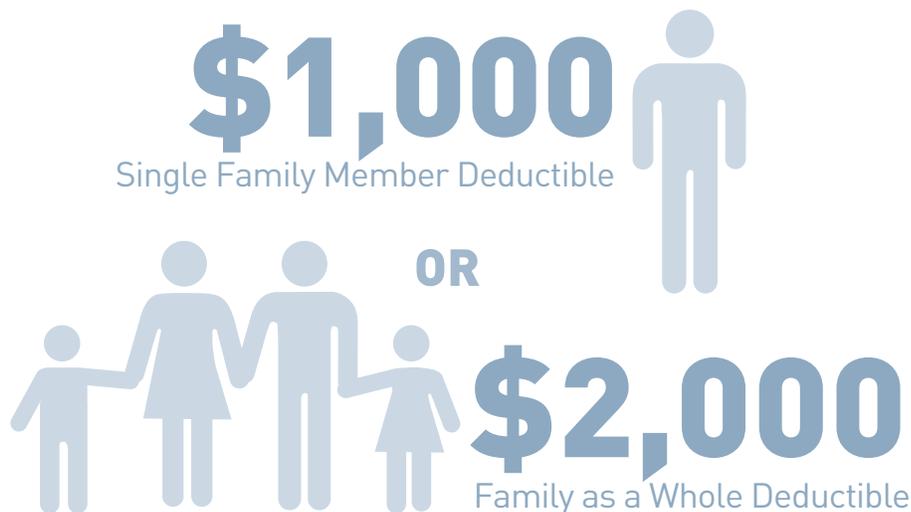
How much do you want to pay each paycheck?	
1. <input type="checkbox"/> I want to pay less each paycheck even though I'll pay more when I use the plan.	<input type="checkbox"/> I'm willing to pay more each paycheck so I can have a lower deductible and pay a little less in coinsurance.
2. <input type="checkbox"/> I'm willing to save some of my own money to use for expenses during the year, as long as it saves me money on taxes, earns interest, and I get to keep it if I leave the company.	<input type="checkbox"/> I would rather not save any of my own money toward medical expenses.
How healthy are you and the family members you'll be covering?	
3. <input type="checkbox"/> Only see the doctor once or twice a year.	<input type="checkbox"/> See the doctor about four times a year for checkups and minor illnesses.
4. <input type="checkbox"/> Get one or two prescriptions each year. Usually they're generic.	<input type="checkbox"/> Get five or more prescriptions filled each year and mostly they're generic.
5. <input type="checkbox"/> Healthy! No known problems.	<input type="checkbox"/> Generally healthy, but I get sick a few times each year and have to go to the doctor.
RESULTS: Your best choice may be...	
6. <input type="text"/> Total check marks in this column	<input type="text"/> Total check marks in this column
If this column has the most check marks, the HSA Plan may be the best choice for you.	If this column has the most check marks, the HRA Plan may be the best choice for you.
Why: It offers the lowest cost per paycheck in exchange for a higher deductible. Both you and NV Energy contribute to your HSA, your account earns interest, and you can take your account with you if you leave the company.	Why: It costs more each paycheck than the HSA Plan, but it has a lower deductible. NV Energy makes all the contributions to your HRA fund, but you can't take the money with you if you leave the company.

Additional Details About the HRA Plans

The HRA Deductible

The HRA plans' deductibles are traditional-style deductibles, meaning the individual deductible is included within the family deductible. So, once a covered family member meets the individual deductible in the family tier, coinsurance will apply for that family member. Charges for all covered family members will continue to count toward the family deductible until it is met.

Example: Under the HRA Plan, the annual family deductible is \$2,000 and the individual deductible is \$1,000. Say, for instance, you meet the individual deductible (\$1,000). You won't be required to pay any more toward the deductible, and any additional expenses you have will begin to count toward the out-of-pocket maximum. All other covered family members will need to meet the family deductible amount. In this example, no one member of the family needs to meet more than \$1,000 toward the family deductible.



How to Claim Benefits

In-Network

1. Show your Aetna ID card when you see a provider. You usually pay nothing at the time of service.
2. The provider bills Aetna.
3. Aetna reviews the claim and determines what you owe.
4. Aetna pays the provider directly from the HRA fund and you owe nothing if the funds in the HRA cover the entire amount due.

OR

Aetna pays the provider to the extent possible from the HRA fund (if you have a balance).

Out-of-Network

If you go out-of-network and a provider does not file a claim on your behalf, you may need to pay the provider up front and file a claim with Aetna. You can download a claim form at [aetna.com](https://www.aetna.com).

Additional Details About the HSA Plan

About Your Account

- Your contributions reduce your taxable income, and qualified withdrawals are tax-free.
- Interest is earned tax-free. You control how to save and spend money in your account.
- Because the money in your account rolls over each year, some employees may opt to build up their account — and have money available for when they need it in the future.
- NV Energy's contributions to your account are available starting January 1, so you will have access to the entire company contribution at the start of the calendar year. Money you contribute to the account will be available as soon as your account is credited.

The HSA Plan Deductible

The HSA Plan deductible is a true family-style deductible because there are no individual deductibles within the family plan. This means the entire deductible for each coverage level must be met before coinsurance applies, regardless of whether one person reaches the employee-only deductible limit. It could be possible that one member of the family meets the entire HSA deductible alone, or that several family members' expenses apply.

Increased HSA Maximum Contributions for 2015

The IRS sets the maximum total amount that can be contributed to your HSA (your contributions plus the company's contributions). For 2015, the contribution limits are:

	Employee-Only Coverage	Other Coverage Levels
Company Contribution	\$750	\$1,500
Employee Contribution	\$2,600	\$5,150
Total Maximum Contributions	\$3,350	\$6,650

Instant Access to Your Money With the PayFlex Card

The PayFlex Card is a debit card that gives you a simple way to spend the money in your HSA. It electronically accesses the money in your account when used to pay for eligible expenses. Generally, all you need to do is select your eligible item, swipe your card and save your receipt!

Know Which Card to Use When

Until January 1, 2015, you should continue using your current Aetna ID and PayFlex cards as you currently do. Beginning January 1, use your cards as shown:

	Aetna Medical ID	PayFlex (FSA or HSA)	CVS Caremark Rx ID
At the doctor, hospital, etc.	Yes	Yes*	No
At the pharmacy	No	Yes*	Yes
At the dentist	No	Yes	No
At the eye doctor	Ask provider	Yes	No

*If you enroll in an HSA plan, you can use your PayFlex card to debit your Health Savings Account for medical and prescription expenses or your limited purpose FSA for dental and vision expenses. Once you reach your medical plan deductible, you can use your FSA for all eligible expenses.

Catch-Up Contributions

If you will be at least age 55 in 2015 and not enrolled in Medicare, you can make a "catch-up contribution" to your HSA. The maximum catch-up amount for 2015 is \$1,000.

Benefits of Using the PayFlex Card

- Immediate payment of your eligible expenses from your account
- Manage your personal cash flow
- No claim to file (usually) because your purchase is approved at the point of sale
- Makes it easier to use your tax-advantaged funds

Welcome CVS Caremark!

Beginning in January 2015, CVS Caremark will replace Aetna as the administrator for our prescription drug plan. This move means a larger network of independent and large chain retail pharmacies—including Walgreens. Plus, you can get discounts on MinuteClinic visits and CVS brand products by using your new CVS ID card.

If you take a long-term medication and order a 90-day supply, you have a choice. Use the convenient CVS Mail Pharmacy Service, or for the same price, just pick up your medication at a local retail CVS pharmacy.

Here are some steps you can take for a smooth transition:

- Visit caremark.com to check their list of preferred and preventive medications. If your drug isn't on the new list, you may want your doctor to consider an alternative.
- Try to fill your current prescriptions in December. This will give CVS Caremark the time to connect with your doctor for any necessary authorizations before you need to fill prescriptions in 2015.
- Watch for more information and your new ID card sometime in December.

Use Your Prescription Drug Benefits Wisely

Prescription drugs are essential to your health — but also key drivers of medical costs — so it's important to manage your prescription drug expenses. Prescription drug coverage is included under all three medical plans. Your prescription drug costs count toward your annual deductible, after which you pay a coinsurance amount until you reach your out-of-pocket maximum. For more details, see “Compare Coverage and Out-of-Pocket Costs” on page 9.

Mandatory Generic Drugs

The prescription drug benefit promotes the use of generic drugs to save you money. The plan will automatically substitute a generic equivalent instead of a brand-name drug when the generic is available. If you request a brand-name drug when a generic is available, you will pay the applicable deductible and coinsurance plus the difference between the generic price and the brand-name price, unless “dispense as written” appears on the prescription.

Preventive Drugs

The deductible does not apply for preventive drug coverage. This means you do not need to meet the deductible first before your plan coinsurance kicks in for preventive drugs.

The plan will pay 100% for generic drugs on the preventive medications list. If you choose preferred or non-preferred brand-name drugs from the preventive medications list, you will be required to pay the coinsurance shown in the table on page 9, but no deductible.

You can find the preventive medications list as well as more information about your medications and their costs at caremark.com.

Maintenance Medications

If you take a prescription on an ongoing basis (for example, to treat high blood pressure), compare the price of drugs and choose generics whenever possible; they cost less than brand-name drugs and are just as effective.

You may also want to consider mail order drugs. When you order a 90-day supply, you pay the same coinsurance as for a two-month supply. You can also get your 90-day supply at a CVS retail pharmacy for the same price. Consider asking your doctor to write your prescription with enough refills for a one-year period to save you time and money.



Generics Save You Money

Ask your doctor to prescribe generic equivalents whenever possible. If you're taking a brand-name prescription drug now, talk to your doctor to find out if there's a generic available to treat your condition.

See page 18 for more online tools to help you manage your health.

NV Energy has a custom hospital network that could be different from Aetna's contracted hospitals. Visit [aetna.com/docfind/custom/nvenergy](https://www.aetna.com/docfind/custom/nvenergy) for the custom list.

Use the Online Tools to Estimate Your Costs

Through Aetna, NV Energy offers tools and resources to help you determine and understand your health care costs. For more information, register and/or log in at [aetna.com](https://www.aetna.com).

Aetna Plan Selection Tool

This personalized tool allows you to compare premiums and out-of-pocket costs for all three medical plan options and to estimate what you will pay out of your pocket.

Aetna HSA Savings Calculation and HSA Maximum Contribution Tools

Use these tools to estimate how much you should contribute to your HSA — and to estimate your tax savings.



My health tip

Alicia doesn't want to miss out on tax savings. She's enrolling in the HSA Plan this year because she wants to save money tax-free for future medical expenses.

Save Taxes With the Flexible Spending Accounts

Health Care and Dependent Care Flexible Spending Accounts (FSAs) can save you money by allowing you to set aside tax-free dollars to pay for eligible health care and dependent care expenses.

When you enroll in an FSA, you choose the amount of your annual contribution. These contributions are deducted from your pay before federal income and Social Security taxes, so you save on federal taxes.

Health Care FSA

You can contribute from \$240 to \$2,500 to the Health Care FSA.

The type of Health Care FSA that you can use depends on the medical plan you choose:

- If you are in the HRA Plan, you can enroll in the “traditional” Health Care FSA.
- If you are in the HSA Plan, you can enroll in the “limited purpose” Health Care FSA.

Traditional Health Care FSA

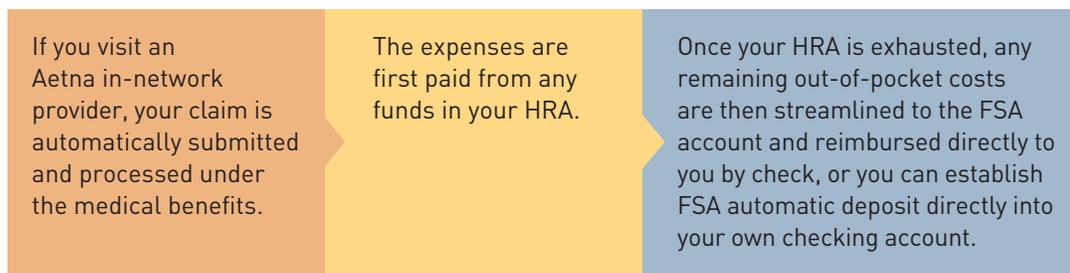
The traditional Health Care FSA provides you with a tax-free way to pay for eligible health care expenses — such as deductibles, coinsurance, eyeglasses and orthodontia — that are not reimbursed or covered by another plan. This account can be used for eligible expenses for you and your qualified dependents declared on your tax return. You can enroll in the traditional Health Care FSA when you enroll in either of the HRA plans.

Remember, the plan reimburses you from the HRA first. Be sure to keep this in mind when you’re electing contribution amounts for your Health Care FSA, so you won’t lose what’s left over in your FSA at the end of the year.

Streamline Reimbursement

NV Energy offers Streamline Reimbursement for traditional Health Care FSA expenses.

Here’s how it works:



Streamline Reimbursement is automatic, but it can be turned off at your request. To discontinue the Streamline Reimbursement feature or set up automatic deposit, contact Aetna FSA Member Services at **800-416-7053** or go to **aetna.com**.

You must re-enroll each year if you wish to participate in the FSAs.

Use It or Lose It

Unlike the money in your HRA or HSA fund, IRS regulations require you to forfeit any unused money left in your FSAs at the end of the plan year. So plan for your expenses carefully.

FSA Grace Period

If you enroll for the Health Care FSA in 2015, you have a grace period until March 15, 2016 to incur and submit your medical expenses. You cannot withdraw the unused balance, and you cannot carry money over to the following year. The grace period does not apply to dependent care expenses.

If you enroll in the HSA medical option for the first time in 2015, you must exhaust your 2014 FSA by December 31, 2014.

HSA, FSA or both?

Consider your dental and vision expenses in 2015. If you think you'll have a lot, you could save taxes by using both an HSA and the limited-purpose Health Care FSA.

Don't forget that you must use all the money you contribute to your Health Care FSA each year. What you don't use, you lose. The money left in your HSA rolls over — what you don't use, you keep!

Limited Purpose Health Care FSA

IRS regulations state that, if you enroll in the HSA Plan, you cannot contribute to the traditional Health Care FSA. However, the limited purpose Health Care FSA is available as a complement to your Health Savings Account. Here's how you can use your limited purpose Health Care FSA:

1. The limited purpose Health Care FSA can be used only for certain services before you meet your HSA Plan deductible, as well as for dental and orthodontic care and vision care.
2. After you meet the HSA deductible, you can then use the limited purpose Health Care FSA for all eligible medical expenses, such as coinsurance for prescriptions and doctor fees.

Use the PayFlex Card for Pharmacy Expenses

You may use your PayFlex card at most retail or online locations to purchase your prescriptions and/or eligible over-the-counter items. To learn what's eligible, access your PayFlex account through aetna.com.

- When you enroll for the Health Care FSA for the first time, you will receive a PayFlex Card in the mail.
- If you were enrolled last year and you already have a PayFlex Card, you should use the same card next year.

Dependent Care FSA (Day Care)

NV Energy provides a Dependent Care FSA to help you save taxes on the money you pay for dependent day care expenses required for you (and your spouse) to work or attend school full time.

Each year, you can contribute from \$240 to \$5,000 to the Dependent Care FSA, depending on your tax filing status. You forfeit any unused money left in your account at the end of the year.



The Easy Way to Save on Taxes

Jack and Diane both work full time, so Jack contributes \$4,000 in tax-free dollars to the Dependent Care FSA to help offset the cost of day care for Nicholas.

Use These Tools for More Control Over Your Health

These Aetna tools make it easier for you to be more involved in your health all year long.

Find the online tools described here, plus many more on Aetna Navigator at aetna.com.

When You're Making Your Medical Plan Decision...

Be sure to use the **Plan Selection** tool and the **HSA Savings Calculation** and **HSA Maximum Contribution** tools described on page 14.

Find Estimated Costs and Plan for Expenses

Use the **Cost Estimator** tool to compare estimated in-network and out-of-network costs for health care services in your area, and to predict how much your health care costs might be in the coming year. You can estimate annual costs for medical procedures (office visits, lab tests, X-rays, MRIs and more) and for services related to specific diseases and conditions (such as asthma, diabetes, heart disease, high blood pressure and pregnancy).

Find Participating Doctors

Use the **Aetna DocFind® online directory** to search for doctors, based on important credentials like education, board certification, and languages spoken.

Aetna Discount Programs

As an Aetna member, you can take advantage of discounts for hearing aids, alternative therapies, fitness memberships and equipment, and weight loss programs. Register through aetna.com or call Aetna Member Services at **800-282-8156**.

Compare Area Hospitals

Are you considering surgery? Expecting a baby? Use the **Hospital Comparison** tool to compare area hospitals, based on the criteria most important to you. NV Energy has a custom hospital network that could be different from Aetna contracted hospitals. Visit aetna.com/docfind/custom/nvenergy to see our custom network.

Talk to a Nurse Anytime

Call the Aetna team of registered nurses 24 hours a day, 7 days a week, for answers to your health-related questions and issues. Get trusted health and wellness information by calling **800-556-1555**.

Research Health Information

You can research thousands of health topics and medications by using the Aetna IntelliHealth® and Healthwise® Knowledgebase resources on Aetna Navigator at aetna.com.

View Your Personal Health Information at Aetna.com

- Claims, balance and eligibility information
- Personal Health Record and health history report

Use Aetna Mobile on Your Personal Smartphone

Aetna Mobile makes it easy for you to view claims, find a doctor, and complete tasks on the go. Go to aetna.com from your mobile phone's Web browser. Also check out the Aetna Mobile application (app) at aetna.com/about-aetna-insurance/sas/mobile/mobile-apps.html.

Other Benefits for 2015

These benefits can help with your life outside of NV Energy.

Aetna Life Insurance and Long-Term Disability Coverage

During Annual Enrollment, if you are already enrolled for supplemental life insurance or spouse life insurance, you can increase one level of supplemental life insurance on yourself and your spouse without providing proof of good health, up to the guaranteed issue amount. The guaranteed issue amount is \$300,000 for an employee and \$50,000 for a spouse. If you are enrolling for the first time during Annual Enrollment, coverage amounts are subject to medical underwriting.

- One level of supplemental life insurance = ½ times your annual base pay
- One level of spouse life insurance = \$10,000

During Annual Enrollment, employees can purchase child life insurance in the amount of \$5,000 or \$10,000.

If you have not enrolled in long-term disability (LTD) coverage, you can do it during Annual Enrollment. This program is available to provide you with continuing income if your disability lasts for an extended period of time. It pays you 60% of your annual base pay tax-free until you reach age 65, retire or are no longer disabled. Special rules apply to participants over age 62 when they become disabled. Review your LTD Certificate Booklet for more details, or call the Benefit Service Center at **866-583-3813**.

If you have a pre-existing medical condition, you can still enroll. LTD will cover you for other non-related conditions and will even cover you for the pre-existing condition after one year.

My future

Save for your financial future with NV Energy's 401(k) benefits.

Your 401(k) Benefits: Three Ways to Save for Retirement

1. A traditional 401(k) savings option
2. A Roth 401(k) savings option
3. The after-tax savings option

NV Energy contributes 100% on the first 6% you invest under any of these options. You may want to consider contributing more toward your retirement and increasing your contribution amount. Remember, you can change your contribution amount at any time.

For more information, contact Vanguard at vanguard.com or **800-523-1188**. Use the Vanguard website for tools and information on investing in your retirement.



Remember to review your beneficiary designations for life, 401(k), pension and final wages.

New Dental Carrier

MetLife will replace Aetna as the carrier for the dental plan. The plan benefits are not changing. MetLife offers a large network — chances are your dentist already participates — but you have the freedom to visit any dentist you like. If you use a network dentist, you'll usually pay less and you don't have to file paperwork or claims.

To see if your dental provider is in the MetLife network, visit metlife.com/mybenefits. If you have concerns about transitioning ongoing care, contact MetLife at **800-942-0854**.

Transition Tip

Next time you're at your current dentist, notify the office of your new dental plan with MetLife. You won't need an ID card from MetLife — your dentist can access your plan eligibility and benefit information online or through a Customer Service Representative.



Ready to Enroll?

The best way to make sure you have the right benefits next year is to take time to think about your health care needs and the choices available to you.

Enroll Between October 20 and November 5, 2014!

If you do not actively enroll for your 2015 benefits during Annual Enrollment:

- Your current medical, dental, and vision coverage will continue for you and your family. However, your dental carrier will change from Aetna to MetLife.
- If you're currently enrolled in the HSA medical option, your HSA employee contribution will not continue in 2015.
- You will not be able to participate in the flexible spending accounts.

How to Enroll for 2015 Benefits

You'll notice our NV Energy benefit website has a new look and feel. You will no longer be required to log in using your 5-digit employee ID number and date of birth. If you have already registered with the "new" site, log in using the username and password you created previously.

Enroll Online

1. Go to nvenergy.benefitsnow.com.
2. Log in with your username and password.
First time accessing the site? Please click the "First-Time User?" link and follow the instructions to create a username and password.
3. If you can't remember your username or password, click on the "Forgot Username?" or "Forgot Password?" links on the home page.
4. Follow the instructions to **enroll by Wednesday, November 5**. Online enrollment ends at **9 p.m. Pacific Time**.

Enroll by Phone

Call the Benefit Service Center at **866-583-3813**, Monday – Friday, 8 a.m. – 5 p.m. Pacific Time.

You will be connected to a benefits representative who will assist you with the enrollment process.

Phone enrollment ends **Wednesday, November 5, at 5 p.m. Pacific Time**.

Reward Yourself

To receive the healthy living incentive in 2015, you must take action. For details, see pages 4–6.

Prescriptions (CVS Caremark)

800-386-0324 Available 24/7/365
caremark.com

Dental (MetLife)

800-942-0854 5 a.m. – 9 p.m. (M–F)
metlife.com/mybenefits

Vision Plan (VSP)

800-877-7195 5 a.m. – 8 p.m. (M–F)
vsp.com 6 a.m. – 5 p.m. (Sat)

Flexible Spending Accounts (PayFlex/Aetna)

800-416-7053 5 a.m. – 5 p.m. (M–F)
aetna.com 7 a.m. – Noon (Sat)

Tuition Reimbursement (EdLink)

888-736-2235 User ID: employee ID
tamsonline.org/NVEnergy Password: employee ID

Pension and 401(k) (Vanguard)

800-523-1188 5:30 a.m. – 6 p.m. (M–F)
vanguard.com

Informed Health Line (Aetna)

800-556-1555 Information and nurse guidance 24/7

Employee Assistance Program (Aetna)

866-317-8927 Information 24/7
aetnaeap.com User ID: nvenergy

Disability and Leaves Service Center for STD and FLMA

855-874-6364 5 a.m. – 5 p.m. (M–F)
866-517-7078 (fax)

Important Contact Information

Tear out this wallet card and keep it handy to quickly find important contact information for your NV Energy benefits.



Local 396
Represented

Important
Contacts

2015

NV Energy Benefit Service Center

For all benefit questions; to enroll, update dependent information, and make beneficiary changes

866-583-3813 8 a.m. – 5 p.m. (M-F)
nvenergy.benefitsnow.com

DocFind (Aetna)

aetna.com/docfind/custom/nvenergy

Medical (Aetna)

800-282-8156 8 a.m. – 6 p.m. (M-F)
aetna.com

Healthy Living Program Manager (wellPORTAL)

702-366-0300 8 a.m. – 5 p.m. (M-F)
Email: hlp@wellportal.com

Teladoc

855-Teladoc 24/7
teladoc.com/aetna

HSA (PayFlex)

888-678-8242 5 a.m. – 5 p.m. (M-F)
aetna.com 7 a.m. – Noon (Sat)

This guide is a high-level overview of NV Energy's health plan changes and enrollment process effective for benefits-eligible employees as of January 1, 2015. From time to time, plan amendments and changes in federal law affect the benefit coverages offered by NV Energy (the "company"). This guide acts as a Summary of Material Modifications ("SMM") and provides information about changes that are in effect as of January 1, 2015. If there is any difference between plan provisions as described in this guide and ruling plan documents or contracts, the documents or contracts will govern. If you have any questions about this SMM or your benefits, contact the NV Energy Benefit Service Center at 866-583-3813.

Go to nvenergy.benefitsnow.com to review annual notices.



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