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In The Matter Of:

*PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TELECONFERENCE OPEN MEETING*

November 23, 2020

*Capitol Reporters
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Original File 112320PEBP.txt

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PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS
TELECONFERENCE OPEN MEETING
MONDAY, NOVEMBER 23, 2020

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The Board: LAURA FREED, Chairperson
LINDA FOX, Vice Chair
MARSHA URBAN, Member
MICHELLE KELLEY, Member
TOM VERDUCCI, Member
BETSY AIELLO, Member
JENNIFER KRUPP, Member
TIM LINDLEY, Member

For the Board: BRANDEE MOONEYHAN, Deputy
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MONDAY, NOVEMBER 23, 2020, 9:14 A.M.

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CHAIRWOMAN FREED: Good morning, everybody. It is 9:14 a.m. and I'd like to call the meeting of the Public Employees' Benefits Program Board to order.

Staff, would you call the roll.

MS. PLUTA: Okay. So Laura Freed.

CHAIRWOMAN FREED: Here.

MS. PLUTA: Linda Fox.

MEMBER FOX: Here.

MS. PLUTA: Betsy Aiello.

MEMBER AIELLO: Here.

MS. PLUTA: Don Bailey is excused.
Michelle Kelley.

MEMBER KELLEY: Here.

MS. PLUTA: Jennifer Krupp.

MEMBER KRUPP: Here.

MS. PLUTA: Tim Lindley.

MEMBER LINDLEY: Here.

MS. PLUTA: David Smith is excused.
Marsha Urban.

MEMBER URBAN: Here.

MS. PLUTA: Tom Verducci.

MEMBER VERDUCCI: Here.
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1 MS. PLUTA: Okay. We have a quorum.

2 CHAIRWOMAN FREED: Agenda Item 2 is public
3 comment. And I know there are going to be a lot of people in
4 the queue for public comment. And, Board Members, we
5 received some written public comment in advance of the
6 meeting. It was e-mailed to you, and it was also posted on
7 the PEBP Board viewing material section of the website. I
8 read all the ones that we got up through last night, last
9 night, and I read some of them this morning. And there are
10 some really heartfelt and thoughtful comments. So if you
11 haven't read them, please do so on another screen while
12 you're participating.

13 And, let's see. Comments, I think I'll try and
14 limit them to about four minutes to let everybody have a
15 chance. Because, again, I know there are a lot of people
16 waiting. And we started this meeting late to let everybody
17 who wants to comment get on deck to do that.

18 So, also, please state your name if you're making
19 public comment. State your name for the record and spell it
20 if it's one of those confusing names that we might get wrong
21 for the minutes.

22 With that, I'll turn it over to PEBP staff to do
23 their magic.

24 MS. PLUTA: Thank you, Madam Chair. Okay. So if
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1 you have public comment, as a reminder, the Zoom phone number
2 is for public comments only. This meeting is being streamed
3 live on YouTube. To listen to the PEBP board meeting, please
4 access the YouTube link located on the agenda. I do notice
5 that we have quite a few participants that are wanting to
6 share for public comment. Just a reminder, if you logged in
7 to the Zoom meeting, this is for public comment only. For
8 those who have called in during the period for public
9 comment, the last three digits of the phone number will be
10 announced and advised that the phone line has been unmuted,
11 at which an audible message from Zoom will say that you're
12 unmuted. After the caller has unmuted themselves, they may
13 proceed with their comment. Because of time considerations,
14 each comment will be limited to three minutes. If you don't
15 have public comment, please let us know that you don't have
16 any public comment at this time.

17 We're going to go ahead and start with Jason
18 Wasden. You are unmuted.

19 MR. WASDEN: My name is Jason Wasden. It's
20 J-a-s-o-n W-a-s-d-e-n. And my public comment is coming from
21 the UNLV administrative faculty and the classified staff
22 counsel.

23 While the UNLV administrative faculty committee
24 and the classified staff counsel at UNLV understand the
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1 desire to keep premiums stable, the proposed changes in
2 benefit structures are draconian and cruel. We cannot
3 express our opposition to the proposed changes and benefits
4 more definitively.

5 Many of us experienced our benefits being cut
6 during the recession of 2012, and we are painfully aware that
7 once benefits are cut, they are never restored. We have no
8 reason to believe this proposed cut would be any different.

9 We are frustrated and we are mad that you seem
10 indifferent that these proposed cuts will destroy the health
11 and well-being of the employees of one of the state's largest
12 employers.

13 With the proposed plan design, an individual on
14 the CDHP will pay 2,600 more for their health care until they
15 have reached the out-of-pocket maximum. We are already
16 facing a 4.6 percent furlough reduction in pay for January to
17 June and we expect possible furloughs in the next biennium.
18 The proposed cuts to our health plan in addition to the
19 already-approved pay cut will amount to more than a 12
20 percent pay cut to an employee's take-home pay.

21 In addition to the increase and out-of-pocket
22 cost, the reduction in the value of the plan received is also
23 proposed to go down. The proposal that PEBP would move from
24 having gold and platinum plans to three vastly inferior plans

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1 is disheartening and demoralizing. Reducing benefits in this
2 way in the middle of a pandemic is abhorrent. You should be
3 adding to our health benefits, not taking them away.

4 Rather than reducing plan benefits, we argue that
5 plans should be kept whole and that a COVID-19 surcharge in
6 the amount of necessary added premium dollars be applied with
7 the clear understanding the surcharge resets when the economy
8 has returned to its pre-pandemic levels.

9 We are asking that this board provide the
10 governor with multiple plans to keep our benefits in place to
11 create a stable revenue source and stop balancing the state
12 budget on the expense of state employees.

13 Additionally, we request that the board delay
14 your consideration and vote until your January meeting when
15 budget savings amounts can be clear and after the December
16 3rd report of the economic forum further clarifies state
17 revenues.

18 To be quite frank, we are asking the board to
19 consider any other options that do not include reducing plan
20 benefits and increasing out-of-pocket maximums. The
21 administrative and classified staff at our universities
22 cannot and should not shoulder the burden of our state's
23 economic crisis. Our populations will not weather the storm
24 and will not bounce back. This will cripple our population

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1 and thus continue to decimate the economy of the State of
2 Nevada. We implore you to do the right thing. Do not put
3 balancing the budget on the backs of the most underpaid
4 populations at our universities. Thank you for your time and
5 consideration.

6 MS. PLUTA: Thank you.

7 And, Kent Ervin, your line has been unmuted.

8 MR. ERVIN: Good morning. This is Kent Ervin,
9 E-r-v-i-n, representing the Nevada Faculty Alliance, the
10 Independent Statewide Association of NSHE Faculty.

11 First, I need to thank Executive Director Rich
12 for discussions and for providing information about the
13 proposed benefits cuts. As a state policy, cutting employee
14 benefits to solve a revenue shortfall is short-sided and
15 wrong. Benefit cuts or premium increases are the most
16 regressive way to expect state employees to fix the budget.

17 Coming on top of probable furloughs, likely no
18 COLA, and an increase in the employee retirement
19 contributions, it is unconscionable that PEBP is being asked
20 to make benefits cuts in the midst of the COVID-19 public
21 health emergency when our employees need health care the
22 most.

23 We join our public employee partners in opposing
24 these cuts and hope that the governor and legislature will
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1 agree that PEBP is the wrong place to cut.

2 That said, we realize that PEBP has no choice in
3 responding to the governor's request for 12 percent budget
4 reserves. We ask that in doing so you limit the long-term
5 damage to the PEBP program in solving a short-term budget
6 problem.

7 Specifically, Agenda Item 8, the large increases
8 in the deductibles and out-of-pocket maximums in Section 8.1
9 are unacceptable. Large out-of-pocket maximums turn the plan
10 in to catastrophic only plans and hurt the members most who
11 are supposed to be held by insurance, spreading the risk pool to
12 help those with large medical expenses.

13 These need to be reduced to close to the existing
14 CDHP and HMO/EPO plans with a new low deductible plan placed
15 in the middle. Instead of the 20 million of the 36 million
16 savings from these plan benefit reductions, it should be
17 limited to much less than that, ten or 12 million. At a
18 minimum, a reasonably priced middle plan should be in the
19 middle to high gold range in actuarial value.

20 Proposal 8.7 could eliminate long-term disability
21 coverage is completely unacceptable. Without social
22 security, state employees have become disabled, need a safety
23 net. Nevada has chosen not to participate in social security
24 unless it provides the long-term disability benefit.

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1 Proposal 8.8 to eliminate -- reverse Medicare B
2 premiums is unacceptable. PEBP saves money and claims by
3 requiring Medicare B for eligible employees and should pay
4 for it.

5 Proposal 8.9 to eliminate subsidies for
6 dependants and retirees is unacceptable. Families of
7 already-retired employees depend on this.

8 Proposal 8.12, perhaps the worst, is to push
9 non-Medicare retirees in to the ACA and Silver State
10 Exchange. That is unacceptable. After the legislature
11 finally fixed the ortho problem in 2019 -- in 2017, this
12 would create a whole new larger set of neglected children.
13 We don't even know if ACA will serve on the Supreme Court
14 case.

15 All of these proposals just mentioned really
16 carve out a -- some of the most vulnerable populations in
17 PEBP and leave them stranded. That leaves the other bad but
18 less bad proposals.

19 We fear it will be necessary at 8.11 to impose a
20 temporary COVID-19 emergency surcharge to premiums to cover a
21 third or more of the mandated reductions. These premium
22 increases should have a definite subset, be labeled as
23 temporary, and have a trigger to be removed when the economy
24 does come back. Hopefully that's with a vaccine soon.

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1 Thank you for your hard work. These are
2 difficult decisions. But we need to limit the damage -- the
3 long-term damage to the PEBP program as we go forward. Thank
4 you.

5 MS. PLUTA: Line ending in 003, your line has
6 been unmuted.

7 Line ending in 048, your line has been unmuted.

8 Line ending in 094, your line has been unmuted.

9 Line ending in 101, your line has been unmuted.

10 Donna Healy, your line has been unmuted.

11 MS. HEALY: Good morning. My name is Donna
12 Healy, H-e-a-l-y. And I'm here as a UNR classified employee
13 and I'm also a member and representing the NSHE classified
14 counsel executive board and the counsel.

15 Regarding the need for PEBP to determine how to
16 formulate a request to 12 percent cut, I request that
17 consideration be given to the following:

18 Number one, create all budget changes due to
19 COVID-19 as an emergency temporary COVID-19 surcharge to be
20 authorized for the first year of the biennium only. With the
21 recent increase in health insurance premiums and the 4.6
22 percent furlough pay cut, it would be harmful, impossibly
23 financially devastating to classified staff if imposed as
24 permanent cuts to benefits and/or premium increases.

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1 Number two, please keep in mind that any
2 increases in premiums and decreases in coverage would be the
3 most harmful to your lowest paid and sick classified
4 employees with the average pay of around \$40,000 per year.

5 Imagine, if you will, facing the challenges of
6 managing a family's or individual's expenses at that income
7 level, especially if having to pay medical costs related to
8 an existing illness.

9 Number three, of all the benefit reductions under
10 consideration, please do not unbundle dental coverage from
11 health coverage. With a restricted budget, many people will
12 not elect to keep their dental coverage. With dental health
13 being integral to one's overall good health, not having
14 preventive regular cleanings and exams could be detrimental
15 to overall health and inevitably cost much more than the
16 immediate savings provided to PEBP.

17 With that, I thank you for your time and your
18 consideration.

19 MS. PLUTA: Line ending in 101, you have been
20 unmuted.

21 Line ending in 118, you have been unmuted.

22 MR. GARCIA: Hello. This is Jose Garcia,
23 G-a-r-c-i-a. And I am a 24-year state employee who has
24 actually purchased some retirement time and I'm getting close
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1 to retirement.

2 First of all, thank you for hearing me today. I
3 actually just became aware of some of these changes and just
4 wanted to give you a few comments.

5 I get that we are in a tight situation that you
6 do have to make some reductions, but I would also like you to
7 understand and know that many of us have made life decisions
8 based on what our benefits are currently. Those of us
9 covering dependants when we retire, those of us younger than
10 the Medicare age, all of those are going to be devastating to
11 our budgets financially. Someone mentioned earlier
12 devastating.

13 And I just wanted to express that as a 24-year
14 state employee, the benefits have been chipped away at for
15 years since I started back in 1996. And I know times have
16 changed. Health insurance was free when I first started with
17 the state and since then has gone up considerably. But
18 longevity was eliminated. There's been a number of benefits
19 eliminated. Life insurance was reduced and now there's a
20 consideration of eliminating it. I would just like all of
21 those things to be taken in to consideration when you make
22 these tough decisions. Thank you.

23 MS. PLUTA: Just a reminder that when your line
24 is unmuted, it's going to tell you that your line has been
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1 unmuted, and you need to hit star six in order to talk.

2 Line ending in 237, your line has been unmuted.

3 MS. LOCKARD: Good morning. My name is Marlene
4 Lockard representing the Retired Public Employees of Nevada.

5 Today's agenda poses difficult questions and
6 decisions you will have to make as a member of the PEBP
7 board. It is, indeed, a very difficult time for our state in
8 trying to preserve critical services, programs, and
9 compensation and benefits for the state's workers, all of
10 this while facing ever increasing negative economic impact as
11 a result of COVID-19.

12 We know the pain that will ensue at all levels of
13 government will be severe. We understand the directive given
14 to all state agencies to cut their budgets by 12 percent.

15 We also understand and appreciate the hours of
16 hard work that Laura Rich and her staff have expended to
17 deliver a substantive package to you for your consideration
18 that complies with the governor's order. We appreciate her
19 efforts to include the advocate in preliminary discussion and
20 to keep us apprised of each step.

21 We believe we have a responsibility to offer
22 input on other ways to meet the 12 percent challenge that
23 would perhaps offer a more successful path to recovery and
24 restoration of benefits. The advocates work daily with their
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1 respective constituency and understand how profoundly these
2 proposed cuts will affect vulnerable populations like our
3 seniors with fixed incomes who rely on that one dollar per
4 year service to their HRA account or life insurance to pay
5 for their ever-escalating costs of burial. And the proposal
6 to move early retirees to the state health exchange is so
7 fraught with unintended consequences and hidden costs. It
8 also creates yet another tier of state employees.

9 I personally lived through the hastily approved
10 and incredibly poor implementation of the decision to throw
11 Medicare retirees out of PEBP and in to an exchange in 2011.

12 What never gets mentioned is how much money
13 Medicare retirees left in PEBP and the annual millions of
14 dollars of savings that PEBP enjoys every year as a result.

15 I implore you to consider the alternate proposals
16 being submitted to you today. Retirees have contributed
17 mindedly to helping the state meet the economic challenges of
18 the past and will continue to work with you, the governor,
19 and the legislature to meet this crisis as well. Thank you
20 very much.

21 MS. PLUTA: Line ending in 238, your line has
22 been unmuted.

23 Line ending in 282, your line has been unmuted.

24 MR. UNGER: Hello.
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1 MS. PLUTA: Please go ahead. Sorry.

2 MR. UNGER: Yes. Doug Unger, D-o-u-g U-n-g-e-r.
3 I'm a member of the UNLV Employee Benefits Advisory Committee
4 and the UNLV chapter president of the Nevada Faculty
5 Alliance.

6 And I'm speaking only for a small group of us
7 because really our constituency is divided between a group
8 that is so vehemently opposed to any of these cuts and
9 remedies that they want to kick it all back to the governor
10 and the governor's finance office and say an emphatic no and
11 another group of us who understand that we really must come
12 to the table and try to assist the board in making the 12
13 percent budget reduction.

14 We wish to express our sincerest gratitude to
15 Executive Officer Laura Rich for working with us and letting
16 us know about these proposed cuts and to all of you for your
17 serious consideration of possible alternatives for actions on
18 Agenda Item 8, which taken altogether can and will radically
19 diminish health and other benefits for state employees for
20 years to come.

21 What we're basically proposing, the group of
22 us -- And you've heard from the vice president of NFA and
23 Kent Ervin and others -- is a three pathway solution to
24 achieving the 12 percent.

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1 future of which numbers in doubt are shifting federal
2 policies is draconian and the extreme. Please do not
3 consider any passing of any of these actions.

4 If you do raise premiums on a different plan
5 design and call it a COVID-19 pandemic surcharge, that will
6 allow the state to approach the legislature and ask that this
7 be sunsetted first for the first budget implementation to be
8 removed, should the state budget situation improve, which we
9 have every expectation that it will over the next two -- two
10 or three years.

11 Compromise means working out differences to
12 accommodate the desires and interests of the many for the
13 benefit of all. We know a just compromise when we see it or
14 hear it. And we hope that you see and hear the balance and
15 fairness of this three halfway action plan we propose for you
16 to meet the challenging budget demands you must act on today.

17 Thank you again for your consideration. Thank
18 you to Chair Freed and all on the PEBP board and staff for
19 your service to our state. Thank you.

20 MS. PLUTA: Line ending in 304, your line has
21 been unmuted.

22 Line ending in 338, your line has been unmuted.

23 MS. MALONEY: Good morning, Chair Freed, Members
24 of the Board. This is Priscilla Maloney with the AFSCME
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1 retirees. Can you hear me?

2 MS. PLUTA: Yes, we can.

3 MS. MALONEY: Chair Freed, I would like to read
4 my statement in to the record. And then with permission, I
5 know we normally would submit these ahead of the meeting, but
6 given the crisis that we're in, I would like permission when
7 I'm done to also then submit this to the e-mail address on
8 the agenda as part of the record for today's meeting if
9 that's acceptable to you.

10 CHAIRWOMAN FREED: That is a-okay, Ms. Maloney.

11 MS. MALONEY: All right. Well, thank you.

12 So, November 23rd, 2020, Priscilla Maloney
13 representing the Nevada Retiree Chapter of Local 4041 AFSCME.
14 To the PEBP Board in regards to today's meeting and Agenda
15 Item Number 8, it was announced several years ago by our
16 governor through his finance office, the GFO, that all state
17 agencies, including PEBP, would be required to flash budgets
18 in anticipation of a coming budget crisis precipitated by a
19 deep decline in state revenue caused by the public health
20 crisis of the localized effect of the global COVID-19
21 pandemic.

22 It is our, and this is in parens, the retiree
23 chapter of Local 4041 AFSCME understanding that this board
24 will be asked today to review cuts to benefits and increases
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1 in costs to the PEBP members, both active employees and
2 retirees, that are outlined in 11 subcategories under the
3 Agenda Item Number 8 and then prioritize them so that PEBP
4 staff can submit a revised budget to the GFO, and this is in
5 quotes, as soon as possible.

6 It isn't clear, I believe, at least to me as a
7 member of the advocacy groups, exactly the time constraints
8 we're under. I know we are under those.

9 Our objections to this process, these cuts, and
10 the underlying basic public personnel fiscal philosophy that
11 these proposals are built on are many. First and foremost,
12 whenever there is a fiscal crisis in Nevada state government,
13 the default -- And this is emphasized in bold -- is
14 immediately to look -- to cut in benefits to both active
15 employee and retiree state provided health care insurance, in
16 combination with reductions in pay for active employees
17 through furloughs, pay freezes, and the like.

18 As we are sure you will hear from active
19 employees today, this is a dysfunctional way to govern while
20 maintaining a robust work force through recruitment and
21 retention. The state work force in general has not recovered
22 from the cuts in benefits and pay imposed over a decade ago
23 in the 2009 session and beyond.

24 With regards to specifically Agenda Item 8, it is
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1 important to note the advocacy groups have met and we thank
2 her -- This is not in my written remarks. I should have put
3 more adjectives in here like wonderful and hard-working and
4 tireless -- Executive Director Ms. Rich.

5 And there seems to be consensus, just to make the
6 record clear today, that the proposals in Subcategory 8.2,
7 8.3, and 8.4 are not an issue. The AFSCME retirees do oppose
8 the cuts and changes as set out in 8.5, 8.6, 8.7, 8.8, 8.9,
9 as well as 8.12. Subcategories 8.10, unbundling the dental
10 premiums, and 8.11, the premium costs to be factored in by
11 Aon, are still being discussed is our understanding.

12 Finally, the changes as explained to the basic
13 plan designs in table 8.1 are applicable to both active
14 and -- active employees and non-Medicare retirees. It is
15 crucially important to note that non-Medicare retirees are
16 grouped differently. The pre-Medicare retirees for purposes
17 of this discussion today are those that are eligible for
18 Medicare when they become 65. The non-Medicare retirees
19 involve several groups as Nevada as the employer was not
20 paying in to Medicare for several years after it was first
21 created in 1965 globally. Those retirees have always in the
22 past been defaulted to one of the PEBP offerings. And some
23 will never be eligible for either Medicare Part A and B and
24 some only eligible for Part C. And I put in parens see

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1 Agenda Item 8.8 and 8.9.

2 We have asked PEBP staff for clarification on the
3 numbers of each of these categories. I note that Ms. Rich
4 has put down that Subcategory 8.8 will affect apparently 1100
5 members and 8.9 will affect 2,106 members. But, again,
6 breaking it down by which folks are non-Medicare versus
7 pre-Medicare retirees would be helpful for this discussion
8 today.

9 So, finally, one member of my AFSCME retiree
10 comments, I asked him permission for him, he's a little shy,
11 to make his statement in public comment. And he preferred me
12 read it in to the record.

13 He says, first, what was the point of making a
14 career out of public service. I never expected to get rich
15 enough to provide my own benefits during active or retirement
16 years. I accepted the pay and my understanding of my
17 retirement years when I chose this path back in 1972 and now
18 it seems my former employer is asking why am I not dead yet.

19 Second, as benefits are taken away or reduced,
20 how many employees and retirees simply won't seek services
21 they may need because they can't afford it, like dental or
22 prescription drugs. Retirees who plan -- And that's the end
23 of his comments.

24 Retirees who planned their entire careers and
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1 lives in public service deserve better than these proposals.
2 We understand the urgency. We understand the crisis. And
3 this is the final concluding point. The proposal in 8.12 is
4 beyond the scope of time limits for public comment. There
5 are many aspects of this proposal that are highly uncertain.
6 The economic forum has not met yet for the final time this
7 year and will not until December 3rd, 2020. The future of
8 the Affordable Care Act is unknown and the fate and thus the
9 fate of the Silver State Exchange is unknown as well, as the
10 federal case challenging the Affordable Care Act existence
11 was just argued and submitted to the US Supreme Court on
12 November 10th, 2020.

13 In these circumstances and climate of both a
14 public health and fiscal crisis, haste is not the friend of
15 sound policy. These challenges will need the full attention
16 to detail from both Nevada's executive and legislative
17 branch. Thank you very much.

18 MS. PLUTA: Line ending in 354, you have been
19 unmuted.

20 Line ending in 404, you have been unmuted.

21 Line ending in 490, you have been unmuted.

22 Dustin, you have been unmuted.

23 Ian, your line has been unmuted.

24 MR. KNIGHT: Good morning. For the record, my
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1 name is Ian Knight. That's spelled I-a-n K-n-i-g-h-t. And I
2 am an active state employee and so is my wife.

3 In consideration of Agenda Item 8 this morning, I
4 want the PEBP board members to know how vital it is to have
5 input from all state employees. So, in addition to whatever
6 recommendations you make today, I want to see a survey go out
7 to all state employees asking them to do the same ranking
8 that you are doing in Agenda Item 8. And I want the results
9 of that survey shared at the same time as your
10 recommendations are shared during presentation to the
11 legislature. I also want to see each board member show up to
12 the legislature during the PEBP budget hearings and express
13 clearly that PEBP should be exempt from the governor's
14 recommended budget reductions because increased premiums or
15 reduced benefits during a pandemic is just plain wrong.

16 I also want to know what each board member has
17 done to stick up for us to urge congress to pass additional
18 relief for state and local government budgets so these cuts
19 don't have to be made. If the board members have engaged
20 with our representatives and senators in congress, I want to
21 know the extent of the interaction. If the board members
22 have not reached out, I want to know why not.

23 That is all that I have to say. Thank you for
24 your time.

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1 MS. PLUTA: Line ending in 500, your line has
2 been unmuted.

3 Line ending in 502, your line has been unmuted.

4 MR. BEAM: Good morning. Can you hear me?

5 MS. PLUTA: Yes, we can.

6 MR. BEAM: Thank you today for the opportunity to
7 speak with you all. I appreciate the chance. My name is
8 Jerry Beam, B-e-a-m, And I work for the state in a
9 supervisory role for eight years. I currently work for the
10 hospices of the military.

11 I strongly oppose the cuts to our health care
12 benefits. I understand that when a crisis affects an
13 organization that cuts must be made. I, however, don't feel
14 that this should be in an area that can or should be cut,
15 given the nature of a medical pandemic.

16 Our health insurance is one of the few good
17 things about working for the state. As a supervisor, I
18 already have limited applicants due to 20 to 30 percent less
19 than market rate wages. If the state would have made serious
20 attempts at bringing up our income to keep up with the rising
21 costs in our society, our health insurance would be more
22 easily acceptable to these types of cuts.

23 For the state to cut benefits to retirees is
24 unconscionable. By shifting the program to a fund instead of
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1 directly being responsible is just another way to begin to
2 care less for the employees who have earned the care that
3 they deserve.

4 As the other speakers have pointed out, the state
5 has chipped away at the employee benefits for years. And I
6 have witnessed it in my limited employment with the state.

7 In summation, the health care system is the best
8 asset the state has going for getting and keeping employees,
9 but certainly it isn't the pay. Thank you for your time.

10 MS. PLUTA: Line ending in 642, your line has
11 been unmuted.

12 Line ending in 643, your line has been unmuted.

13 Line ending in 650, your line has been unmuted.

14 MS. SCHELLHASE: Good morning. Can you hear me?

15 MS. PLUTA: Yes, we can.

16 MS. SCHELLHASE: Thank you. For the record, my
17 name is Maria Schellhase. That's S-c-h-e-l-l-h-a-s-e. I'm a
18 professor at the College of Southern Nevada.

19 My colleague, Dr. Jett Mitchell, was diagnosed
20 with stage four breast cancer and lost her battle in
21 September, despite a valiant fight. Some of you might
22 remember Jett, as she was a community college representative
23 on the PEBP board. Dr. Mitchell was an advocate for faculty
24 and often spoke up about the need to improve quality health
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1 care options while reducing and maintaining the cost for
2 faculty.

3 As the faculty senate share at the College of
4 Southern Nevada, I have received many e-mails and phone calls
5 from faculty who are extremely concerned about the proposed
6 changes.

7 Please considering the following: With a 4.6
8 furlough in place and the possibility of more cuts in the
9 future, is it responsible to increase rates or change plans
10 now? Is it responsible to reduce the health care options and
11 increase benefit cost for retirees and others like
12 Dr. Mitchell who need it most. Cuts and benefits will
13 negatively affect faculty retention and recruiting efforts.

14 I understand that we have a budget crisis on our
15 hands. However, if we do not have our health, we have
16 nothing. Now is not the time to approve changes or make
17 reductions. I urge you all to maintain the cost and benefit
18 options currently offered and to wait to make any hasty
19 decisions. Thank you for listening.

20 MS. PLUTA: Amena, your line has been unmuted.

21 Line ending in 754, your line has been unmuted.

22 Line ending in 764, your line has been unmuted.

23 Line ending in 884, your line has been unmuted.

24 MS. SUMNER: Good morning. Can you hear me?
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1 MS. PLUTA: Yes, we can.

2 MS. SUMNER: Great. My name is Raven Sumner,
3 S-u-m-n-e-r, and I am providing this public comment as an
4 active UNLV administrative faculty staff member with 16 years
5 of service.

6 I understand the challenging financial and public
7 health issues encompassing our state. We have weathered
8 economic recession before. But this time we are faced with
9 the impacts of a global pandemic, which has challenged us to
10 new heights.

11 While state employees are facing furloughs, which
12 may very well continue in to the next biennium, these
13 dramatic cuts to our access to health care is dangerous and
14 causes further harm to our physical, emotional, and mental
15 health.

16 The cuts to our benefits from the last recession
17 were never ever restored. Personally, I have outstanding
18 loans that I had to take out for my surgery, my radiation
19 treatments that I also had for my brain tumor and my optical
20 nerves. Every year my high out-of-pocket expenses for my
21 continued treatments pile up on top of my loan. There are
22 expenses that current insurance does not include, which
23 includes things such as the travel I have to take to UCLA
24 Medical Center, and my vision care, which costs me

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1 out-of-pocket expenses every year of about 1500 or more.

2 I implore you to please rethink these cuts and
3 the impact it will have on the hard-working and loyal
4 employees. Thank you.

5 MS. PLUTA: Line ending in 909, your line has
6 been unmuted.

7 Line ending in 943, your line has been unmuted.

8 MS. WOODWARD: Good morning. Thank you, Madam
9 Chairwoman and Board, for the opportunity to speak. My name
10 is Janell Woodward. That's J-a-n-e-l-l W-o-o-d-w-a-r-d. I
11 am a state employee and member of AFSCME Local 4041 and a
12 PEBP PERS committee member.

13 We have already heard many comments regarding
14 Agenda Item Number 8. This pandemic year has truly impacted
15 everyone from a personal level and from a state budget level.
16 Who could have foreseen such a difficult time and the need
17 for very difficult decisions?

18 From a personal standpoint, I am an advanced
19 breast cancer survivor who was already left with large
20 amounts to pay for my medical treatment, secondary to the
21 cuts and changes to our health care plan two years ago. Of
22 note, my bills are in collections.

23 As a former user of the state -- the Silver State
24 Health Exchange, a move by PEBP to this exchange would be
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1 detrimental to state employees. These plans are unaffordable
2 and non-sustainable and cover almost nothing.

3 These proposed changes would be devastating to me
4 and to my fellow state employees. Many employees are already
5 in a situation having a difficult time living paycheck to
6 paycheck. And adding to this situation by making these cuts
7 or trying to rebuild the reserve when we already have a
8 difficult time making a living is unconscionable.

9 In this year of a major pandemic I have both
10 continued to work my essential position and I also spent a
11 week in the hospital, which significantly increased my debt
12 load.

13 Please do not cut our very important medical
14 benefits further than they already have been.

15 Having worked 28 years in health care, I
16 understand that we need to find savings. However, at one of
17 the largest employers in the state, we have some of the worst
18 benefits. Look to the hospitals that have very low cost
19 plans and good benefit coverage. They are low because they
20 utilize their own insurance programs.

21 There are many options that could be considered
22 instead of just cutting everything. Please consider further
23 alternatives to provide the governor. And do not make
24 employees bear the load of needed costs that we are already

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1 facing with our pay cuts. Thank you very much.

2 MS. PLUTA: And, just as a reminder, when I
3 unmute your line, you will be asked to select star six to
4 unmute your line.

5 Margarethe, your line has been unmuted.

6 MS. MILLER: Yes. This is Margarethe L. Miller,
7 spelled M-a-r-g-a-r-e-t-h-e, middle initial L, last name
8 Miller, M-i-l-l-e-r. Good morning. I am a retired 30-year
9 state employee and I've already sent you an e-mail outlining
10 my concerns with several of your agenda items today.

11 First and most concerning is the 8.12, my removal
12 from having major medical coverage to having none because of
13 my age, which is 78, and my income which is approximately
14 45,000, and where I live, which is Churchill County. I have
15 looked in to my situation and have found out that due to my
16 age of 78, my income of 45,000, that I am -- that I will not
17 be qualified for any discounts and will have to pay over
18 \$1800 a month to get any major medical plan on any of the
19 exchanges. And I do not qualify for Medicaid, as again, that
20 is income-based and I make too much and also I'm kind of old.

21 Most retirees are not 78 years of age. Most
22 retirees qualify for Parts A and B. I do not. I have never
23 worked outside the State of Nevada. I consider myself a
24 notch baby of the State of Nevada due to the fact that I
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1 started working for the state at the age of 17 and I have
2 stayed until retirement 30 years later.

3 The State of Nevada did not start paying in to
4 Medicare until December of 1989. I retired with my 30 years
5 at November of 1989. The details are in my e-mail.

6 I also have concerns with the 8.8, the
7 elimination of my Part B subsidy. This is what helps me to
8 be able to afford to have an affordable major medical plan.
9 If you eliminate this, I will be paying over \$250 more a
10 month. I am a 78-year-old widow and I'm already on a reduced
11 income. And if you reduce or eliminate, my income will even
12 be further reduced.

13 The third item I have concerns your 8.6, the
14 reduction or elimination of the basic life insurance.
15 Because I'm 78 years old, I have no possibility of getting
16 any more life insurance or even paying for more. I would
17 hope that you will be able to find other avenues to cut
18 instead of gutting the majority of my 30-year retirement
19 benefits at my age of 78.

20 It is the State of Nevada's fault that I and many
21 others like me find themselves in this -- in looking at a
22 major reduction in our benefits. I view this as age
23 discrimination and a form of genocide, as I am unable at my
24 age to earn more income and buy more life insurance, and my

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1 major medical coverage, which is part of my 30-year benefits,
2 will be non-existent. The result will be taking away any
3 quality of life for me, especially in this time of
4 Coronavirus, the Coronavirus pandemic.

5 My suggestion would be that the State of Nevada
6 would step up to the plate and work out some type of payment
7 arrangement with the government or who ever has to be -- has
8 control over that, that I and others who are
9 similarly-affected have an affordable major medical plan. I
10 really don't know what the answers to this are. As a 30-year
11 retired state employee, I've been through many budget cuts
12 and many budget planning and that and so I know it's pretty
13 tough.

14 And so I submit that perhaps there is other
15 possibilities that won't drastically affect me. Because at
16 my age I really don't know what I'm going to be able to do.

17 Thank you for your time and I appreciate it and I
18 know you have a hard thing to do. I appreciate your time.
19 Thank you.

20 MS. PLUTA: Line ending in 960, your line has
21 been unmuted.

22 UNIDENTIFIED SPEAKER: Good morning and thank you
23 for allowing me this opportunity to speak. I too am a member
24 of AFSCME Local 4041 and a long-time state employee. I've
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1 worked for the state for over a quarter of a century and
2 still am working. When I started with the state, myself and
3 my family, like many others have stated, were covered
4 completely and yet it was affordable.

5 My dental deductible, for example, when I started
6 was a hundred dollars for a lifetime. Well, my life is not
7 over, but my deductible has changed, not surprising.

8 I have a friend who works for a small California
9 county and has better health benefits than I do working for
10 the State of Nevada. And it just amazes me and I don't
11 understand.

12 One of the things that I don't understand also is
13 every time there's a budget deficit it always falls on the
14 backs of the state employees and we are already not working
15 at a living wage. And our basic living expenses are not even
16 keeping up with our salaries because our basic living
17 expenses are increasing faster than our salaries.

18 It is extremely important to keep the Nevada
19 state employees as healthy as possible, especially during
20 this pandemic. We have to keep our state alive, and,
21 therefore, we have to keep our state employees, as well as
22 possible as well.

23 I do thank you for your time and I understand
24 your situation because all of us are facing the same in our
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1 homes, at our work, and in our country. And I thank you for
2 your time. And enjoy your Thanksgiving.

3 MS. PLUTA: Line ending in 968, your line has
4 been unmuted.

5 MR. ALLEN: Good morning. My name is DT Allen.
6 I am an employee with the Department of Health and Human
7 Services, and I am also a member of AFSCME Local 4041.

8 Thank you all for listening to these comments
9 here today from so many of us.

10 But with the many uncertainties of COVID as a new
11 infectious disease and maybe as much as half of the people in
12 disagreement as to the severity and actuality of the virus, I
13 do see your efforts to protect you, but you must see how your
14 proposed changes will almost certainly devastate the very
15 work force that has been and would continue to provide
16 essential services.

17 I know for me and my family there are medical
18 needs that we cannot afford to have disrupted. And, if they
19 are disrupted, the hardship created will certainly have a
20 negative impact on my ability to work. I imagine you foresee
21 the same for many families.

22 Please consider the viewpoint that with pay more
23 and get less proposals that you're making, you are flirting
24 dangerously with being more of a burden than benefit. I ask
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1 that as we provide the services we were all hired to do that
2 you do the same. We are all being tasked with doing our best
3 on the very tight circumstances and conditions. And I
4 respectfully say I believe that you can do better. Thank
5 you.

6 MS. PLUTA: Line ending in 987, your line has
7 been unmuted.

8 MR. HOPKINS: Good morning. Can you hear me?

9 MS. PLUTA: Yes, we can.

10 MR. HOPKINS: My name is Cameron Hopkins. I am
11 28 years old, state employee with DHHS, and a member of
12 AFSCME Local 4041.

13 I speak to you today in opposition of the
14 proposed cuts to health care benefits and the proposed
15 heightened premiums in the midst of a global pandemic.

16 While some state employees have the opportunity
17 to work remotely, many more do not. Nevada state employees
18 interact with the public on an almost daily basis in ways
19 that cannot be done remotely. CPS workers still need to go
20 in to people's homes to protect our children. Aging and
21 disability workers need to see that our elderly are safe.
22 And corrections need to ensure safety in close quarters
23 environments, amongst many others. Public services see more
24 people during times of economic upheaval when Nevadans need
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1 us more than ever. Even with the greatest precaution, state
2 employees put themselves at risk to serve their fellow
3 Nevadans.

4 We have done our job during this pandemic and we
5 will keep doing our job while our communities need us most.
6 This dedication should not be taken advantage of by the
7 state. We still have medical and dental needs that for
8 several months were unable to be addressed. During this
9 pandemic, dental offices were closed for months, elective
10 medical procedures were delayed, and even routine physicals
11 were postponed.

12 Cutting these benefits now when these medical and
13 dental services are so overwhelmed that some people can't get
14 in for months, taking services away when they are most
15 needed, public services are already stretched razor thin and
16 our work loads continue to grow heavier.

17 Higher increases means we're taking on the work
18 of those unfilled positions, we're taking on the stress of
19 the pandemic like everybody else, and additionally taking on
20 the stress of the public we interact with. Stress wreaks
21 short and long-term havoc on the human body in terms of both
22 mental and physical health. Cutting benefits will increase
23 stress on state employees and their families even further and
24 the increased financial burden will force employees to make
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1 impossible choices on salaries still recovering from the last
2 recession.

3 Please don't make our lives harder in the midst
4 of a pandemic. Thank you for your time.

5 MS. PLUTA: Kevin Ranft, your line has been
6 unmuted.

7 MR. RANFT: Hello. Can you hear me?

8 MS. PLUTA: Yes, we can.

9 MR. RANFT: Good morning, Chairwoman Freed and
10 Committee Members. My name is Kevin Ranft and I represent
11 AFSCME Local 4041, active state employees.

12 I would first like to thank you and PEBP staff
13 for all the hard work during these difficult times. I would
14 also appreciate Laura Rich reaching out to us as an advocacy
15 group dealing with the hardships of PEBP and the revenue
16 issues that PEBP is facing.

17 With the challenges that come with surviving a
18 pandemic, state employees still have regular medical needs
19 that will affect -- that will clearly be affected by these
20 cuts. The design plan by cutting just by itself 20 million
21 dollars is really not being discussed today. This is really
22 going to change the dynamics of how employees utilize their
23 health benefits or should I say really no benefits without
24 having on the back end numerous expenses that they cannot

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1 afford.

2 State employees have done their job during this
3 pandemic and will continue to care for not only all of us
4 citizens of the State of Nevada but for their co-workers and
5 ultimately they have to go back and take care of their
6 families. That's what these benefits are for. These
7 benefits are to ensure that their health and their well-being
8 of them and their families, they have that ability to do so.
9 Without that, they cannot provide services to the State of
10 Nevada and the communities around them.

11 As the governor is asking for 12 percent proposed
12 reductions for his consideration to build his budget for gov
13 rec, health care benefits are not the place to cut, as it
14 dramatically harms the employees and their families.

15 We are strongly opposed to the benefit cuts being
16 proposed today. Respectfully, we ask that this board reach
17 out to the governor and tell him that you cannot make this
18 big of a cut. Making a 12 percent cut in benefits is not
19 realistic nor is it viable. Further, we are opposed to any
20 increases -- increases to premiums upon the reserves.
21 Millions of dollars was just released from the reserves and
22 sent to the general fund. There has to be other alternatives
23 to fund the reserves.

24 In a normal time it would be appropriate to build
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1 a plan design during this meeting. However, we are in a
2 pandemic, and there are numerous unknowns. Is there going to
3 be a federal stimulus? We don't know. We are very hopeful
4 on the front lines. What is the projections going to be in
5 December with the economic forum? We don't know. Again,
6 there's a lot of unknowns.

7 The governor has asked you to send a proposal not
8 to gut the benefits of the state employees but to merely
9 present a proposal. By voting today you are edging the plan
10 design that will seriously affect the lives of state
11 employees. And family lives are the most -- I'm sorry.
12 Families and state employees ultimately are the most
13 vulnerable. Further, retirees is really going to take the
14 brunt of this when it comes to the standalone of these cuts.
15 We should not be addressing this at this moment. We really
16 need to look at what the revenues are and then come back and
17 address what's going on with our benefits, our plan design,
18 and everything that relates to PEBP.

19 I implore this board to send a clear message that
20 you cannot gut the -- I'm sorry. You cannot cut the
21 governor's 12 percent request. These cuts should be --
22 should not be on the backs of state employees and not on
23 their health care. State employees know going in to the
24 state jobs that they are paid less than city and county

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1 employees. They took this job knowing that the benefits
2 would be a part of their overall employment package.

3 Again, the governor is asking for a proposal, not
4 implementations.

5 Finally, you are being asked -- you are being
6 asked again by this governor to make this recommendation. I
7 urge this board to really look at what the other alternative
8 options are, asking the governor for a lower percentage. 12
9 percent is not viable.

10 Facing the employer portion on fiscal year 2022
11 is what you guys are really looking at as a standpoint to be
12 similar to fiscal year 21 when it comes to the employer
13 portion. We cannot assume that that's going to be the case.
14 The employer portion of fiscal year 22 could be different.
15 What happens if that takes place? That could ultimately be
16 employer portion is going to have a dramatic impact in
17 regards to premiums of state employees.

18 That leads me in to a lot of the discussion today
19 by some of the individuals speaking earlier. That would be
20 an immediate increase to premiums in regards to the COVID-19
21 surcharge. You can call it what you want, respectfully. And
22 I respect all of the individuals who spoke about a COVID-19
23 surcharge. Unfortunately, this would not be a fair,
24 across-the-board cut and again would be a direct

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1 out-of-pocket expense. This could not be applied to all PEBP
2 participants and with the unknown impact of state revenue and
3 unknown what the legislature is going to do, the COVID-19
4 surcharge as discussed would not be viable.

5 As state employees, we are facing furloughs, PERS
6 contribution increases. On top of that employees will be
7 often required to work two or three positions to fill the
8 void of positions that are being affected by the hiring
9 freeze during this pandemic. We ask you to suspend any vote
10 on PEBP reductions or premium increases until January when
11 the state will have a better idea of the incoming revenue.
12 PEBP's budget will ultimately need a legislative review.

13 With that being said, we thank you for your time
14 and consideration. Thank you.

15 MS. PLUTA: Tina Marie, your line has been
16 unmuted.

17 Priscilla, your line has been unmuted.

18 Robin, your line has been unmuted.

19 Sarah, your line has been unmuted.

20 Madam Chair, the public comment has been
21 completed.

22 CHAIRWOMAN FREED: Thank you. This is Laura
23 Freed. We've been at this already for an hour plus. So what
24 I think I'm going to do is give everyone a five-minute break
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1 to go to the bathroom, get a drink of water. And just in
2 case anybody had trouble unmuting themselves and still wanted
3 to make comment, let's see, it's 10:24. We'll call it 10:25.
4 Everybody please be back on at 10:30 and I'll double-check
5 for any more public comments. So I'll see you all in five
6 minutes. Thanks.

7 MS. PLUTA: On top of that, I would like to add
8 that if you did join the meeting for public comment, that you
9 hang up via Zoom and you join via YouTube. That way we can
10 see who is still in the queue that has current public comment
11 to make.

12 (Recess was taken)

13 CHAIRWOMAN FREED: This is Laura Freed. Good
14 morning again. It is 10:30. And I'll call the meeting back
15 to order. I'll check once again with PEBP staff. Is there
16 anybody who has public comment to make who logged in via the
17 YouTube stream and wants to make public comment and had
18 technical difficulties previous to then -- previous to now?

19 MS. PLUTA: It doesn't look like we have any new
20 numbers, Madam Chair.

21 CHAIRWOMAN FREED: Okay. Thank you. Then with
22 that we will move to Agenda Item 3, PEBP Board disclosures
23 for board meeting agenda items. And I'll pass it to Deputy
24 Attorney General Mooneyhan.

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1 MS. MOONEYHAN: Thank you, Madam Chair. This
2 agenda item is to allow me to make a disclosure on behalf of
3 all of the PEBP board members who are eligible for PEBP
4 benefits. Of course, most of the items on today's agenda
5 will have an indirect effect on PEBP benefits.

6 But, in particular, Item Number 8, which deals
7 with post-plan changes for the next year relates directly to
8 PEBP benefits that may be available to members, including
9 most of the board.

10 Pursuant to NRS 281A.420, on behalf of those
11 board members who are eligible for PEBP benefits, I'm
12 offering this general disclosure that they may be voting on
13 items that affect the benefits that are available to them or
14 their family members. I know the law does not preclude them
15 from voting on these items. And I would invite any board
16 member who has any additional disclosure to add to do so now.
17 Thank you.

18 CHAIRWOMAN FREED: Board Members, if any of you
19 feel that you would be affected more than anybody else by
20 anything on the action agenda, now is the time for
21 disclosures. If not, we will move on to Number 4.

22 Okay. So Agenda Item 4 is the consent agenda.
23 And we have 4.1 through 4.5. I hope you've all reviewed
24 those. And, as per usual, I will accept a motion to take all
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1 of these items at once in one motion, unless there's a board
2 member who wishes to pull one of these items for discussion.

3 So do any of you wish to talk about anything in
4 Item 4?

5 MEMBER AIELLO: This is Betsy Aiello. I just
6 have one question on 4.5 I would like to ask.

7 CHAIRWOMAN FREED: Okay. Please go ahead.

8 MEMBER AIELLO: I just would -- I know that the
9 report is just saying that everything looked good the way
10 they put it together. But I had a question about the 5.6
11 million, trying to understand law that is on page three or in
12 the board packet it would be page 130 of 191. And I'm just
13 trying to -- I would like it if someone could explain to me
14 what the 5.6 million loss at the end of the year was and how
15 that would impact some of the things that we're talking now
16 about.

17 CHAIRWOMAN FREED: Okay. So I think this is,
18 yes, as you say, this is page three of the state retiree
19 health and welfare benefits plan, summary of the net position
20 for 2020. Mine says 5,651,615. Do I have that correct?

21 Okay. Ms. Rich, can you field that one or do you
22 want to hand it off to Casey Neilon?

23 MS. RICH: Actually I think Cari Eaton is able to
24 answer this with the support of Casey Neilon.

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1 MS. EATON: Thank you. Cari Eaton for the
2 record. The net position is mostly due to the liabilities of
3 the 11.7 million dollars. And the liabilities are that high
4 because it's just the timing of the regiments that were
5 transferred over the years. So anything that was transferred
6 after June 30th has to be booked as a liability. And so I
7 think it's just mostly the timing of when those revenues came
8 in and were transferred from the main account.

9 MEMBER AIELLO: Okay. So it's not really a
10 change in how something is functioning, it's based on when
11 the report was completed is what I'm hearing? Thank you.

12 MS. EATON: I believe so. But Ms. Olsen can
13 correct me if I'm wrong.

14 MS. OLSEN: No, you're not wrong, Cari. These
15 financial statements are prepared using full accrual gap
16 standards. And, therefore, anything that was received post
17 6-30 was accounted for as either a receivable or a payable or
18 a liability, sorry. And in this case that's about 11.7
19 million came in. So they're accounting for items that were
20 paid that belonged to the fiscal year but were paid
21 subsequent to June 30.

22 CHAIRWOMAN FREED: Okay. Board Members, any
23 other questions on any of the reports in Item 4?

24 I have one question on 4.2. It seems in Health
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1 Claim Auditors report there were a number of dental claims
2 that had the diagnostic code D1999 for PPE. And there was
3 clearly some dental, like, a lot of dental billings for
4 personal protective equipment that was not covered. Has this
5 been discussed with the dental network provider on a more
6 global scale?

7 MS. RICH: For the record, Laura Rich. This has
8 not. Mary Katherine, do you have any insight on this? I
9 know unfortunately Bob is -- Bob Carr, the auditor, is not on
10 today. But I'm thinking Mary Katherine might be able to
11 provide insight.

12 MS. PEARSON: Yes. This is Mary Katherine
13 Pearson with HealthSCOPE benefits for the record. This
14 actually we were able to discuss this with the dental
15 network. So initially this code was listed on their fee
16 schedule as what we call by report code so that it went to a
17 certain type of discount arrangement. They later clarified,
18 once Nancy Spinelli and others were involved, that that code
19 should actually not be covered. And so the decision was made
20 to not go back and reprocess the claims for members who had
21 already had those claims processed but -- and to leave those
22 providers as they were.

23 And then, going forward, once Diversified Dental
24 provided that clarification, then we put that clarification
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1 in place and then those are no longer covered.

2 They're not member responsibility. I'll make
3 that clear. It is provider responsibility. So it does not
4 add any cost to the individual patients.

5 CHAIRWOMAN FREED: Okay. Thank you for that
6 clarification. Yeah, I noticed there were 4,000 plus claims
7 identified per Bob Carr's notes. And I would assume that is
8 because some of them were older than a year and the
9 administrative burden of repricing them would be tremendous.

10 Okay. With that, I will accept a motion from the
11 board to accept all of these reports.

12 MEMBER FOX: Linda Fox for the record. I will
13 make that motion.

14 CHAIRWOMAN FREED: Thank you, Vice Chair Fox.
15 Do I have a second?

16 MEMBER KRUPP: Jennifer Krupp for the record. I
17 will second.

18 CHAIRWOMAN FREED: Thank you. Any discussion on
19 the motion?

20 All right. PEBP staff, are we still doing roll
21 call votes because we're on Zoom, or because everybody is on
22 camera do you want us to all raise our hand if we say aye and
23 then raise our hand if we say nay? How would you like to
24 handle this?

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1 MS. RICH: For the record Laura Rich. I think in
2 this situation I think we're safe to probably just --
3 Probably Agenda Item Number 8 is going to be a different
4 story.

5 CHAIRWOMAN FREED: Okay. Well, with that, all in
6 favor, please raise your hands so we can see you. Great.

7 Any opposed? Okay. The motion carries
8 unanimously. Thank you.

9 Moving on to Agenda 5, discussion and possible
10 action to approve a six-year contract beginning January 1st
11 of 2022 with LSI for an enrollment and eligibility benefits
12 system. Take it away, Ms. Eaton.

13 MS. EATON: Thank you. Cari Eaton, chief
14 financial officer, for the record. PEBP is requesting that
15 the board authorize staff to award a new contract to LSI
16 Consulting to provide eligibility and enrollment benefits
17 management system services in response to the RFP that was
18 released on July 1st, 2020.

19 On August 14th, 2020, PEBP received six
20 proposals. A six-member evaluation committee that included
21 two PEBP board members evaluated the proposals from August
22 15th through September 11th. LSI Consulting received the
23 highest score from that evaluation committee.

24 PEBP staff has completed negotiations with the
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1 vendor and would like to bring the contract to the December
2 8th board of examiners meeting to allow LSI Consulting a full
3 year to complete the implementation and transition from our
4 current vendor.

5 The effective date of the contract is anticipated
6 to be December 8th on BOE approval through June 30th, 2027,
7 with an option to extend to June 30th, 2029. Implementation
8 will begin on BOE approval, while the services and associated
9 fees are expected to begin on January 1st, 2022, after the
10 implementation.

11 The maximum amount of this contract is 6.8
12 million dollars. And staff is recommending that the board
13 ratify the evaluation committee's recommendation that a
14 contract be approved with LSI Consulting to provide
15 eligibility and enrollment benefits to management systems.
16 And I can take any questions.

17 CHAIRWOMAN FREED: Board members, any questions
18 on these contracts?

19 MS. RICH: This is Laura Rich for the record. I
20 just want to make one correction here. We actually received
21 three proposals, not six. I just want to make sure that
22 that's corrected for the record.

23 MS. EATON: Sorry about that. There's too many
24 of them. Getting them all mixed up maybe.

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1 MS. RICH: Right.

2 MEMBER KELLEY: Chairperson Freed, can I just ask
3 a quick question?

4 CHAIRWOMAN FREED: Sure.

5 MEMBER KELLEY: So, the 6.8 million dollars, is
6 that for the six years of the contract or is that per annum?

7 MS. EATON: This is Cari Eaton again for the
8 record. That is for the six years of the contract.

9 MEMBER KELLEY: Thank you.

10 CHAIRWOMAN FREED: I have a question. How does
11 the per person per month charge for the new vendor compare to
12 what we pay our coverage center?

13 MS. EATON: This is Cari Eaton for the record.
14 This is an increase to the per person per month charge. And
15 let me get the exact numbers for you. But we have
16 renegotiated our current contract many times. So our per
17 member per month fee for our current vendor is very low. But
18 we did negotiate out implementation fees and things like that
19 with this vendor as well.

20 UNIDENTIFIED SPEAKER: While Cari is looking that
21 up, I do want to add that PEBP put out an RFI earlier this
22 year, and we've received several responses on that RFI and
23 were expecting industry standard is much higher than what
24 we're currently being charged by our current vendor. So we
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1 were expecting higher fees. And I believe that the first two
2 years of -- And I hesitate to say this -- And maybe, Laura,
3 you can tell me if this is appropriate, but are we -- is it
4 appropriate to talk about the per member per month fee that
5 was negotiated at an open meeting like this or is it too
6 soon?

7 CHAIRWOMAN FREED: Well, I wish had a purchasing
8 administrator or a team lead from the purchasing officers to
9 tell me that. Where I wish I could answer -- And I would
10 have to look through NRS 333 to see if there's a actual
11 specific prohibition on discussing the fiscal details. But
12 for me it would be thinking about, as I normally do, did we
13 budget for a higher PPPM in our agency request budget.
14 Because, of course, that plays in to our discussion on Item 8
15 and with what about 70,000 covered lives, we've got to
16 account for the difference between what we're paying
17 currently and what we'll start paying in the middle of FY 22
18 when this contract is set to begin and can we cover that with
19 what we have now?

20 MS. RICH: So for the record Laura Rich. The
21 answer to that is, yes, we anticipated this. This was the
22 reason that we put out an RFI earlier this year is to
23 understand what the -- what the industry standard was going
24 to be and what the expectation would be when we -- if and

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1 when we went out for the bid on this. And when we submitted
2 our agency request budget, we definitely took in the
3 responses in to consideration and we did budget accordingly
4 to those responses. So, yes, we are -- the PMPM is within
5 the budgeted ranges.

6 CHAIRWOMAN FREED: Okay. That's reassuring.
7 Board members, any more questions about the eligibility
8 contract?

9 MEMBER VERDUCCI: Yes. Tom Verducci for the
10 record. After going through the RFP process, do we
11 experience getting cost savings as a result? It's an
12 appropriate question.

13 MS. RICH: For the record Laura Rich. Yes. We
14 were able to negotiate a lot of the proposed costs out of the
15 contract. And so I feel pretty good about where this
16 contract has landed and the opportunities that we have
17 working with this vendor moving forward. So, I would say,
18 yes, it is still coming in higher than what we are seeing for
19 today. But, like I said, it was expected due to the
20 responses in the RFI that we received earlier this year.

21 MEMBER VERDUCCI: We're looking at a December 8th
22 board of examiner approval. And from there when will the
23 implementation date be? Are we looking at approximately
24 January 1 of '22?

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1 MS. RICH: For the record Laura Rich. Yes. We
2 will be -- The organizational company will start, LSI, with
3 benefit focus will be starting their implementation
4 immediately, as soon as it gets approved at the board of
5 examiners. This is a big implementation. It's going to be a
6 big project. And even with a years time frame we're still
7 cutting it close. And so they're getting -- they're hitting
8 the ground running as soon as we can get this group a BOE.

9 It will be -- It will go live on January 1st of
10 2022. And the reason for that is because we don't want
11 anything to go live during open enrollment. So we want it
12 to -- we want it to go live during a time where we have a few
13 months of working out some of those little kinks that are
14 expected in every big implementation like this. So it will
15 go live on January 1st of 2022.

16 MEMBER VERDUCCI: Thank you.

17 MEMBER KRUPP: This is Jennifer Krupp for the
18 record. When does the contract with the current vendor end
19 in the middle of a transition?

20 MS. RICH: For the record Laura Rich. The
21 contract ends on December 31st of 2021. And so the new
22 contract would then start the day after that. The transition
23 is -- So the new vendor will come in and do what they call a
24 discovery phase. And so they're going to be working with our
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1 staff, they're going to be really getting in to our system.
2 There's only so much that they understand through the RFP
3 process, through the negotiations. They have to really get
4 in to it and understand what exactly needs to be done and
5 what our system does today and what we would like it to do
6 tomorrow. And so that's going to be likely the first several
7 months of that discovery phase.

8 And then after that we move towards that
9 implementation. They will be working with the current vendor
10 obviously to get the data. And I'm assuming -- I'm not an IT
11 person, but I'm assuming that there's a lot more that goes in
12 to it other than just transitioning that data, so they will
13 be working very closely with staff with the current vendor,
14 who is Morton and Chappell. And I'm assuming there's going
15 to be a lot of -- a lot of effort that will need to be made
16 by current staff here, PEBP staff, probably on the Smart 21
17 system as well and additionally with the vendor.

18 So, it's going to be a big, big project moving
19 forward that is going to take -- I think you've heard me say
20 before, this is going to take a lot of the staff's time.
21 This is definitely going to be time-intensive for our staff
22 because they have some -- we have to make sure that they
23 build a system that we can use.

24 **MEMBER KELLEY:** Chairperson Freed, this is
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1 Michelle Kelley. I wonder if I can ask a question.

2 Executive Officer Rich, I'm just curious if you
3 can give us a top level summary, I guess, of any enhancements
4 that this contract would bring to the eligibility system. I
5 think you talked about how your, you know, PEBP as a whole
6 has been unhappy with the current provider. So perhaps you
7 could just kind of address a couple of points about
8 enhancements that might be built in and/or kind of what
9 provisions they have that were better, I guess, than what
10 we're currently getting.

11 MS. RICH: So my hope -- For the record Laura
12 Rich. My hope with this new vendor is the biggest thing for
13 me I think is reporting. I know in the last two weeks I have
14 struggled to, you know, get data that you need because I
15 can't just split myself. I have to -- I rely on our vendor
16 to pull that data. I don't have automatic insight in to can
17 I just pull -- For example, one of the public comments was
18 how many of this subgroup of people are the -- those that
19 don't have Part A and Part B. There's currently no way for
20 me to go in to the system today and be able to pull that
21 report.

22 So, just things like that, just everyday things
23 that make us, things that make our job more efficient I'm
24 hoping will improve.

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1 Additionally, on the PEBP side, the staff side,
2 there's currently a lot of, you know, a lot of Band-Aids in
3 place. And so there's a lot of workarounds in our current
4 system that the PEBP staff are using. And in not only with
5 PEBP staff but as well as the agency reps too. Agency
6 representatives have had some issues with our current system
7 as well. So the data integrity, and things like that, I'm
8 hoping will be much improved moving forward.

9 There are a lot of offerings that this vendor can
10 offer us. Unfortunately, we are in a situation where I had
11 to turn a lot of those -- those optional products down
12 because we do not have -- we're not in a fiscal position
13 where those must be nice to have or would be nice to have are
14 things that we can afford right now. And so hopefully when
15 we do get in a situation where PEBP can afford those
16 would-be-nice-to-have products, we can move forward and maybe
17 trigger those in our contract as well. So do a contract and
18 then to include those. But for right now it was a lot of
19 those extras are having to wait for obvious reasons.

20 MEMBER KELLEY: Okay. Thank you.

21 CHAIRWOMAN FREED: And one question from me.
22 This is Laura Freed. So the contract would begin January 1st
23 of 2022 and go for six years, which means December 31st of
24 2028. But on the staff report it says through June 30th,
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1 2027. Am I confused?

2 MS. EATON: Cari Eaton for the record. 2027,
3 June 30th, 2027, would be six years of paying for the
4 service. So even though the contract is technically going to
5 start upon BOE approval, we're not going to start paying
6 until that January 1st, 2022. That's actually five and a
7 half years.

8 CHAIRWOMAN FREED: Right, right, right, right.
9 That's a little bit shorter than six years. June 30th, 2027.
10 Okay. Just confirming the term date. Okay. With a contract
11 max of six-million-849. Okay. Got it. Okay.

12 So if there are no other questions from the
13 board, I would accept a motion to -- Oh, Mr. Lindley, go
14 ahead.

15 MEMBER LINDLEY: I have a quick question. I'm a
16 new board member. And one of the things I've heard, and
17 maybe it's just an educational thing. We submitted a budget
18 draft and the budget draft anticipated a higher cost than the
19 6.8 million; is that correct?

20 MS. RICH: For the record Laura Rich. Yes. So
21 we -- Every state agency in August has to submit an agency
22 request budget. And so this is where we basically put
23 together our budget and do our best to project cost for the
24 next two years.

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1 MEMBER LINDLEY: So this item was budgeted higher
2 than what the current contract offer is?

3 MS. RICH: For the record Laura Rich. Yes. And
4 the reason behind that is we did a request for information,
5 an RFI. And the responses that we received -- Because we've
6 had this vendor for many years. And so we did not know what
7 to expect when the -- when we -- if we were to budget for
8 this. At the time we did not know if this was something that
9 we were going to go out to bid for. And so just in case, we
10 put out an RFI to see what those costs were going to look
11 like so that we would be able to budget accordingly. And so
12 when we put together the budget, we took those responses and
13 adjusted our PMPM, what we included in our PMPM for this
14 cost, to better reflect the -- basically the industry
15 standard of these responses that we got, the cost proposals
16 that we received from the RFI.

17 MEMBER LINDLEY: So the budget on section eight,
18 Agenda Item 8, that is cuts to the proposed budget draft?

19 MS. RICH: So it's separate. And this is Laura
20 Rich for the record. It's different. So the agency request
21 budget that we are referring to in Agenda Item 8 is really
22 focusing on our subsidies, it's focusing on (unintelligible)
23 and so those are the premiums, the employer premiums, that we
24 get from the state. This is more of the operational side of
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1 the budget, if that makes sense.

2 MEMBER LINDLEY: Okay. Makes sense. I just was
3 curious if the savings of the budget from this contract is
4 factored in to the Agenda Item 8.

5 CHAIRWOMAN FREED: If I may. The way the PEBP
6 budget is structured, we have a -- So what we have
7 traditionally called administrative load and so it's all
8 these kind of vendor contracts, whether it's the enrollment
9 and eligibility system, the health networks in the north and
10 south, the dental network, the actuarial services, the
11 auditing services, all of these things that we buy that
12 everybody in the program, regardless of coverage to your
13 benefits from. So the per participant per month cost for
14 each of those contracts is rolled together, to oversimplify
15 it, in to the admin load. And so that was the genesis of my
16 first question to the staff, did we account for this higher
17 PPM for enrollment and eligibility in agency request. And
18 the answer was yes. And so we don't need to adjust the admin
19 load as -- We need to adjust the plan design to conform to
20 the governor's finance office mandate with a 12 percent
21 reduction, as we're going to discuss in Item 8, but we don't
22 need to adjust admin load. So I hope that helps.

23 MEMBER LINDLEY: That does. Thank you.

24 CHAIRWOMAN FREED: Okay. With that, if nobody
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1 has anymore questions, concerns, information, desires, I
2 would accept a motion to authorize the PEBP staff to execute
3 contracts for the December BOE for the enrollment and
4 eligibility system contract with a maximum of \$6,849,000 for
5 the term of the contract.

6 MEMBER FOX: Linda Fox for the record. I will
7 make that motion.

8 CHAIRWOMAN FREED: Thank you, Vice Chair Fox.
9 Do I have a second?

10 MEMBER KELLEY: Michelle Kelley for the record.
11 I'll second.

12 CHAIRWOMAN FREED: Thank you. PEBP staff, would
13 you like us to roll call or would you like us to raise our
14 hands --

15 Oh, Mr. Verducci, question?

16 MEMBER VERDUCCI: No question.

17 CHAIRWOMAN FREED: Okay. Well, if there's no
18 discussion on the motion, all of those in favor, signify by
19 raising your hand so we can see you. Thank you.

20 All of those opposed, raise your hand.

21 Okay. Motion passes unanimously. Thank you very
22 much, everybody.

23 Agenda Item 6, discussion and possible action to
24 approve American Health Holding contract amendment, another
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1 contract item, addressing temporary ownership of the toll
2 free number. Ms. Eaton.

3 MS. EATON: Thank you. Cari Eaton for the
4 record. PEBP is requesting that the board authorize staff to
5 complete a contract amendment with American Health Holding to
6 amend the negotiation -- the negotiated items and performance
7 guarantees allowing American Health Holdings to take
8 ownership of the UCMC 1-800 phone number for the duration of
9 their contract.

10 Upon termination of the contract, the phone
11 number would then be released back to the State of Nevada and
12 a performance guarantee would be added that would require
13 American Health Holdings to pay PEBP a hundred thousand
14 dollars if the phone number is not returned upon termination.

15 This amendment request was brought to the board
16 and denied in September because of concerns this PEBP had no
17 recourse if the vendor refused to return the phone number,
18 which is why the performance guarantee is being added.

19 And to put it in more perspective and give more
20 information, currently, the State of Nevada Enterprise IT
21 Services Division or EITS Division owns this phone number on
22 behalf of PEBP and bills the UCMC vendor directly for the
23 monthly charges, whoever our UCMC vendor is. And EITS is
24 being charged 15 cents per minute on half of those charges
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1 through to American Health Holdings. With an average of
2 almost 22,000 minutes per month, this phone bill costs
3 American Health Holdings on average of \$3200 per month.
4 American Health Holdings has phone rates in place of .0088
5 cents per minute, which would save them nearly \$3,000 per
6 month. And there is a typo in that report. Sorry about
7 that.

8 So, while this amendment would not save PEBP
9 money directly, we would like to be good partners with
10 American Health Holdings and allow them to save money while
11 keeping the same phone number with no member destruction.
12 And I can take any questions.

13 MEMBER VERDUCCI: Tom Verducci for the record.
14 So it appears this is going to save 3,000 a month or \$36,000
15 a year for American Health Holding. They have put together a
16 hundred thousand dollar guarantee. And this looks really
17 good. Is there any disadvantage to the state if we were to
18 take action and approve this?

19 MS. RICH: For the record Laura Rich.
20 Mr. Verducci, I think you and the other board members may
21 recall that this was brought to the board last time around
22 and there was some concern about there being a risk to the
23 state if the vendor did not return the phone number. And so
24 when we went back to the vendor, they said -- that's where
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1 they came back and said, you know what, we'll even back this
2 with a hundred thousand dollar guarantee that we will give
3 this phone number back.

4 At this point I don't see -- I see that risk as
5 being eliminated. So I don't see a problem here. I think
6 it, you know, saves the vendor some unnecessary fees in phone
7 costs, obviously, and they're significant. And so it's a
8 good idea for us. They've been a good partner and this is
9 just something that we can do to help them save some money as
10 well.

11 MEMBER VERDUCCI: Well, thank you, Executive
12 Officer Rich. I think that this does look like a very good
13 cost saving for the vendor. They're backing with a hundred
14 thousand dollar guarantee. And I think this looks like a
15 very good package. And so I don't have any objection with
16 it.

17 MEMBER KELLEY: Chair Freed, I have a follow-up
18 question.

19 CHAIRWOMAN FREED: Please, go ahead.

20 MEMBER KELLEY: Michelle Kelley for the record.
21 So I'm going to come across pretty hard-nosed here. But I
22 just -- Why is there no consideration for what PEBP is giving
23 to the vendor? Obviously this is a contractual matter, and
24 we currently have a contract with the vendor, and I assume
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1 that contract includes the arrangement for the 1-800 number.
2 So while I don't object to actually, you know, allowing them
3 to transfer it in to their name because of the guarantee,
4 given that Item 8 we're talking about decimating health
5 insurance coverage for our employees, I'm just wondering why
6 there's no consideration built in the biggest savings -- You
7 know, and I understand it's only around \$27,000 a year, so
8 we're not going to fix the budget with the consideration.
9 But there's no consideration. So I'm just kind of wondering.

10 I hear that you're saying that they're a good
11 partner. You know, we pay them to be a good partner. But I
12 am wondering why there is no shared savings potentially or
13 especially since we're trying to dig ourselves out of a hole.

14 MS. RICH: Laura Rich. And I'm not too familiar
15 with our EITS storm system. I don't know if maybe Chair
16 Freed is since she oversees it.

17 CHAIRWOMAN FREED: I am not, except for the need
18 to upgrade the digital phone lines to handle all of the DETR
19 UI volume this spring. That I know that. But, sorry, guys.
20 I can send a quick e-mail.

21 MS. RICH: I don't think that the vendor -- And
22 we had this vendor for about a year. I don't think that the
23 vendor was at all under the assumption that the phone charges
24 through the state were going to be so much higher than what

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1 they would receive on their own, right. So they're --
2 Essentially, to use this phone number, they have to pay the
3 state. And the state is charging them almost \$3300 a month,
4 whereas they could do -- get the same service for less than
5 200.

6 And so, you know, when we signed this contract,
7 yes, it was, I think, somewhere in that contract -- I would
8 have to pull it -- but somewhere in that contract probably
9 says that they agree to use the phone number offered by the
10 PEBP program. But I don't think at the time that they had
11 any idea that it was such a difference in pricing. And this
12 is probably something -- It's just an unnecessary cost to the
13 vendor versus it's not really a cost -- or a cost savings, if
14 that makes sense.

15 CHAIRWOMAN FREED: Well, this is Laura Freed. If
16 it's a cost savings for them, it's not a cost savings for my
17 deep budget because by -- Thank you, Executive Officer Rich.
18 I have legislatively approved costs all over the EITS. And,
19 yes, they are higher than what you might get on the street
20 because there's overhead built in to the range. And I know
21 that e-traits are really okay for a lot of agencies. And
22 that's one of the things I'm trying to work on actually.

23 But -- So letting American Health Holdings go
24 out, have these -- disassociate from EITS and pay for, you
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1 know, what they can get on the street at a much cheaper price
2 actually deprives the EITS telecom budget of some money. So
3 that's -- I'm just throwing that out there.

4 I'm not necessarily opposed to this amendment.
5 This would be -- Just to clarify with PEBP staff, this would
6 be a no-cost scope adjustment; right? Okay. I'm not
7 necessarily opposed. But it does take away from my agency's
8 revenue streaming.

9 Okay. The silence is deafening. How do we feel,
10 Board Members?

11 MEMBER FOX: Linda Fox for the record. I think
12 it makes sense. I think it's cost savings. I think it makes
13 sense. I'm prepared to make that motion if there's nobody
14 else that wants to discuss it.

15 MEMBER AIELLO: This is Betsy. I was just going
16 to say I agree it makes sense. It doesn't look good overall
17 if vendors think the state requires some of the state
18 processes that drive up the overall cost of contracts when
19 they bid. I mean, if you think more globally. I know it
20 might hurt the EITS budget. But if it was in a bigger scope,
21 the 800 number, like with the Medicaid agency where I came
22 from, it could be a significant savings, which would show up
23 in contract bids.

24 CHAIRWOMAN FREED: Okay. So Vice Chair Fox has
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1 moved approval.

2 Member Aiello, is that --

3 MEMBER AIELLO: That's a second.

4 CHAIRWOMAN FREED: That's a second. All right.

5 Cool. Thank you.

6 Any discussion? Okay. All those in favor, raise
7 your hand so we can see you in your box. Okay. It looks
8 like motion carries unanimously. Thanks, everybody.

9 All right. Now the executive officer's report,
10 Agenda Item 7.

11 MS. RICH: Okay. And for the record Laura Rich.
12 This is Agenda Item 7, the executive officer report. There's
13 just a few things here that I wanted to report on.

14 First of all is the COVID-19 update. PEBP has
15 been working with the governor's finance office, the GFO, to
16 ensure that all of the COVID-19 related expenditures of our
17 program are captured and hopefully reimbursed.

18 So from the Coronavirus relief fund allocation,
19 as of November 12th, PEBP has incurred almost 2.5 million and
20 I think we actually received that number last week. It was
21 over 2.5 million in COVID-19 related cost. But we are
22 projected to incur approximately 4.7 million by the end of
23 December.

24 So, because of that, we actually submitted the
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1 4.7 million number to GFO, and because the CRF funds will
2 expire at the end of the year, that number is included in a
3 work program that was -- that is going to be included as part
4 of the December interim finance IFP meeting in December. So
5 let's cross our fingers that we do get some of those funds
6 back to the program.

7 But I do want to just emphasize that that is it.
8 In December those run out and anything that the program
9 incurs moving forward unless there is anything near that
10 happens on a federal level, those are done. And so we will
11 not be getting those reimbursed that we know of in the future
12 at this point.

13 The next item here that I wanted to provide the
14 board an update on is the feasibility study for a public
15 health insurance option. The factor in the 2019 legislative
16 session, FCR-10, was passed directing the legislative
17 committee to study the feasibility, viability, and design of
18 a public health care insurance plan offered through the
19 Public Employees' Benefits Program to all Nevada residents.

20 So back in August of this year, PEBP and also the
21 Silver State Health Insurance Exchange were approached by
22 Manatt Health. And that's the organization that was charged
23 with conducting the feasibility study. And since then both
24 the director of the Silver State Health Insurance Exchange as
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1 well as the Medicaid administrator and myself have been
2 working with Manatt to provide information, data, and
3 feedback on possible options and solution.

4 So Manatt is expected to provide the draft report
5 and I actually have it and owe them my input by the end of
6 today, I think. And they will be providing their analysis of
7 potential solutions by the end of this month to the
8 legislative commission. We will continue to update the board
9 as more information becomes available on the study moving
10 forward.

11 The next one is the solicitations update.
12 There's, as you heard Cari, there is a lot of solicitation.
13 This has been taking up time for all PEBP staff, not just
14 myself, but a lot of PEBP staff, and then it uses an enormous
15 amount of time that has to be dedicated, not just by PEBP
16 staff but also the evaluators and core purchasing division.
17 They are inundated as well by us right now. Many of the
18 solicitations that staff was hoping to be able to bring to
19 the board in November is actually not going to be able to be
20 presented until January.

21 So you did hear that the LSI contract, we got
22 that one through. But there are still many of them in the
23 works right now. We're hoping that if we bring these all to
24 the board in January we can still meet all the necessary

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1 contractual deadlines that need to happen so that the
2 implementations can be issued by open enrollment this year.

3 So, as you heard, LSI, we are pleased to announce
4 that we have had successful negotiations with them and they
5 have partnered with Benefit Focus to offer an integrated
6 enrollment and eligibility system. That one will go live in
7 2022 for PEBP. But, through the Smart 21 system that they
8 are also spearheading, that should go live in 2021. And so
9 we're really excited to partner with them. And hopefully
10 this is going to be a big improvement for PEBP moving
11 forward.

12 In addition, the purchasing division has issued
13 letters of intent for the medical network, dental network,
14 and HMO contract. So we are in the process of negotiating
15 each of these so that they can be presented in January and
16 then subsequently included in the board of examiners meeting
17 for final approval in February.

18 The health plan auditor RFP has been finalized
19 and it has been submitted to purchasing and hopefully that
20 will be released soon. I know I got an e-mail earlier today
21 asking for the a-okay for that one to be released. So
22 hopefully that will be released within the next week or so.

23 Overall, I just want to thank staff. This has
24 been a lot of work for PEBP staff. Not just writing the
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1 RFP's, being part of the evaluation committee, being part of
2 the negotiations, we have had to live and breathe the
3 solicitations. My kids actually asked me the other day what
4 the heck an RFP is because that's all they hear me talk about
5 when I work from home.

6 So this is, you know, this is obviously been
7 something that has taken up a lot of PEBP staff's time and I
8 just want to thank the entire staff that has been a part of
9 this because it has been a lot of work.

10 For an operational update, the first thing that
11 we want to talk about is the flu shots. So, as we have in
12 previous years, PEBP hosted two flu shot clinics during the
13 month of October, one in Carson City and one in Las Vegas.
14 Governor Sisolak attended the event in the Carson City
15 location to show his support and stress the importance of flu
16 shots during the pandemic.

17 Although PEBP expected a significant decrease in
18 participation, in fact, we weren't really going to do them
19 because everyone is working from home. We went ahead and
20 moved forward with them. And we actually had a very strong
21 showing. In Carson City we had almost 300 people show up to
22 get their flu shot, employees. And in Las Vegas we actually
23 had more than we had last year. So 140, which is about 50
24 percent more than what we got in 2019. So that was big.

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1 I want to give a shout out to Nicole Pluta, our
2 education and information officer, who really just -- she
3 worked really quickly to get these up and running and work
4 with our vendor partners to make sure that we could put these
5 all in place in, like, two weeks time. So we were really
6 grateful for her help on this and all the efforts that she
7 put in to this -- in to the flu shots.

8 Staffing. Staffing continues to be a challenge.
9 Although PEBP received approval to staff several open
10 positions, we had some internal promotions, which then
11 created new vacancies. So then we had to ask for those
12 positions to be filled. So we found it very challenging. A
13 lot of these positions, especially these entry level
14 positions that we have in, for example, our call center, we
15 found it very challenging to staff the positions.

16 We also -- We did staff an executive level CIO
17 position, which he should be watching here today. It's his
18 first day. So his name is Steven, and he will be joining the
19 PEBP staff. So I'm excited about that. We haven't had a CIO
20 in a couple of months.

21 We have chosen not to submit JTS justifications
22 to fill for some positions that we have within the agency
23 that we have determined to not be vital at this time. For
24 example, a front desk position. When our offices are not

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1 open, that is a position that is not necessarily necessary.
2 So, to date, we have 30 of 34 positions filled internally
3 here at PEBP.

4 Conclusion. With all of the upcoming changes to
5 the core plan design and possible reductions to other
6 benefits, PEBP expects a very, very busy year. And we will
7 be depending on each and every one of our staff to ensure
8 that PEBP's 73,000 staff members have care and attention
9 moving in to this next plan year.

10 So, with that, I'll stop here and take any
11 questions from the board.

12 MEMBER AIELLO: This is Betsy. I do have a
13 question. As we heard in public comment where one of the
14 gentleman was encouraging us to reach out to the federal
15 level to try to get some more COVID funds. And, as you
16 mentioned in your report, we are getting some, but there's no
17 guarantee for anything past the end of December. If the
18 state was to get more COVID funds, that would make a
19 difference in the budget because that would bring in some
20 money to help backfill that 12 percent or -- I'm not sure how
21 much medical costs are focused in to this because the budget
22 doesn't really start until next -- July 1. So I'm curious
23 about that.

24 MS. RICH: This is Laura Rich for the record.
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1 You know, I think this all depends. It depends on what
2 this -- You know, if there is a stimulus bill, what -- what
3 the requirements are of this.

4 So, for example, the CARES Act right now has very
5 specific requirements. The only -- The only money that we
6 are getting back from the CARES Act are specific to
7 COVID-19-related funds. And so those are the testing that is
8 the -- any kind of care that is received as a result of a
9 COVID-19 diagnosis. So that, it's very limited.

10 Moving forward, I don't know. I don't know what
11 that stimulus bill is going to look like. Are those
12 requirements going to be specific to only COVID-19-related
13 costs? Yes. That would help. Because I expect, as you've
14 seen that there's a surge, there's a lot of testing, there's
15 a lot of cost associated with COVID-19.

16 Does that play in to the global picture of, you
17 know, what our fiscal landscape looks like moving forward and
18 is that going to save the state out of this or help the state
19 out of the financial crisis we find ourselves in? You know,
20 I don't know. There is no stimulus bill out there right now,
21 so we don't even know what that's going to look like.

22 CHAIRWOMAN FREED: This is Laura. Oh, Jennifer,
23 please, go ahead.

24 MEMBER KRUPP: Regarding the CARES Act, is that
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1 going to be any claims that you're going to be seeking
2 reimbursement for that are received with a date of service
3 of, like, December 31st and prior? And then how long will
4 you have -- how long for the regular claims processing times?
5 When do you expect to have a number on the volume and the
6 amount of those claims?

7 MS. RICH: For the record Laura Rich. The claims
8 actually, by statute, providers have a year to file those
9 claims. So, technically, if, you know, we could receive
10 claims for a service date of, you know, December 20th, 2020,
11 on December 20th of 2021. So, yes, that is -- And typically
12 that's not what happens. Obviously providers want to get
13 paid and so that's not typically the case. But, yes, there
14 is a claims lag time. And that's when we're trying to get in
15 as much as we can by the end of the year.

16 CHAIRWOMAN FREED: This is Laura Freed. Just out
17 of curiosity, we expect to incur 4.7 million in claims cost
18 by the end of this calendar year and then we're getting the
19 CARES Act reimbursement for those claim costs. How does that
20 compare with the box -- the box of four boxes that Aon
21 presented to us in the past couple of meetings of expected
22 claims expenses offset by claim suppression? Do you
23 remember? This is just for my curiosity really to see how
24 close we came.

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1 MS. RICH: So I think we're right in line. But,
2 Stephanie from Aon, do you want to just kind of speak on that
3 really quickly? Because I know you mentioned you had a
4 couple of comments on this.

5 MS. MESSIER: Yeah. I would say of those boxes
6 it's kind of coming in to just really our average estimate.
7 It's not really on the high or the low. It's kind of right
8 in the middle. And, as you might imagine, if I re-ran it
9 today, the 4.7 million is probably a different number,
10 especially given we're all in the middle of a pretty big
11 upswing.

12 CHAIRWOMAN FREED: Right, right. That's true.
13 And actually keying off of Stephanie's last comment, PEBP
14 staff, have you seen since we've been spiking in this
15 so-called third wave, have you seen any spikes in claim cost
16 in the last couple of weeks for COVID?

17 MS. MESSIER: So I get those -- I get them
18 weekly. I get a claims -- an e-mail basically of what our
19 claims look like weekly. At the beginning of all of this, I
20 would see that the claims were increasing 20, 25,000 a week.
21 That's up to now easily at a hundred thousand plus a week.
22 And so it's -- Yes, we are definitely seeing a spike.
23 However, remember that there's a lag in the claims, right.
24 So what is happening today, the surge that's happening today,
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1 we probably won't see for a couple of months.

2 CHAIRWOMAN FREED: Again, Laura Freed. Oh, I
3 heard somebody was --

4 MEMBER AIELLO: I'm sorry. This is Betsy again.

5 CHAIRWOMAN FREED: Sure. Go ahead.

6 MEMBER AIELLO: Based on what I heard Stephanie
7 just say, are we, like, locked out or would we be able to run
8 another projection and request more than the 4.7 million?

9 UNIDENTIFIED SPEAKER: So that's a good question.
10 Probably something we would have to ask the governor's
11 finance office. They had asked us earlier, I think it was
12 last month, to come up with a projection, what do we think
13 that we -- what kind of expenditures are we going to incur by
14 the end of the year, and we had to come up with approximate.
15 We had to run those projections. And so that is what is
16 being submitted in a work program for the December IFC.

17 I don't know if we are able to go back in and
18 make any changes to that. I think that there may be some
19 deadlines that we would have to -- we would have to work with
20 GFO on that. And I apologize. I have not been intimately
21 involved in this. We have actually had one of our accounting
22 staff have been working with the GFO on this directly.

23 MEMBER AIELLO: And my gut feel would be it might
24 be worth asking the question because the governor's office is
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1 super aware that there's a surge that people were hoping or
2 not expecting to this extent to occur but they may have
3 already allocated all the money so they didn't leave any on
4 the table. But they may also be willing at the last minute.
5 I don't know. But I always think it's probably worth asking
6 if it really will help us out some.

7 CHAIRWOMAN FREED: This is Laura Freed again.
8 One more question, if I may. On the Manatt study, based on
9 the draft report -- And if you haven't had a chance to read
10 it, I understand. Preparing for this board meeting was a
11 Herculean task for you all. Are they recommending
12 commingling with non-state just members of the public with
13 PEBP participants? Or are they -- I mean -- And, if so, I
14 find that curious, given that that would require more subsidy
15 dollars, and the biggest agenda item on this agenda is
16 reducing subsidy dollars. If we struggle to provide a
17 quality plan design to our own members, is it really the
18 right time to recommend to the legislature that we open up
19 PEBP in a way that would make state employees and state
20 retirees have to subsidize people who have never worked for
21 the state?

22 MS. RICH: Yes. And, for the record, Laura Rich.
23 While I haven't had a chance to read the entire 40-page
24 document, I have had a chance to discuss with Manatt
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1 directly. They are very aware of the cost that is -- that is
2 associated with any of these recommendations or potential
3 recommendations. I don't know if they're exactly making the
4 recommendations that they're going to have to take back to
5 the legislative commission and discuss with possibly Senator
6 Kenfarro specifically to see if this is something that is
7 going to really gain any traction moving forward. I think
8 it's still too early in the process to say what it is that
9 they plan on doing or don't plan on doing. I think we're
10 still in that, you know, discovery phase of what, given the
11 expense, potential expense, or costs that come with these
12 public options, is this the time to do it or is this maybe --
13 is the study going to be used as a potential educational
14 study to maybe take to a -- you know, in a different -- on a
15 different level, on a different path moving forward and maybe
16 another biennium when hopefully they have recovered
17 economically. I don't know. I think it's still too early to
18 see what they're planning on doing. I think the final
19 recommendation when that comes out will be very interesting.

20 CHAIRWOMAN FREED: Okay. Thank you.

21 Board Members, any other questions for the
22 executive officer? Okay.

23 Well, it is 11:33 and the next is a big, big
24 agenda item. So would you all like to take a bathroom break
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1 for a couple of minutes? Okay. I'm seeing nods. All right.
2 So let's come back at 11:40 and we'll undertake Agenda Item
3 8. Thank you.

4 (Recess was taken)

5 CHAIRWOMAN FREED: We will undertake Agenda Item
6 8. And, just for organizational purposes, because this is
7 such a long item with so many facets and so many choices for
8 the board, I think what I will ask is the executive officer
9 to do is to, you know, go through background and staff
10 report, obviously, and then go through Options 8.1 and then
11 if you would go through Option 8.1.1 and 8.1.2 received this
12 morning by the board. And I hope -- I haven't checked the
13 website, but I assume they've been posted by now, so
14 everybody at home can play along. And then go through 8.2
15 through 8.12 or 8.2 through the rest of them I guess I should
16 say. Does that sound feasible?

17 And, if we -- Board Members, if you get lost, if
18 you want me to slow down, if you want to go back over
19 something, please just raise your hands. Because this is,
20 like I said, this is a lot to endure. So, with that, I will
21 turn it over to the executive officer.

22 MS. RICH: Okay. For the record Laura Rich.
23 Deep breath. Yes, this is going to be a very long report.
24 This is not something that any of us wish to present or
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1 wanted to present today, but we are in an unfortunate
2 situation.

3 So I'll begin with a little bit of background.
4 So, earlier this year, agencies were asked to submit budget
5 reserves of six percent for FY 20 and 21. Originally, PEBP
6 was exempt from FY 20, but we managed to come up with almost
7 25 million dollars for FY 21. We did that mostly by reducing
8 the reserve levels.

9 But then agencies were also asked to submit blast
10 budgets for the 2022 and 2023 biennium. And, because of
11 trend, the same dollars don't go as far. So for PEBP at the
12 last budget is actually about a five percent cut.

13 So, because of this, we introduced back in August
14 or in July, sorry, the July board meeting, the concept of a
15 new plan design and made adjustments to all of the existing
16 plans that we had or the bulk of the existing plans that we
17 have today. So back in August PEBP submitted a budget that
18 used the proposed plan design and stuff with those last
19 budget cuts.

20 On November 3rd, the governor's finance office
21 released a memo to agencies telling us really what we all
22 expected to hear, that the state was expected to experience a
23 significant revenue loss. And, in order to prepare, agencies
24 were being asked to submit 12 percent budget reserve

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1 proposals. For PEBP that 12 percent is about 72 million
2 dollars for the biennium or 36 million dollars each year of
3 the biennium.

4 So where does that leave us? Typically, the PEBP
5 board meets in November to discuss an approved plan design
6 for the upcoming year. So finalizing the plan design allows
7 staff to prepare for that upcoming open enrollment and it
8 also allows the actuaries to start building rates to be able
9 to present and approve those rates in March. That is still
10 the goal of the agenda item today. We are still going to
11 discuss and hopefully approve Plan Year 22 plan design. But
12 we are not here to finalize Plan Year 23 plan design. I just
13 wanted to emphasize that, that we are only finalizing Plan
14 Year 22 plan design.

15 The other piece of this, however, unlike what
16 we've done in the past, the board must approve what is going
17 to be submitted in the PEBP budget, sort of like what we did
18 in July when the PEBP board authorized the PEBP staff to
19 submit a budget with the new plan concept. This time what
20 the board is going to have to do as part of this agenda item
21 is approve the proposed budget reserves for fiscal year 22
22 and 23.

23 Most agencies had to submit those proposals by
24 last Friday. But because PEBP requires board approval, we
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1 actually have until tomorrow to submit ours. So what is
2 approved today will be submitted tomorrow to the governor's
3 finance office.

4 While we are asked to submit proposals for 12
5 percent, that number could very well change in December when
6 the economic forum meets and presents their forecasting. We
7 could easily find ourselves in a situation or in a
8 predicament where we only need ten percent hopefully or we
9 might need 14 percent.

10 So the approach here is in order to have the
11 flexibility and not have to call an emergency board meeting
12 the week of Christmas is to rank these options that are being
13 presented today from most palatable -- And I say that with
14 some hesitation, because I don't know if any of these are
15 palatable -- to the least. That gives PEBP that flexibility
16 to work with GFO and make any last-minute budgetary changes.
17 So that's a little bit of a background.

18 But what I do want to say, and I will emphasize
19 in every report, every presentation, and every public
20 presentation that we have moving forward, there is a
21 disclaimer here on the second page. It is important to
22 emphasize that although standard actuarial methodology has
23 been used to develop Plan Year 22 budget savings options,
24 there are so many variables in the PEBP programs and the PEBP
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1 budget right now that not even the actuaries have this
2 crystal ball and that this is just a -- this is a very, very
3 odd year for PEBP. Not only do we have the renewal of
4 several major contracts, a lot of them which you guys were
5 hearing about in January, but we also have the whole COVID-19
6 variable as well. We do not know how that is going to play
7 out. We do not know what the surge is going to look like,
8 how it will affect our plan and our program and claims cost.

9 That also leads in to trend, right. Trend is
10 going to be -- It's going to be hard to predict. This is not
11 a normal year. And so predicting trend is going to be
12 difficult.

13 And then we also have the introduction of a new
14 plan. And anytime that you introduce a new plan -- I think
15 some of you were on the board when we introduced the EPO.
16 Anytime that you have that new plan there's unknown
17 utilization. So you really have to account for that as well.
18 And then the legislative session. So we're going in to
19 session. We do not know what that's going to look like.
20 What kind of BDRs are going to be heard, what kind of budget
21 decisions are going to be made. And so that is all -- those
22 are all variables that play in to the PEBP budget. And as
23 one of the largest budgets in the state, this is -- this is
24 big. And so I'm going to continue to make this disclaimer

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1 over and over and over again so that everyone understands
2 that we do not have a crystal ball and that there's so many
3 variables out there right now that next year we may be very
4 close or very well off to our predictions. It's hard to say.

5 So, with that, I will get in to the meat of the
6 report starting at 8.1. But, first, I do want to start out
7 with a few remarks. First of all, we all know this is a
8 very, very unfortunate situation. No one wants to cut
9 benefits. This is not what I -- When I was appointed, I joke
10 with my staff that one of the concerns I had when I was
11 weighing whether I wanted to interview for this position was
12 that I was concerned that we were going to have to raise
13 premium prices. And now looking back, I think, gosh, that
14 was the least of my worries. We are in a much different
15 situation today. And raising premiums is not the only thing
16 we're looking at today.

17 The last several years we had a lot of gains in
18 PEBP and in the program. And so this is just a very, very
19 unfortunate situation.

20 But PEBP was handed a directive and we literally
21 had less than two weeks to come up with these options. So I
22 do want to thank all of our partners who were just
23 immediately willing to huddle and come to the table with
24 ideas. Mary Katherine Pearson from HealthSCOPE. Amy Daley
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1 from Express Scripts. And an absolute huge thanks to
2 Stephanie Messier from Aon who has spent many, many sleepless
3 nights plugging away with these numbers and responding to my
4 many off-the-cuff, what-if scenarios that I keep sending her.
5 I know you've dedicated countless hours, many of them at 2:30
6 in the morning, to helping us to come up with an actuarial
7 process that has been necessary for these options.

8 So I want to make sure that, you know, that our
9 partners are recognized in all of the work that they've put
10 in, as well as the PEBP staff as well.

11 The other thing I want to emphasize is that none
12 of these options are being presented lightly. While the
13 expectation is that board members will and should have
14 questions and shouldn't just rubber stamp what staff is
15 presenting, these options are not being presented without a
16 great deal of thought and careful analysis. I personally
17 would have loved to have been able to send out a survey to
18 get feedback from our members before presenting any of these
19 options, but we didn't have the luxury of time. So, you
20 know, we had not even two weeks. We had I think 13 days to
21 come up with these options and do all of the analysis.

22 So this has been a lot of work in the making and
23 there's been a lot of time and effort that has been put in to
24 this by all parties.

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1 So, as Chair Freed mentioned, the report is
2 divided in to two sections. And the first is the plan design
3 where we can potentially get the majority of the savings, and
4 the second are the additional items or options using levers
5 that are outside of those plan designs.

6 So the first one is the 8.1. These are the
7 proposed plan designs. Originally there was one proposed
8 plan design that was being presented in the report. We came
9 back and late last night, and in my case at 4:30 this
10 morning, put together a couple other plan designs as well
11 along with Stephanie from Aon's help. And so we kind of
12 scrambled at the last minute based on the public comments
13 that we were getting that was coming in.

14 So, the first one -- And I'm just going to go
15 over the one that was originally in the report first -- is
16 what we're looking at, the plan design. This assumes a 2.5
17 percent reduction and head count due to hiring freezes. So
18 that's something that I want to point out that is very
19 important. This assumes that there's going to be varying
20 freezes and some positional eliminations throughout the state
21 and as a result of everyone else's 12 percent budget reserve
22 proposals as well.

23 As you can see, those three plan designs here are
24 we modify the CDHP so that it has higher deductibles. The
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1 HSA employer contribution is obviously much lower than what
2 it is today. You can see that the actuarial value here is a
3 78.4 percent actuarial value versus the 87.3 percent
4 actuarial value that was -- that is in place today. So that
5 plan, the new plan, is what would fall in to the middle tier
6 of a high silver plan.

7 The next one is the low deductible with a co-pay,
8 which is a low gold plan. You can see there's an 81.8
9 percent actuarial value. It does have some deductibles here,
10 1,000 and 2,000. However, really the deductible does not
11 apply for most of these services. Most of the services are
12 on a co-pay level. So you're only hitting the deductible if,
13 for example, you are in an inpatient hospital service or
14 specialty medication or some of these other services such as
15 imaging and things like that.

16 And then we have our EPO and HMO, which, again,
17 that has been modified in such a way to where now there is a
18 small deductible as well and -- but, again, it is mostly
19 based on co-pays versus the co-insurance. And this is a high
20 gold level plan. You can see that the rates here at the
21 bottom are basically the rates that are -- We tried to keep
22 the rates flat in this scenario. So they're fairly flat with
23 the exception of the EPO and HMO, which were lower.

24 And the reason why that is, is because if you
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1 remember in July, the board made the decision that -- the
2 policy decision that all plans were going to be subsidized
3 equally. So, before that, we had and in fact in this plan
4 year, the CDHP is actually being subsidized at a much higher
5 level than the EPO today. And so when you equalize those,
6 obviously, that EPO and HMO rate drops a bit while the CDHP
7 increases. And so that is the reason for the seemingly lower
8 rates on that -- on that EPO and HMO scale right there.

9 So that is the first one. I don't know, Chair,
10 if you want me to stop there and maybe have -- give everyone
11 an opportunity to ask questions before I go to the other two.

12 CHAIRWOMAN FREED: Yes, please. Let's do that.

13 Okay. I'm not hearing any questions. So
14 everybody understands that were the board to make the
15 proposed Plan Year 2022 changes, that would get us 20.1
16 million of the 36 million dollars for FY 22. So 16 million
17 to go to meet the target demanded by the GFO. All right.
18 Okay.

19 All right then, why don't we move on to what you
20 called Option B, Option C, which I responded is 8.1.1 and
21 8.1.2, and talk about the differences between this and those
22 two.

23 MS. RICH: Okay. So the next option that was
24 introduced this morning was -- So this option uses the
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1 initial plan design presented at the July 2020 board meeting.
2 So this is -- that plan design is a little richer than the
3 one that I just went over now. Those actuarial values you
4 see are a little bit higher. And so the benefit levels are a
5 little bit better in this scenario.

6 But in order to -- If you're going to increase
7 the benefits, you've got to make it up somewhere. And so
8 we -- you'll see that the participant premium here is much
9 higher. So we have adjusted those levels so that you can see
10 that -- And the grid that was included here includes the five
11 and ten percent. So we're only looking at that five percent.
12 And I apologize. I should have actually kept -- eliminated
13 the ten percent. But, you know, I was doing this at 4:30 in
14 the morning, so you'll have to excuse that.

15 So the -- This is assuming that those five
16 percent level is there. So the 2,000, 4,000 on the modified
17 CDHP. You see that those out-of-pocket maxes are a little
18 bit lower and you see that there's a \$500 HSA contribution
19 versus the \$300. So it's a little bit richer plan design on
20 this one. Again, the low deductible with co-pays also, you
21 know, 1,000, 2,000, deductible. And then you'll see the
22 co-pays are slightly different. And, again, on the EPO and
23 HMO there's -- it's slightly different as well on that too.

24 So you'll see that the actuarial values here are
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1 slightly richer in these plans than in the one I just
2 presented. However, you can look again at the -- at the
3 rates, and you'll see that those rates go up to, you know,
4 from about \$43, what it is today, what employees are paying
5 today on the employee only, to 74.65. And those are
6 illustrative rates. Just so everyone knows, obviously, rates
7 will change. This is what it would look like if we were to
8 price them today. So we do not price our plans until March
9 until we have much more experience. So those are just as an
10 example only and only show what it would look like if we had
11 them today.

12 This plan design, again, it meets the 20 million
13 dollars in savings. And so we would have to make up that
14 other 16 million in the other option.

15 The next plan design was one that was suggested
16 by the Nevada Faculty Alliance. So they had requested that
17 CDHP deductibles be reduced back to 1500 and 3,000, 750 in
18 HSA funding and reduce those out-of-pocket maxes back to
19 today levels of 3900 and 7800. They have also asked for the
20 co-pay plan to be reduced. There was those deductibles be
21 reduced from 750 or reduced to 750 and 5,000 and 10,000 for
22 their -- those out of pockets. And the EPO go back to that
23 no deductible and reduce the out-of-pocket maxes to 5,000 and
24 10,000.

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1 That -- This plan design does not evenly
2 distribute the actuarial values. So you see in the other
3 plan options you've got the actuarial values of the plans are
4 kind of spread out a little bit. It gives people choices.
5 These, in those scenarios, those actuarial values are very,
6 very similar. They're right in that 81 percentile. And I
7 don't have numbers right in front of me. But Stephanie can
8 correct me. Those actuarial values are very, very similar.
9 So you're essentially giving people the same plan design,
10 just different ways to get there.

11 In these scenarios, again, adjusting the premium
12 so that we can at least get to that 20 million dollar mark to
13 make up for that 16 million that's left over after this,
14 you're looking at premiums that are, you know, fairly high.
15 \$108 for the employee only premium. You're going from \$43 to
16 108. So, you know, those rates are definitely going to
17 increase when you -- when you make that plan design richer.

18 So, with that, I will stop and take questions
19 here.

20 CHAIRWOMAN FREED: This is Laura Freed. So just
21 to be clear on Option C, you basically want us to disregard
22 the approximately ten percent column in CDHP and HMO, right?
23 Okay. So these are -- And those are Plan Year 2022
24 illustrated state rates for actives. So it would go from the
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1 original staff report EE only of 44.60 to 74.65 and on the
2 HMO 149.47 to 162. And then this appears to be kind of a mix
3 of proposed Plan Year 22 from the original staff report.
4 But -- And then increasing the HSA contributions for CDHP.
5 Okay.

6 MS. RICH: And then I do want to point out here
7 that I have a note to myself here. So these are Plan Year
8 22. The thing that we need to keep in mind is Plan Year 23
9 because of trend and because of the way that the subsidies
10 work, we will likely see a 30 to \$40 increase in Plan Year 23
11 premium. So we need to keep that in mind too that while this
12 is for Plan Year 22, these subsidy levels do not change in
13 the second year of the biennium. And so any trend that is --
14 that is experienced within the plan, those costs get shifted
15 entirely on to the member. So we have to keep that in mind
16 that the Plan Year 22 increases in premiums are going to be
17 likely higher in '23.

18 MEMBER AIELLO: Laura, just -- Laura and Laura, I
19 have a question. This grid, I heard you say that this was
20 based on projections today, and the premiums could be
21 different when run in March. And so that goes back to if the
22 federal government gets some subsidies for COVID, the
23 premiums might be okay or we may not be able to count on
24 them. So in a negative frame, likely, the premiums are going
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1 to be higher than what you have here because of the surge and
2 the expectation, even in the 2022 year.

3 MS. RICH: So, not necessarily. So, again, we're
4 not going to price out the plan until March. What we do in
5 November is we have to establish what is it that plan design
6 looks like. Because then at that point the actuaries take in
7 to account our plan design, policy decisions, et cetera, et
8 cetera. And they use their actuarial methodology in March to
9 say, okay, this is what you had in claims. And they look at
10 claims through March. And then if they're able to say, okay,
11 using our projections, this is what we think your plan is
12 going to cost. And so this is what the participant premiums
13 will be. And so that's all going to happen in March.

14 What we're using is claims data. And so right
15 now it's too early in the plan year to be able to comfortably
16 say this is what your claims experience is going to look
17 like. We need more data. We need more time. And this is
18 why we don't do that until March.

19 Yes, COVID costs will definitely play a part in
20 this. But, yeah, we don't know what that's going to look
21 like. And I don't know, Stephanie, if you want to add
22 anything to that.

23 MS. MESSIER: You know, one other thing that I
24 wanted to say is outside of COVID what we've seen so far in
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1 Plan Year 21 through the first quarter is an increase in
2 pharmacy cost just with the specialty medication that I
3 believe about six of your members are now taking that are
4 very, very high cost drugs to the tune of -- You know, you're
5 seeing a trend upwards of 20 percent, let's just say, in the
6 first quarter. If that 20 percent maintains throughout the
7 year, we don't typically price for a 20 percent trend on
8 pharmacy. So if we continue to see that increase in pharmacy
9 cost through the first half of this year and in to the third
10 quarter of Plan Year 21, that's definitely going to put
11 additional pressure on the rates that we've calculated for
12 you here today.

13 We did take a little bit of more of an aggressive
14 stance on trend, trying to be sensitive to the fact that the
15 last time Nevada was in a fiscal crisis, your participants
16 definitely saw some decreased utilization of the plan, and we
17 were trying to be mindful of that and not view an even bigger
18 disadvantage of, you know, getting excess reserves built up
19 because we were overly conservative in resetting. So I will
20 say that these rates are erring on the side of being somewhat
21 aggressive in trying to project your rates. So I just want
22 everybody to keep that in mind as well.

23 MEMBER AIELLO: And I do have another question.
24 So the actual budget cut is in the base subsidy, correct, and
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1 that's why the premiums are going up?

2 MS. RICH: So, for the record, Laura Rich. It is
3 in -- Yes, it is in the state subsidy. And that is where the
4 bulk of our revenue comes in.

5 MEMBER AIELLO: And so then that's where -- And
6 I'm just listening to what some of the folks have said. And
7 let's just take that first in number B -- or in B, the
8 premium that says 74.65, technically we could say something
9 like the premium is 54.65 plus a \$20 COVID whatever they were
10 asking for, co-pay or something, which would stay in place
11 and let the legislature give us back some more money. Just
12 throwing that out from what I'm seeing here. Maybe it's a
13 thought.

14 CHAIRWOMAN FREED: So this is Laura Freed. So
15 I'm going to ask the board a policy question. The executive
16 officer said something very apt in her presentation. She
17 said you can either arrange subsidy dollars, paraphrasing
18 obviously, Laura, you can bring subsidy dollars out via the
19 plan side or via the rates. Which does the board prefer?
20 What do you think of -- Of the bad choice before you, which
21 do you think is the least bad choice?

22 MEMBER KELLEY: Michelle Kelley here for the
23 record. I think, obviously, none of the choices are good.
24 But I do think that -- I think that Option 1-A

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1 disproportionately impacts the folks who need it the most.
2 And so I would say that what I see when I look at Option A as
3 well as some of the other cuts we're going to get in to is
4 that we're really impacting Nevada's social safety net for
5 our participants, right. I mean, when you increase maximum
6 out of pocket to 6,000 for an individual or 12,000 for the
7 family, people can't afford that.

8 And, yes, I, you know, I mean, I think in the
9 report, Executive Officer Rich does comment that only a few
10 people use the out-of-pocket max, deliberately so, right.
11 But there are also people clearly who have extraordinary
12 mental events going on. And so to increase it so
13 drastically -- I think it's around 53 percent in 1-A -- is
14 crushing for the small number of people who use it.

15 And for me, you know, I think that for our plan
16 the idea here is to look after people in those catastrophe --
17 in those catastrophic situations as best we can.

18 So my preference, if we have to -- My preference,
19 first of all, is that the board petition the governor and the
20 legislature to either exempt us from these budget cuts or be
21 more realistic about the budget cuts once they see the depth
22 of the cuts that we're going to be discussing today.

23 Personally, I think that we have to do all we can. But I do
24 think that we have to spread the pain, if you will, across

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1 plan design, across the rates. You know, plan design for
2 both retirees and active employees, you know. But I do think
3 we need to maintain the safety net aspect of our plan. You
4 know, we can't -- Because if we don't pay some of these
5 things that people can't afford it themselves, they end up on
6 social services one way or another, right. They end up using
7 other saved monies to fund some of these claims if they can't
8 afford them themselves. So, you know, I -- And, with that,
9 I'll let someone else have a say.

10 MEMBER FOX: Linda Fox for the record. So, if I
11 understood your question, your question, Chair Freed, was if
12 we prefer -- if we had to pick one if we refer higher rates
13 or decreased benefits; is that correct?

14 CHAIRWOMAN FREED: Yes, that is correct.

15 MEMBER FOX: Okay. So I would prefer a higher
16 rate. And I like the proposal that was made in public
17 comment about a COVID surcharge I think they called it,
18 simply because it could be more simply removed if the time
19 came to do that.

20 And if we discuss doing that, I wonder if we can
21 also discuss doing that on a sliding scale based on income.
22 And I know that's complicated because I proposed that before
23 for insurance. But I wonder if we can just discuss that
24 based on the pay rate, you know, maybe it's like an hour of
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1 pay per month or something like that, if we are going to
2 discuss a surcharge. Thank you.

3 CHAIRWOMAN FREED: Okay. Anyone else want to
4 weigh in on the essential question of do you find subsidy
5 savings in the plan design or in the rates by shifting the
6 cost of the rates more to the participant?

7 MEMBER AIELLO: Well, this is Betsy. And I tend
8 to agree with what the two folks have said, that it's
9 probably better to have the little bit higher premium,
10 because when people are in high medical need, it's very hard
11 for them. But I also realize I'm saying this from someone
12 that could flow that in my income and I worry about some of
13 the single mothers -- So I guess that's where Linda Fox is --
14 that are in some of the lower pay grades. But I'm not sure,
15 again, how you could possibly do a sliding scale.

16 CHAIRWOMAN FREED: Yeah, that's really
17 complicated. And, I mean, although I appreciate the thought,
18 because I think Vice Chair Fox has hit on one of the problems
19 with a COVID surcharge, the function of flat tax on employees
20 and early retirees. Because right now, I mean, this 8.1 A,
21 B, C here just deals with actives and early retirees,
22 non-Medicare retirees. We haven't even gotten to the
23 Medicare retirees yet.

24 So, you know, what -- At least the premiums you
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1 pay based on the coverage tier selected has some basis in
2 actuarial experience of the people in that coverage tier,
3 whereas, a flat surcharge is regressive. So that's my
4 feeling on that.

5 But what I'm hearing so far is that Option B or
6 Option C, if the objective is to bring out 20 million dollars
7 in subsidies, Option B or Option C is more palatable.

8 MEMBER AIELLO: So this may be way out there too.
9 But I just figure we should hash everything out. What if we
10 looked at whether the person wanted to choose it, like
11 someone would choose the CDHP that was in the original plan
12 that has a smaller premium but it has -- So it's like adding
13 more plan options, but they decide they don't want to have
14 the up-front and they'll pay that less rich CDHP, or if
15 someone says, I would rather pay the more up front, I don't
16 know whether that would work or not either. Just throwing --
17 It's going from three plans now to maybe more plans than
18 that. And it's -- We're probably getting -- I'm probably
19 getting way too complex, because that requires computer
20 programming and eligibility and tracking and so.

21 MEMBER KELLEY: So Michelle Kelley here. Sorry.

22 UNIDENTIFIED SPEAKER: I was just going to ask
23 you related to Betsy's question if you would be able to
24 measure potential savings to the budget? Have we done that?

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1 And I guess we might -- My preference, I would certainly say,
2 you know, again, none of these options are good. You know,
3 the board has done the best that they can and PEBP staff has
4 done the best that they can with a very unfortunate situation
5 that we have to look at. But I would say that I would be in
6 favor of slightly higher participant premiums versus a less
7 rich benefit design or cuts to benefits, simply because I
8 think the impact to the individual employee paycheck each
9 month would be a little bit less. One thing to consider is
10 that, you know, premiums are paid pre-tax. So when an
11 employee gets their paycheck, a difference of, you know, \$44
12 versus \$74 is not going to impact them nearly as much as an
13 additional thousand dollars in out-of-pocket deductibles that
14 they're going to have to eat, which are also going to be,
15 unless they have the health savings plan, it's going to be an
16 after-tax cost for them.

17 MEMBER KELLEY: Michelle Kelley here. And I
18 know, Chairperson Freed, you asked for a more general take
19 from people. I actually have a couple of specific questions
20 about -- not about any of the proposals but about each of the
21 proposals. That is I wonder -- And, I'm sorry, because this
22 is only my second meeting. But I'm interested in what Aon
23 and PEBP staff use the actuarial value to doing a design. I
24 understand what the actuarial value is. But I'm kind of

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1 curious about how they use that to determine design. So
2 that's one question.

3 And then the second question is something that
4 Executive Officer Rich commented on in her report. And that
5 was back in the July meeting the board made a policy decision
6 to change the way the subsidy for the EPO and HMO as in, I
7 guess, that was increasing it so that each of the subsidies
8 were equal. And what we're seeing here is that that did
9 result in significant decreases to that EPO/HMO plan. So I'm
10 just wondering if -- what that would like look but for that
11 policy decision. Because where I'm going is that the
12 actuarial value -- I know you've referred to them as silver
13 or low silver, gold, low gold. And so I am saying just kind
14 of line them up with the private or the health exchange.

15 But I just -- I guess from my perspective, if we
16 don't have a base plan anymore, then shouldn't they all have
17 the same actuarial value and the difference be in premium?
18 So that's really a general question. It's not about any of
19 the specific options. I'm just trying to educate myself, I
20 guess.

21 UNIDENTIFIED SPEAKER: So I can probably explain
22 the actuarial value piece of it, but I think the actuary
23 might be -- might be better at explaining it. Stephanie, do
24 you want to kind of explain actuarial value and how it works?

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1 MS. MESSIER: Yeah. So in terms of while you
2 would have three different plans and not have their actuarial
3 values the same, the point of offering three different plans
4 is to really give folks choice. If you offered three
5 different plans with the same actuarial value, it would be
6 very hard to do, because actuarial value is very heavily
7 weighted to the deductible, the out-of-pocket max, and the
8 co-insurance threshold. So, in order to offer three
9 different plans with an actuarial value, you would have to
10 have those values be very similar to each other.

11 The reason that people offer plans with different
12 actuarial values is that it's then letting the employee
13 decide do I want to pay more or less than my paycheck to pay
14 conversely the opposite when I need services. So from the
15 folks that are paying less out of their paycheck, they know
16 that if something happens or if they need to go to the
17 emergency room or to the inpatient hospital, they're going to
18 be paying more than someone who is paying more at time of
19 their paycheck. So like the folks in the HMO plan, they pay
20 higher knowing that every time they go to the doctor it's a
21 co-pay. I don't have to wonder is it going to be a \$200
22 bill, is it going to be a \$300 bill. I know it's going to be
23 my co-pay, which is, you know, 25 to 30 dollars.

24 Similarly, on the patient hospital, it's a set
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1 amount. It's a very predictable number. So they pay more
2 for that. They pay a premium today to get that stability.

3 So what we were trying to do by offering the
4 three new plans is to offer, again, a more diverse choice.
5 We had put the AB's at equal distance apart. So we're
6 offering that new plan halfway between the CDHP and the EPO
7 plus HMO today to really give people choice and say, okay, I
8 want to pay a little bit more than I was paying on the CDHP
9 plan, but that middle plan now gives me the ability to go to
10 my doctor for \$30. And I know when my kid gets sick I don't
11 have to worry about my CDHP having to hit my deductible first
12 before my insurance technically kicks in. And then I can
13 just go get my kid to the doctor for \$30. And so that was
14 kind of the point of introducing that middle plan.

15 And then I hope I answered your question on the
16 actuarial value, but let me know, and I can elaborate more.

17 MEMBER AIELLO: No. I think you did. So, just
18 extrapolating on that, so if you were able to come up with a
19 rating for the premium, what you're saying is each of these,
20 the actuarial value is a hundred percent, it's just where
21 you're paying, front or back?

22 MS. MESSIER: Yeah, exactly. So our point was
23 with also making that change in July that over time when PEBP
24 had originally introduced the CDHP with the HMO alongside of
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1 it, this was very clear that their intent was the difference
2 that you're paying in your paycheck you get back over the
3 course of a year by how much less you pay utilizing services.
4 However, because that wasn't monitored over time and the
5 prices of the HMO was strictly tied to the renewals that PEBP
6 was receiving from the vendors as a fully-insured product
7 again proved to the point where a single employee was paying
8 about 400 percent of what they should have been paying in
9 terms of what they were saving during the year for services.
10 So we really wanted to correct that situation that had gotten
11 to a very disproportionate gap over a ten-year period but
12 kind of resetting PEBP to a more actuarial standard structure
13 and getting in to a point where again now the differences
14 that folks are paying is in a more equitable place to what
15 they are conversely saving or spending during the course of
16 the year as they seek services.

17 MEMBER AIELLO: Thank you.

18 MS. MESSIER: Uh-huh.

19 CHAIRWOMAN FREED: Okay.

20 MEMBER LINDLEY: Hello, Chair.

21 CHAIRWOMAN FREED: Yeah.

22 MEMBER LINDLEY: Yeah, I wanted to chime in on
23 your questions. I'm an active employee, I guess,
24 representing active employees. Well, I am representing
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1 active employees. And one thing I considered is, to answer
2 your question, is I'm a fan of lower initial premiums because
3 we are already expecting -- I'm expecting furloughs which
4 will directly impact my take-home pay. And looking at the
5 rates shown, I'm the breadwinner of the family, and my whole
6 family is on the CDHP plan. And Option A has a projected
7 rate of 272. Option B is 343. And Option C, I would say,
8 for the employee plus family is a lot higher than Option A.
9 And as far as -- The choices we make today are temporary or
10 could be changed in a year from now.

11 My wife works from home. I work from home. As
12 far as getting sick and utilizing services, I can tell you
13 that it's gone down significantly. I do know some people in
14 the medical field where they are seeing less patients because
15 they're not in school. There's less sickness being spread.
16 We are actively maintaining social distancing, wearing our
17 masks in public, and now with the governor's new three-week
18 pause, with more action being taken to reduce transmission,
19 not only of Coronavirus but of sickness in general, which
20 would reduce our participation in utilizing services from
21 primary care providers and specialists.

22 The last thing I want to see is my take-home pay
23 go down even further. And that's why I do like Option A for
24 the CDHP. So at this point that's kind of my opinion and my
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1 position.

2 One question I do have is I do like -- are we
3 able to combine aspects of Option A with aspects of Option B
4 and potentially aspects of Option C?

5 MS. RICH: For the record, Laura Rich. I think
6 you have to be more specific. Because, obviously, every --
7 everything is a lever here. You move this -- You move this
8 up, this goes down, and vice versa, right. So there's
9 levers. I guess we would need to know what specifically
10 you're looking at.

11 MEMBER LINDLEY: Option A I like the CDHP
12 proposal. Option B I like the HMO proposal.

13 MS. RICH: So I think it goes back to what
14 Stephanie mentioned is you have to look at this globally,
15 right, you've got to -- you're presenting options that need
16 to be -- if they're too close then it's basically the same
17 option and the actuarial value is basically the same option.
18 So you want to give people different options.

19 And let me look at Option B. What exactly are
20 you looking at in the HMO in Option B that you would prefer
21 to see differently?

22 MEMBER LINDLEY: Option B the HMO actuarial value
23 is projected to be 87.2 for the HMO. Option A the CDHP
24 actuarial value is 78.4 projected. The deductible increased
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1 by \$500 and is even split between CDHP and HMO participants.
2 The out-of-pocket maximum favors HMO at 5,000 versus CDHP at
3 6,000. The co-insurance favors the HMO at 15 percent versus
4 20 percent. And, of course, it goes down. The biggest
5 benefit is to both a reduction in premium for the HMO.
6 Because currently the HMO employee is at 171 and it still
7 goes down to 162. And the family of that 689 going down to
8 551. I'm rounding here, of course. But the CDHP it goes up
9 to slightly with a family reduction from 301 to 272. But the
10 increase between the employee only, employee spouse, and
11 employee plus children is all within ten dollars a month,
12 which is about \$60 a year. And it impacts my paycheck less
13 than raising rates by a sizeable factor.

14 MS. RICH: Stephanie, do you want to chime in
15 here?

16 MS. MESSIER: Yeah. I do just want to point out
17 that if you enrich one of the plans -- Because we also made
18 the decision in July to co-underwrite together the EPO with
19 the CDHP, as Laura mentioned, so the CDHP will apparently go
20 up. So you can't pull the premium dollars from one option
21 and one plan design and directly put it on top of another
22 because, again, the way the pooling works together. It is
23 going to shift things a little bit differently. It's not a
24 one-to-one change.

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1 The other reason we were trying to keep the
2 out-of-pocket maximum constant among the different plans for
3 each of the different options is because, again, we're trying
4 to really look out for the employees, I think. We're going
5 to offer you a minimum, regardless of which plan you pick,
6 the same maximum coverage. At most we want you to pay either
7 \$5,000 in one of the options or \$6,000 in another option. We
8 don't want you to have inherently picking the plan and
9 something bad happens that year.

10 And I believe Prior Board Member Mitchell, given
11 her situation, had mentioned that, you know, she looks for
12 the lowest out-of-pocket maximum because she knows that she's
13 going to hit it, right. And so the purpose of trying to get
14 the same out-of-pocket maximum regardless of which plan is to
15 really to protect the employees that don't understand health
16 care as well and is more equitable in terms of protecting
17 employees at the same level regardless of which plan they
18 pick. So I just wanted to mention there was some logic
19 behind the decisions on the out-of-pocket maximums from one
20 option to another.

21 MEMBER LINDLEY: Well, I just wanted to express
22 my answer to Chairman Freed. Chairwoman. Pardon me.

23 CHAIRWOMAN FREED: I appreciate that. I think I
24 hear something of a consensus. Although I want to say I
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1 understand and share your remarks, everybody, around Option B
2 to kind of -- because it takes sort of a way of increasing
3 premiums for '22 and bumping up the deductibles and
4 out-of-pocket max but not in a way that is quite so drastic
5 as Option A. Is that a fair statement to make? I'm viewing
6 this kind of in discrete chunks because I'm trying to keep
7 the discussion focused on one thing and one chunk of subsidy
8 at a time. So, number one, is that a fair statement?

9 Number two, the other thing that I would note is
10 that if the governor's finance office in consultation with
11 the governor's office says, no, we don't want to do that to
12 PEBP, I think this is the -- 8.1 is the way to give something
13 back. And I think what they would give back there is
14 deductibles and out-of-pocket max if they wanted to spare
15 PEBP a subsidy cut.

16 MEMBER AIELLO: This is Betsy. I do have one
17 last question. So when we're talking about the Option B,
18 we're looking, according to Laura, at the five percent level.
19 And is that giving us the same amount or close to the same
20 amount off of the 36 million that the other grid is?

21 CHAIRWOMAN FREED: Yes. Option 8.1-A, B, and C
22 are all designed to basically yield 20 million dollars in
23 subsidy savings, just using different levers to do it.

24 MEMBER AIELLO: Okay. Thank you.
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1 CHAIRWOMAN FREED: Okay.

2 MEMBER VERDUCCI: This is Tom Verducci for the
3 record. I want to answer Chair Freed's question that I would
4 not prefer plan design changes. I would really like to see
5 the changes in a temporary fashion with higher rates. You
6 know, I would like to see a sunset provision as well and see
7 if we're in better shape to restore benefits. I don't want
8 to see anything permanent or any elimination of benefits on a
9 permanent basis. I think that if we could get through with a
10 surcharge and have it sunset at some point that hopefully in
11 the future we can get back to the exact same benefits or even
12 better benefits than we have today.

13 I just really hate reducing benefits and just the
14 impact that it has on so many people. Whatever we could do
15 to restore them and get through this crisis on a temporary
16 basis is what I would prefer.

17 CHAIRWOMAN FREED: Okay. Thank you,
18 Mr. Verducci.

19 MEMBER LINDLEY: Chairman, can I add too?

20 CHAIRWOMAN FREED: Sure.

21 MEMBER LINDLEY: I do remember, I started state
22 service in 2013, and I do remember reviewing the health
23 benefits plan for my wife and I. And I looked through my old
24 documents. I do know that the individual deductible back in
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1 2013 was about \$1900 with an out-of-pocket individual max of
2 \$3900. And today they're at \$1500. And I do know that
3 during the public comment section, they said, you know,
4 benefits get reduced and they don't go back. But, just on my
5 seven years of state service, they have gone down, although I
6 do understand that's not pre-recession rates. But they do
7 change in reflection of current economic status. Another
8 example would have been co-insurance. Co-insurance was 25
9 percent back when I started and now it's down to 20 percent.

10 So, I do like the idea of a sunset. I love that
11 idea because it doesn't hog-tie us to permanent changes.
12 That's all.

13 CHAIRWOMAN FREED: Okay. Thank you. All right.
14 So, Board Members, I think I'm going to ask you to choose one
15 of these three to put forth and then go on to the other 16
16 million in subsidy reductions.

17 And I hear that most board members would prefer
18 to do as little to the plan design as possible and make it up
19 in the higher premiums and make a policy statement to the
20 governor's finance office that we would really like to see
21 this -- see the subsidy levels return to what they were
22 before we entered this fiscal crisis.

23 And I can well sense the board's reluctance to
24 make a motion or talk more about it. But we are,
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1 unfortunately, not in the position of deferring this decision
2 because our next board meeting is in January and January is
3 when the governor's recommended budget is released to the
4 legislature. So, if the board does not decide, the
5 governor's finance office will decide for you. And you may
6 very well not like what you get, so.

7 UNIDENTIFIED SPEAKER: I just have one quick
8 clarifying question, please. Because these are only specific
9 to Plan Year 22, as Laura indicated when she was giving
10 her -- Laura Rich, the executive director, had indicated when
11 she was giving her review of these three options, that in
12 Plan Year 23 we can still expect to see an additional 30 to
13 \$40 on each of these premiums; right?

14 MS. RICH: Right. So Laura Rich for the record.
15 Yes. So the way trend works is your -- the way that the PEBP
16 program works is the legislature approves a subsidy level in
17 the first year of the biennium. That subsidy level then,
18 depending on what trend is on the second year, the
19 participants get to absorb that entire amount because there
20 is no way to go back to agencies and essentially say, you
21 know, we need more money. And so it gets kicked back to
22 participants. So, expecting that there is going to be a
23 certain amount of trend in that second year, those premiums
24 will be expected to go up in Plan Year 23.

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1 So if you're looking at 74.65 for an employee
2 only, today they're paying \$43. About \$43 is going to go up
3 to almost 75. And in Plan Year 23 it could go up, you know,
4 potentially by another \$30.

5 MEMBER AIELLO: I have a question. And, again,
6 I'm just -- So could we take -- This is a slightly new plan
7 design like we said in the B. So we are giving back with
8 some of the plans in mind. But could we -- If we took that
9 plan design, could we say the premiums are the same as this
10 year plus excess surcharge, which would be the difference?
11 So the one that's 74.65, if it's 43 now, that's \$31. I'm
12 just rounding it. So we would say the premium is \$43 and
13 whatever, plus a \$31 COVID surcharge. So you are getting the
14 same amount of money but it feels like it's not as much the
15 premium raising. It would honor some of the public comment,
16 get to the same place. Just throwing that out as an option.
17 I don't know.

18 CHAIRWOMAN FREED: This is Laura Freed. I'm
19 confused. So, the surcharge, what in that instance is the
20 difference between a surcharge and just raising the rate?

21 MEMBER AIELLO: There is no difference in the
22 final outcome. But I think what I heard from the public
23 comment was people were more comfortable paying that added
24 money in a surcharge because the surcharge didn't seem like

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1 it might last as long.

2 CHAIRWOMAN FREED: Oh, but that's a rhetorical
3 design, is it not?

4 MEMBER AIELLO: It is. It is. But that's still
5 what I thought I read in all the public comments from
6 everyone once they felt that they knew that more money was
7 going to have to be paid, but they were more comfortable with
8 it being called a surcharge. Unless I missed what they --

9 CHAIRWOMAN FREED: Okay. I think maybe your
10 understanding of it is different than mine. Because when I
11 was reading the public comment was is everybody pays the same
12 surcharge and that's where I characterize it as a flat tax as
13 opposed to just increasing the premium based on coverage
14 tier.

15 MS. RICH: This is Laura Rich. Can I just add
16 something to the COVID surcharge that I think is important to
17 emphasize? A year from now, crossing my fingers, COVID-19
18 will be hopefully a thing of the past, we'll have a vaccine,
19 and it will be something that we -- it doesn't dominate our
20 lives like, you know, it does today. We will be imposing the
21 surcharge for the very long foreseeable future, potentially.

22 I think PEBP is going to be a hard -- is going to
23 have a hard time spinning that and selling that in, you know,
24 after COVID is, you know, said and done and gone. People are
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1 going to be asking why is it that PEBP is imposing a COVID
2 surcharge. We have a vaccine. Oh, and if there is
3 potentially a stimulus package that gets passed, they're
4 going to ask, well, why is it just that PEBP is imposing a
5 COVID-19 surcharge when the feds have released this, you
6 know, stimulus package. Why are we working out the cost for
7 this while the state is bringing in revenue from, you know,
8 the federal government. And so these are all potential
9 communication challenges that we're going to have by calling
10 it a COVID-19 surcharge.

11 MEMBER VERDUCCI: Yes. Tom Verducci for the
12 record. So I think if we had a sunset provision where if
13 everything was readdressed one year later and maybe we come
14 out of COVID and also the legislature in the next plan year
15 could make a decision to increase subsidies and funding. And
16 I do think if it expires, you know, we're forced to readdress
17 it and see if we're mandated to continue to see higher
18 premiums, or if it sunsets, it goes away a year later and we
19 get right back to where we were.

20 MEMBER KELLEY: This is Michelle here. I have a
21 question about Option B and also just a comment. So, in
22 previous years, Executive Officer Rich, hasn't the
23 legislature actually approved health insurance subsidy
24 increases in the second year of the biennium to cover
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1 inflation? And isn't that something we could request this
2 year even if it's just a small increase? We could take the
3 full 12 this year. Obviously we will be passing that on.
4 But if we can somehow build in that cost of living, the
5 increase of subsidy in the second biennium, that would be
6 great, right.

7 But, specifically, my question regarding Option
8 B, I'm just a little -- I'm getting in to the details, so I'm
9 very sorry about this. But I'm looking comparing the
10 modified CDHP with the low deductible PPO and just purely
11 using the rate for employee only, you know, I subtracted the
12 74.65 from the 102.92. The difference in premium per month
13 is \$28.27. If you multiply that out by 12, the difference in
14 premium for the whole year for the co-pay plan is \$340. And
15 on the high deductible plan you're giving \$500 in to the HRA.

16 I'm having a hard time seeing how the average
17 employee wouldn't go to the low deductible high PPO. There
18 doesn't seem to be, you know, like the co-pay plan seems to
19 be extraordinarily cheap I guess is what I'm saying, compared
20 to the CDHP, which has been gutted in the proposal; right?

21 MS. RICH: So let me -- let me chime in on the
22 first part of your question. And then, Stephanie, I think
23 you can probably address her second question. So, yes, to
24 answer your question, the legislature does -- they do approve

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1 a subsidy in year one and a subsidy in year two. However, if
2 the trend is different in that second year, if there's
3 circumstances that PEBP hasn't accounted for, that is 100
4 percent picked up by the employee, because there is no
5 mechanism in place to go back and ask the legislature to
6 increase that subsidy in the second plan year. I know that
7 we have worked with GFO -- And Ms. Eaton might want to chime
8 in as well. But we have worked with GFO to try to even out
9 these increases a little bit and possibly apply
10 more toward -- or less in year one and more in year two to
11 make up for that difference. So we're trying to try to even
12 it out as much as we can. But, again, with these significant
13 cuts, you know, I mean, we're talking 72 million dollars,
14 it's really difficult to not have some major impact, whether
15 it is in premiums or benefits. You just can't get away from
16 it one way or the other.

17 So, Cari, do you want to add to anything that I
18 just said?

19 MS. EATON: No. You really hit it spot on. We
20 are able to, you know, just to shift a little bit more of the
21 subsidy to the second year just, you know, in anticipation of
22 that increase in trend and to even out the hurt to the people
23 paying more when trend does increase.

24 MS. RICH: Stephanie, do you want to maybe take
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1 that second part of that question?

2 MS. MESSIER: Can you repeat it? I apologize.
3 It's been a few minutes and I want to make sure I remembered
4 it correctly.

5 MEMBER KELLEY: Yeah. I just -- What I was just
6 pointing out is that if you do the math purely on rate, the
7 low deductible PPO is a total of \$160, for employee only, the
8 low deductible PPO on an annual basis is only \$160 more
9 expensive than the consumer driven high deductible plan.

10 MS. MESSIER: Under which option? I just want to
11 make sure I'm following the right page.

12 MEMBER KELLEY: Oh, I'm sorry. I'm looking at
13 Option B. And so what I've done is I just kind of took the
14 difference in the premium, I subtracted the \$500 that the HSA
15 provides for the difference of \$160 for all of those co-pays.
16 So I'm just a little confused about, you know -- And that's
17 spread over 12 months and you get the co-pay. So I guess I'm
18 confused about how these are being -- And I understand that
19 the premiums are, you know, will change, but they're
20 accurate, I guess, up to kind of the claims that are up to
21 date, right? So why would the actuarial values be so much --
22 yeah, the actuarial value, why is -- I just don't see how
23 everyone wouldn't switch in to the high deductible PPO plan
24 because it was only employee only that is only going to cost
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1 you \$160, but you get predictability when you go to the
2 doctor.

3 MS. MESSIER: Well, I think it depends. I think
4 some folks that are in that employee plus family tier that do
5 not pay \$343 today but tomorrow if you pick Option B they do
6 have to pay \$343. They may not have that additional \$70 to
7 cure up in to the co-pay, the new co-pay plan, that's 410.
8 So each individual family, if you're making 30 grand a year
9 or 40 grand a year, any kind of change that's being made on
10 that participant premium is already probably a burden to
11 those folks, right? So I think you're going to see a lot of
12 people sticking with the CDHP plan and not moving in to the
13 co-pay plan.

14 Now, we designed the co-pay plan with the hopes
15 that people would take a hard look at it, right? Like, we do
16 feel like it's a good plan, and that's why we're proposing
17 it. We want those folks to be able to have that
18 predictability and be able to go to see the doctor, you know,
19 on a co-pay. Same thing with getting their prescriptions
20 filled on a co-pay. But it does come with a little bit of an
21 increase in cost, because, again, the plan is paying the same
22 regardless of which plan people pick. And you see that in
23 the base subsidy amount. So then the cost that comes out on
24 top enters the participant premium.

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1 MEMBER KELLEY: I guess I'm just curious about
2 shouldn't there be some risk factor built in to the CDHP?

3 MS. MESSIER: There is.

4 MEMBER KELLEY: So employees are incurring all of
5 that risk for employee only \$160 a year?

6 MS. MESSIER: They're actually getting a benefit.
7 It's assuming the people that are less expensive are in that
8 plan. So they're actually getting a benefit of being lower
9 risk folks.

10 UNIDENTIFIED SPEAKER: So can I add some context
11 to this, maybe? So, for example, let's say that there's a
12 young couple, they're, you know, 25 years old, they are, you
13 know, in entry level positions in the state, they're young.
14 Most of the time when you're 25 years old, you are not
15 necessarily -- you don't have chronic conditions. You're not
16 incurring high cost in health care. But, at the same time,
17 health care is really not too important to you because you
18 don't -- really don't receive care very often. But at the
19 same time it's your -- you're 25 and broke. You don't have
20 the ability to pay, you know, \$150 a month for something that
21 you don't necessarily utilize.

22 And so a lot of these people on the CDHP are
23 a-okay with that benefit because what they're paying out of
24 pocket monthly is very, very low, and they are assuming that
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1 they are not going to be using health care as often as, you
2 know, many others would.

3 And then you get in to the low deductible co-pay
4 plan. That's kind of a middle option. So, let's say that
5 there's possibly, you know, a family with children who happen
6 to go to the doctor quite frequently. So if your family has
7 children, any time you go to the doctor, you're paying out of
8 pocket because chances are you have not met your deductible,
9 you have not met your out-of-pocket max. So what that low
10 deductible plan offers is the ability for that family to take
11 their sick child who has an ear infection and they can do
12 that for 30 bucks versus having to pay the entire cost of an
13 office visit, this co-pay option does offer that choice.

14 And then you've got the EPO and HMO, those are
15 people who usually have more chronic conditions. They want
16 to rely on those co-pays, on the expected premiums,
17 out-of-pocket premiums that they know that they're going to
18 pay and they will be then -- You know, they know what to
19 expect, they know what their health care is going to cost.

20 Now, obviously this is just an example. This
21 only covers, you know, just these are examples that I'm using
22 for each type of person or type of experience. There is,
23 obviously, people with very chronic conditions who are okay
24 with being on the CDHP. They are okay with they want to
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1 contribute to the HSA. So that just kind of puts some
2 context in to why people would choose one over the other.

3 MEMBER KELLEY: I guess I'm just troubled because
4 we're -- I think in July when the board passed their policy
5 of subsidizing each of the plans at the same rate, I don't
6 think anyone anticipated the plans ending up in saving such a
7 huge amount. And so when I think what I heard from employees
8 and when I look at kind of the design, it feels like the
9 budget is being made whole on the back of the CDHP. And I
10 guess so, you know, I mean, and in some ways the design as it
11 is, I feel like it is self-fulfilling philosophy where you're
12 kind of going to drive -- you'll either have -- you'll have
13 modified CDHP where people are already defaulted. Or they're
14 looking for another way.

15 But I do think -- But it concerns me that there's
16 not a base plan, you know, whereby if you subsidize the base
17 plan at a slightly higher rate obviously that impacts the
18 premiums for employees, which comes back to some of Tim's
19 comments.

20 So just, I think, the unintended consequences of
21 a policy change in July in a vacuum and now the 12 percent
22 that's needed to be saved are kind of (unintelligible) to me.
23 It just feels because it's all changed, right, the actuarial
24 values, everything has changed, to kind of fit in the 12

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1 percent cap and then also the subsidy being the same across
2 all three plans. So that's my concern.

3 MEMBER LINDLEY: Tim here. I just wanted to
4 thank Laura for that context because, yeah, I am the CDHP
5 plan and I may eventually go to the co-pay plan as my family
6 grows and wind up in the HMO plan as I get even older. Or
7 more experienced. Pardon me.

8 MEMBER KELLEY: The only other question I have is
9 an easy, so it won't take long. So just the detail between
10 calling it just your monthly premium and the COVID surcharge,
11 could we run in to issues with the taxability or the
12 pre-taxability of a surcharge on health insurance if we call
13 it something like that?

14 MS. RICH: This is Laura Rich. That's actually a
15 very good question. I think, I mean, it comes down to
16 semantics. I think it's all how the plan is built. That's
17 probably a question that we would want to run through
18 compliance and possibly through legal as well just to make
19 sure that that would be feasible. Because, you're right,
20 it's got to -- it has to -- in order for it to be pre-tax, it
21 has to be meet certain --

22 MEMBER AIELLO: This is Betsy. That is a great
23 point. I was just responding to public comment. But that's
24 a really good point.

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1 CHAIRWOMAN FREED: So, based on Member Kelley's
2 comments, is there any appetite to reverse our policy
3 decision about the plan design from July and just have as we
4 do now a CDHP and an EPO/HMO?

5 MEMBER LINDLEY: Thank you for that curve ball.

6 MEMBER KELLEY: Well, and just to reiterate, I
7 thought one of the policy decisions Executive Officer Rich
8 stated was to make it in July was how the subsidy was
9 applied. The subsidy would be equal across all three plans.
10 So I wasn't sure if that was actually wrapped up with the low
11 deductible or the regular PPO plan or whether they are two
12 separate letters, I guess.

13 MS. RICH: Chair Freed, I just need to go back.
14 If we do -- If we're looking at really going back just to
15 CDHP and the HMO and EPO, there's honestly no way that we can
16 submit a budget tomorrow because we would have to go back and
17 draw up the analysis --

18 CHAIRWOMAN FREED: Well, the workbook part, I get
19 it. I was just trying to -- I think the answer to Member
20 Kelley's question is that if that is the application of the
21 subsidy equally rolled in to this, and I think -- I'm almost
22 sure the answer is yes. And I was trying to address her
23 concerns that we might be causing some -- inadvertently
24 causing some sort of adverse selection away from the CDHP.

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1 MEMBER AIELLO: Probably would be an open meeting
2 law issue too because the policy change for that isn't really
3 on the agenda item.

4 CHAIRWOMAN FREED: Fair point. Fair point.
5 Okay. So that kind of brings us back to this 8.1 as the way
6 to get most of the subsidy reductions that we are asked to
7 submit, you know, being forced to choose the least worst
8 option, do you like A, B, or C better. I have heard general
9 least discomfort with B.

10 MEMBER LINDLEY: Tim here. I'm a fan of Option A
11 just because it's --

12 CHAIRWOMAN FREED: Fan of Option A, okay.

13 MEMBER LINDLEY: -- a lot less.

14 MEMBER KELLEY: So Michelle Kelley here. So
15 my -- So, obviously, I think that I prefer Option C.
16 However, I am conscious that we still have to look at all of
17 the other items that are about, you know, 12 million dollars,
18 right, that are not the 20 million dollars and 16 million
19 dollars. So I think that based on that -- based on whatever
20 happens out of that, then I think Option B might be the place
21 to start today.

22 MS. RICH: This is Laura Rich. I just also want
23 to say, one of the, obviously, one of the options, Option
24 8.10, unbundle dental, which will add yet another premium to
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1 an already higher premium if we move to Option B. So it's
2 definitely something that has to be taken in to account.

3 MEMBER FOX: Linda Fox for the record. Should we
4 rank these to get through this, which items should be ranked
5 A, B, and C?

6 CHAIRWOMAN FREED: We've done, like, choice
7 voting in the past.

8 MEMBER FOX: I think that might be the simplest.

9 CHAIRWOMAN FREED: And so I think I have to ask
10 staff to get their score sheets out and then I can then do a
11 roll call as we have done in the past and then each member
12 can state their one, two, three preference for A, B, or C,
13 and we'll see how we arrive at your census that way.

14 MEMBER AIELLO: And this is Betsy. I'm just
15 wondering -- And maybe would it behoove us to talk some of
16 the others through ahead of time? Because one of the other
17 options is to adjust premiums down below. And so if there's
18 a bunch of things down below we don't want to take, then
19 maybe we would lean more to the plan on Option A but with an
20 adjusted premium from that? Just wondering if we need to --
21 Because it is levers that play.

22 CHAIRWOMAN FREED: Right. I'm going to throw
23 that to the executive officer to see if -- I think it's 8.2
24 through, like, 8.8. It's fairly discrete savings measures.

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1 But, you're absolutely right, that 8.10 does and then in 8.11
2 increases in premium saving varies. So how does that -- how
3 does that play in to 8.1?

4 MS. RICH: So, yeah, I mean, I think that maybe
5 going through a lot of these other options and discussing
6 those first might be helpful before voting on this first
7 part.

8 CHAIRWOMAN FREED: Okay. Then take it away with
9 8.2.

10 MS. RICH: Okay. So, I mean, I'll just throw it
11 out. The first -- Go ahead.

12 UNIDENTIFIED SPEAKER: Before we move on, can I
13 just request a quick, like, five-minute break?

14 CHAIRWOMAN FREED: Absolutely. It's 1:06. I'll
15 see you guys at 1:10.

16 (Recess was taken)

17 CHAIRWOMAN FREED: Hello again, everyone. It's
18 1:12. Let's call the meeting back to order and go back to
19 8.2 and so forth.

20 MS. RICH: Okay. So, for the record, Laura Rich.
21 I'm going to start out with saying that the first three here
22 are fairly benign options. The rest of them not so much.
23 But at least we do have a few here that are benign.

24 The first one is 8.2, which is addressing the
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1 out-of-network bill charges. What we're doing here is today
2 on the CDHP, when we have an out-of-network part, what we do
3 is their health is historically then considered basically be
4 the claims payment market solution for the pricing of these
5 non-contracted providers. They maintain a database of bill
6 charges by service code and zip code and we pay them
7 essentially office tax. This is referred to as their health
8 usual and customary charge.

9 What we are proposing here is moving to a
10 reference-based pricing Medicare model where we use Medicare
11 to essentially control the pricing and establish a price
12 point in a geographic location. And so what we're doing here
13 is proposing that we move to basically instead of using fair
14 health standards as the usual and customary charge is moving
15 to 140 percent Medicare premium. What we do is we would pay
16 for these services at 140 percent of what Medicare pays
17 today. So it's a fairly standard method of payment as
18 something that providers are very used to and comfortable
19 with and understand and that this will bring in approximately
20 almost two million dollars, 1.9 million dollars on that. So
21 I will stop and see if there's any questions on that one.

22 MEMBER KRUPP: This is Jennifer Krupp. Oh,
23 excuse me. That 1.9 million, is that claims payments that
24 would be reduced or is it just a contract that we would be
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1 terminating? I'm a little confused on that.

2 MS. RICH: So they're not contracts. So
3 essentially for out-of-network bill charges, so when someone
4 goes out of network, it means that there is no provider
5 contract in place, we have no contract in place there outside
6 of that network. There is no contract in place. So we have
7 to pay them somehow. And so what is a fair price to pay?
8 Right now we use that usual and customary charge instead of
9 what we are moving to with the Medicare reference-based
10 pricing model of that 140 percent of Medicare. So if
11 Medicare pays X, PEBP will pay in our plan rules. Our plan
12 rules will change, so it will be -- it will say that PEBP
13 will pay X times 140 -- It's 140 percent of Medicare, which
14 is a reference-based pricing model that is -- that people are
15 moving to, that plans are moving to nationwide.

16 CHAIRWOMAN FREED: This is Laura Freed. One
17 question. So this is out-of-network claims obviously for
18 actives and non-Medicare retirees; right?

19 MS. RICH: Yes. Sorry. So this is anyone on the
20 PEBP -- on any of the PEBP.

21 CHAIRWOMAN FREED: Thank you.

22 MEMBER KELLEY: So, Laura, it's Michelle Kelley
23 for the record. Do we have employees and retirees in Nevada
24 who live so rurally they don't have access to a network?

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1 And, if so, do you know personally how many and how those
2 communities are going to fare with a reduction essentially
3 because the employee ends up having to pay that cost, right,
4 or the provider has to eat it? So I'm just wondering, like,
5 how it impacts our rural folks.

6 MS. RICH: So the rural folks, unfortunately,
7 they're going to be impacted but not so much because of the
8 network. It's -- So, obviously, our network is an in-state
9 network, it's provider-based. And so that's something that
10 is a challenge in Nevada, not just in our plan but in health
11 care in general, right. So you get up to the rurals and
12 there's a shortage of providers, there's a shortage of
13 specialists and things like that. So whether they have
14 access, yes, they have access, but maybe not within five
15 miles, maybe not within ten miles. So that is a challenge
16 within our health care system, not necessarily on a PEBP
17 level. Does that make sense?

18 MEMBER KELLEY: Yes. Thank you.

19 MS. PEARSON: Laura, can I add something there?
20 This is Mary Katherine Pearson for the record. Just to
21 clarify, while this reasonable and customary fees will not
22 really have any impact on the people who are in the rural
23 areas, but the providers who are there, and there's not a lot
24 of them, those providers typically participate in the

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1 network. This is really, you know, there's out-of-network
2 utilization sort of spread all over. So whether it's
3 southern Nevada, whether it's northern Nevada, whether it's
4 folks who are out of state, it's fairly all over.

5 But this is also something that we're really
6 seeing across our book of business. So it's a change that a
7 lot of people are making. And we've also seen it in some of
8 the choices really encourage providers to move in to a
9 network because there's more of a reason to do so versus, you
10 know, staying at that higher reasonable customary level
11 that's coming through.

12 MEMBER KELLEY: I see. Uh-huh.

13 MEMBER VERDUCCI: This is Tom Verducci. I think
14 8.2 is a reasonable cost-cutting measure and we save 1.9
15 million, in that range, number one, and I do think that the
16 out-of-network billing is very acceptable and I'm in favor of
17 adopting that one.

18 MEMBER LINDLEY: I would second Tom's position as
19 well.

20 UNIDENTIFIED SPEAKER: I agree with it.

21 MEMBER VERDUCCI: Okay. Tom Verducci. Can I
22 turn that in to a motion?

23 CHAIRWOMAN FREED: Of course. So I feel like you
24 and I had the same thought at the same time. Please go
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1 ahead.

2 MS. RICH: So I think what we need to do here
3 eventually is rank them. Not so much -- Not so much a motion
4 needed for each one of them. I think that there needs to be
5 a ranking of what is most palatable to least palatable of
6 these options.

7 MEMBER VERDUCCI: Tom Verducci. That was the
8 number one rank on my grid sheet. So, 8.2, I rank that one
9 number one. That is most palatable.

10 MEMBER LINDLEY: Do we want to raise our hands
11 perhaps?

12 CHAIRWOMAN FREED: Well, I guess in going back to
13 the discussion we were just having about rank choice voting
14 on 8.1, I guess we can pull out the score sheet again and
15 have everybody tell you -- tell staff their rankings on 8.1
16 through 8.10. But, I mean, I would prefer, honestly, from a
17 legal standpoint that the board take action on all of them.
18 And we can do that all at once or we can do that separately.

19 But, I mean, to help staff in case the governor's
20 finance office in consultation with the governor's office
21 wants to put some of it back, I mean, I am hearing a lot more
22 consternation on 8.1 and the plan design premiums than we
23 might hear on, well, at least a few of these things. Okay.
24 So let's do that.

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1 Let's have the executive officer and the staff go
2 through 8.1 through 8.10 and then we can hear the rankings
3 from everybody, and then we can vote on them. Sound good?
4 Okay. Let's do that.

5 MS. RICH: So moving on to 8.3, some of you may
6 recall that in Plan Year 19 PEBP implemented Smart 90 to the
7 CDHP on a voluntary basis and then in Plan Year 20 it became
8 mandatory.

9 For those of you who do not know what the Smart
10 90 program is or need a refresher, basically Smart 90
11 improves drug pricing on the 90-day maintenance medications
12 through that program. And what it does is essentially it
13 narrows the pharmacy network to only Smart 90 participating
14 pharmacies. The two major ones that are excluded from this
15 network are CVS and Walgreen's.

16 When we did this on a voluntary basis on the
17 CDHP, you know, there were obviously complaints here and
18 there. But, for the most part, I think that that transition
19 was made fairly easily, especially since we did it on a
20 voluntary basis the first year and then mandatory the second
21 year. Essentially, what it does is it mandates that 90-day
22 prescription be filled in through any participating pharmacy.

23 What we are proposing here is to add this to the
24 EPO and low deductible plan as well, and that should bring in
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1 approximately half a million dollars in savings through this
2 program alone. I'll stop there for questions.

3 Okay. So 8.4 is very similar to this, similar to
4 Smart 90. The express advantage network will -- it moves it
5 to the 30-day prescriptions for both members and -- I'm
6 sorry. 30-day prescriptions, narrowing of that pharmacy to
7 fill those 30-day prescriptions, not just the 90-day
8 prescriptions as in the Smart 90 but also the 30-day
9 prescriptions.

10 The difference here with this option versus the
11 Smart 90 is that with Smart 90 we mandated and the program or
12 the plan does not pick up the cost of the medication if it is
13 filled outside of one of these pharmacies. However, in this
14 situation, the advantage network using that express advantage
15 network, if you use it, great. If you do not, you pay a ten
16 dollar fee, essentially.

17 And this is the proposal here is to be adding it
18 to the CDHP, EPO, and low deductible plan. So in these two
19 options this does affect the active pre-Medicare retirees on
20 the CDHP and EPO and low deductible plan as well. So it
21 excludes any Medicare exchange retirees. Any questions on
22 that one?

23 Okay. Next one is 8.5. This is a reduction to
24 the Medicare health reimbursement arrangement contribution.

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1 This affects Medicare exchange retirees. These are the only
2 group able to receive a Medicare health reimbursement --
3 Medicare health reimbursement arrangement contribution.
4 Right now that contribution is \$13 per year of service up to
5 \$260. So you top out at 20 years of service. What we are
6 doing here is proposing reducing that from -- And there's two
7 options -- from \$13 per year of service down to 12 or from
8 \$13 per year of service down to 11. The difference there is
9 down to 12 saves the plan 1.7 million dollars. Down to 11
10 saves the plan 3.4 million dollars. Any questions on that
11 one?

12 CHAIRWOMAN FREED: I have a question. This is
13 Laura Freed. How many Medicare retirees spend 2,000 --
14 Because \$13 per year of service times 12 months times 15
15 years comes to \$2,340 a year. How many people spend that
16 from their HRA on their Medicare premiums? And if we were to
17 reduce it to 2160, which is \$12 times 12 months times 15
18 years of service, how many people spend that out of their
19 HRA, if we know?

20 MS. RICH: We could certainly do that analysis.
21 I know that back in, if you remember back in April, we did --
22 we capped the HRA's because there were a lot of members who
23 were not using their HRA at all. Whether it is because they
24 did not need to use it, whether it's because they don't know
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1 it even exists, it's still a mystery to me as to why some of
2 these retirees are not using it at all.

3 Now, there are retirees who use their HRA on
4 premiums. You've got your Medicare Part B premium. You
5 have, you know, they've enrolled in our dental plan. They
6 can pay for that premium as well. And then there's also
7 obviously out-of-pocket costs that they can incur on their
8 Medicare plan.

9 And so there's -- while it is -- it's definitely
10 a very beneficial contribution, there is a certain percentage
11 of the population who, as you heard back in April, doesn't
12 use it at all. And then there's many, many Medicare exchange
13 retirees who are on zero premium plans as well. And so,
14 really, they're not using it to the degree that they could be
15 using it or that they have a better benefit than what they
16 need.

17 Now, I'm sure there's, on the flip side, there's
18 people who probably use it every single month and use it for
19 out-of-pocket costs or any premiums that they have. So we
20 can definitely -- We can do that analysis.

21 I don't know, Cari, is that something that you
22 can do just sort on the fly while we're talking?

23 MS. EATON: I can try to see what I received from
24 Towers Watson, our utilization. But I may need Towers Watson
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1 to give definitive useful information. But I will look.

2 CHAIRWOMAN FREED: Any other questions?

3 MS. RICH: Okay. So 8.6 is the reduction or
4 elimination of the basic life insurance benefit. This
5 affects all PEBP members. Currently we've got actives who
6 are receiving \$25,000 in basic life insurance benefits and
7 retirees who are receiving \$12,500. So the options here are
8 to reduce it or eliminate it. Reducing it to \$20,000 and
9 \$10,000 brings you down to about 1.3 million dollars in
10 savings. Reducing it to ten and five brings about four
11 million dollars in savings. And completely eliminating it
12 brings about seven million dollars in savings.

13 I do want to state here that the average
14 burial -- I looked that up the other day -- is about \$7,000.
15 And so this life insurance benefit is a basic life insurance
16 benefit. We do offer voluntary life as well through our
17 voluntary platform. There's plenty of people that have a
18 voluntary buy-up life insurance option. But this is, here,
19 this basic benefit is, it's not a very rich benefit.

20 So, that being said, covering the cost of a
21 burial, I think, is important. It's important to be able to
22 at least do that and to keep that benefit. So even, you
23 know, reducing it to that option two makes sense.

24 Eliminating it might be -- it might be one of the more
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1 extreme options. But I just wanted to put that out there
2 that I did look that up and an average burial is about
3 \$7,000. Obviously that changes with location and, you know,
4 other variables as well.

5 So the next one is the elimination of the
6 long-term disability benefits. And I'm sorry. I should have
7 paused there. Is there any questions on the life insurance
8 before I move on?

9 MEMBER LINDLEY: Just a point of reference
10 because I did mention I looked up the benefits back in 2013
11 when I started. At that time, the employee retiree benefit
12 was 10,000, 5,000. And, knowing that it was that amount, I
13 did go private and secure my own life insurance benefit.

14 MEMBER VERDUCCI: Tom Verducci for the record. I
15 don't really like the idea of eliminating any benefits. I
16 mean, I really don't even like the idea of reducing it. But
17 I think elimination should really come off the table. I
18 don't really see us being asked to eliminate benefits. We're
19 trying to get through a catastrophe here. And, once we go in
20 to elimination, we're looking at plan design changes. I do
21 agree that it's barely enough for burial. One of the
22 problems we face is we are managing a health insurance
23 program. We have some ancillary products that are tied in to
24 it that affects the pricing, life insurance, long-term

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1 disability. But I'm very much against creating any kind of
2 catastrophe for anybody. In creating a catastrophe, we're
3 going against our mission statement, which is not to create a
4 catastrophe, especially when we're looking at the retired,
5 elderly group that are probably getting hit the hardest in
6 terms of their income levels. So, you know, my thought is to
7 really avoid any kind of elimination.

8 MEMBER URBAN: Marsha Urban for the record. I
9 agree. I think that at least guaranteeing someone that they
10 can be buried for \$5,000 maybe, you know, have to kick in
11 some extra money. But I think that that's important. And
12 eliminating it is just not something that I would like to do.
13 I myself have no children, so I don't need life insurance.
14 But this would guarantee that my family wouldn't have to pony
15 up to pay my funeral.

16 MEMBER KELLEY: Michelle Kelly here. Just a last
17 point in support of not eliminating. It's great that, you
18 know, that once you finally realize that the life insurance
19 was a lot if you elect voluntary, but a new hire is an
20 opportunity where you get guaranteed coverage. But, if we
21 eliminate life insurance, there is many people that would not
22 qualify for health reasons for picking up life insurance
23 and/or couldn't afford the premium for the insurance they
24 could get. And so the elimination of the life insurance

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1 could create a lot of issues. One would mean that they can't
2 be buried. But it's important to note that many people would
3 not be able to replicate this insurance themselves.

4 MEMBER LINDLEY: Tim here. If I can clarify.
5 I'm definitely against eliminating it. Definitely. That was
6 just a point of reference from when I started the state
7 service.

8 MEMBER KELLEY: I realize that. I was holding
9 you out as the trophy boy. That's good.

10 MS. RICH: Okay. So if there's no more questions
11 on that, I'll move to 8.7, which is the elimination of the
12 long-term disability benefits. This benefit only will affect
13 active employees. Obviously retirees would not be eligible
14 for this benefit anyway.

15 The benefit is designed to help protect against
16 loss of income in the event of a disability that results in
17 the ability to work for an extended period of time. If you
18 look at the utilization here, you had 21 claims in Plan Year
19 20 and 25 claims in Plan Year 19. We have a total number of
20 access claims of 117.

21 There's two things here that I want to emphasize.
22 One, this would be made available, as was spoken to the
23 standard, this could be made available as a voluntary option
24 through a voluntary platform for more employees to purchase

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1 separately. And, two, any of these should just be eliminated
2 any of the active claims today would not be affected
3 whatsoever. So I just want to make sure that those two
4 things are highlighted. And I'll stop there for questions.
5 I know this is --

6 MEMBER AIELLO: I have a couple of questions,
7 comments. As mentioned in some of the public comments, state
8 employees aren't eligible for social security disability.
9 And if you worked anywhere else, you are eligible for social
10 security disability, so you do have some income. I'm not
11 sure though if our disability is a richer plan than social
12 security, if it's paying more. Because some of these others
13 we did have reduction option versus just total elimination,
14 as we've heard. So I don't know if ours is richer if it
15 could be a potential savings if we brought it in line with
16 social security. But because social security isn't an
17 option, it may only be a few people, thank goodness, families
18 that have to have this, but it can devastate the families
19 that do.

20 MEMBER LINDLEY: Betsy, Laura did mention that
21 the 117 active claims would not be affected. Is that
22 correct, Laura?

23 MEMBER AIELLO: If you were to become disabled
24 tomorrow and you weren't an active claimant and we eliminated
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1 this, you wouldn't have social security, disability income,
2 or this disability income.

3 My background is an occupational therapist. I
4 worked 20 years in inpatient physical rehabilitation. So I
5 did see how many families. And at least the majority of the
6 families did have social security disability. And the state
7 employees don't. But that's just -- that's kind of my
8 personal background. And so that's what I was wondering if
9 we're paying a richer benefit because I'm concerned for those
10 young families that may have something happen.

11 MEMBER LINDLEY: I agree with you, Betsy. So I
12 guess the question is can we get away with not eliminating it
13 but keeping it in line with social security?

14 MS. RICH: So I do have -- For the record, Laura
15 Rich. I do have Kurt Kemp. Hopefully he's on the line. He
16 represents The Standard, who offers this product. Kurt, are
17 you available to kind of discuss this option? I know that at
18 the last minute you had sent a few things that -- some
19 options that were not lined out in the board report due to
20 training. Again, we had 13 days to come up with this. So
21 Kurt, do you happen to be on?

22 MR. KEMP: I am. Hi. So, thanks. Kurt Kemp for
23 the record. Nice seeing all of you. I know this is a tough,
24 tough meeting. So thanks for including me. And sorry for my
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1 voice.

2 So, regarding social security, you know, that's
3 really a moving target in the sense of, you know, depending
4 on years you qualify, dependants, that kind of thing. I
5 would say in general the plan that the state provides is
6 probably more generous than what social security offers.
7 Traditionally a group plan will offset a social security. So
8 if a member is awarded down the road social security, the
9 group plan would alt that amount. Your benefit is 60 percent
10 of earnings up to 7,500. So it's a good plan, especially
11 since your average wage earner, as I heard earlier, is
12 40,000, which equates to about a \$2,000 monthly benefit. So,
13 yeah, so that's kind of my response regarding social
14 security.

15 So, yes, you know, is it possible to design the
16 plan where it's a little bit more even with a potential
17 social security buy-out? Sure, we can definitely look at
18 that and provide some options.

19 As Laura mentioned, we also provided a few
20 options -- And I'm looking it up here -- as far as ways to
21 continue to offer the plan but pare down the benefits. And
22 there's a lot of ways to look at this. You can, you know,
23 you have a 60 percent plan, so you could change that to 50
24 percent and pay ten percent less. It's kind of like what

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1 Laura said earlier about levers. Premium is based on levers,
2 which is LTD plan, so everything has a cost associated to the
3 plan design element.

4 So one option we provided was producing a 60
5 percent benefit to 50 percent, lowering the maximum from 7500
6 to 5,000. You know, continuing to have your 180-day benefit
7 waiting period. And your current benefit duration goes
8 through age 65. And that does allow some payout beyond 65 if
9 you were to become disabled towards your retirement years.
10 But, again, this is an active benefit. But that would result
11 in an estimated savings of about 1.5 million by making that
12 plan change.

13 And, again, you can look at this a lot of
14 different ways. So I just provided a few.

15 And another option, the same 180-day benefit
16 waiting period would change the benefit duration from a
17 benefit that would pay out to age 65 and make it a five-year
18 duration. So most people will come back to work within that
19 five years. But the potential of someone who becomes -- has
20 a major illness or, you know, becomes disabled and it's not
21 something they can come back from, that could affect those
22 employees. But it would capture most people who
23 traditionally do want to come back to work. You know, no one
24 really wants to sit at home and be disabled.

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1 A couple of other options. Keep the 60 percent
2 benefit to 7500 and you can reduce the benefit duration to
3 two years. And the five-year duration with 50 percent plan,
4 that would save an estimated two million dollars of annual
5 premium, okay. And then that last option where you keep the
6 60 percent to 7500 and reduce the benefit duration, meaning
7 we stop paying claims after that two years. That results in
8 about a 1.8 million dollar savings.

9 So you can really slice and dice this a number of
10 different ways and keep people -- keep, I'd say, the majority
11 of the PEBP population pretty whole as far as depending on
12 what their income is. It would affect -- By decreasing the
13 maximum, you're going to be hurting your higher wage earners.
14 By reducing the benefit percentage, you're going to -- you
15 know, you're going to affect more the normal PEBP employee.
16 So any questions on that?

17 MEMBER LINDLEY: Tim here. Thank you very much
18 for that, Mr. Kemp.

19 MR. KEMP: Sure.

20 MEMBER AIELLO: I do know that, again, PERS has a
21 disability retirement. But people in their beginning years
22 wouldn't, even if they had been over five years, it would be
23 a very small benefit unless they had worked a fair amount of
24 years before they became disabled.

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1 MEMBER KELLEY: And just for the information, for
2 the rest of the committee -- It's Michelle Kelley from the
3 Nevada System of Higher Education. Faculty at the Nevada
4 System are not necessarily in PERS. The majority do not have
5 access to Nevada PERS. They are in a designed contribution
6 retirement plan. And that has no such disability retirement
7 component built in to it. So the long-term disability
8 insurance is largely important to the Nevada System of Higher
9 Education employees.

10 CHAIRWOMAN FREED: This is Laura Freed. I have
11 one question about utilization as opposed to access claims.
12 In the item it says utilization is 25 in year 19 and 21 and
13 then active claims was 117. So, if all of those were closed,
14 we would have a utilization for 21 of 117?

15 MS. RICH: Right. So there's 117 active claims.
16 So those are people that, you know, could have been eight
17 years ago for this benefit and are still eating this benefit.

18 CHAIRWOMAN FREED: I see. Got it. Thank you.

19 MEMBER LINDLEY: Mr. Kemp, Tim here. Our benefit
20 is 60 percent and you mentioned reducing to 50 percent. What
21 is the typical market for percentage payout for benefit?

22 MR. KEMP: That is a very difficult question to
23 answer. It depends on what type of, you know, if you're a
24 state employer, if you're a county, a city. And the standard
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1 does have a very large percentage of municipalities in
2 covering them from an LTD perspective.

3 I would argue that it's not uncommon to have a
4 lesser plan design. I think this is a good benefit. You
5 know, from my experience in the public -- in the private
6 sector even higher benefits. But, again, you're dealing with
7 some executives that make a lot of money, right. So they
8 tend to steer the benefits toward the higher wage earners.
9 So I definitely see voluntary plans out on the market as well
10 with some municipalities.

11 I know you're not the only public entity to be
12 exploring all of these options. So you're not alone. I
13 don't know if that makes you feel any better. But we're
14 dealing with this across the nation. And so I think
15 everything is on the table.

16 But you do have, in my opinion, a rich benefit.
17 And, keep in mind, this benefit is taxable, okay, because
18 it's sponsored by PEBP, it's taxable as well. So the maximum
19 is there. And then by the time the benefit once approved it
20 will be taxed.

21 But I would argue that I think the plan is a very
22 good plan. It covers I would say most of your higher wage
23 earners as well and definitely covers the majority of your
24 population. So, you know, if you were to change the plan, I

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1 think it would capture most PEBP employees. But, again, it's
2 a matter of being able to decide, you know, which lever you
3 want to the pull, right. Do you want to decrease the benefit
4 percentage on everyone? Do you want to look at just the max
5 benefit duration? It sounds horrible, but honestly, most
6 people do return to work within five years. But there are
7 people that won't, right. So if you make a change, you know,
8 again, those employees probably aren't working for PEBP
9 anymore. It could affect them.

10 MEMBER AIELLO: Mr. Kemp, Laura had mentioned it
11 was something that we could offer that people could buy in
12 themselves. Were you saying that the average salary was
13 around 40,000? Are you able to give us what a premium would
14 be that someone bought in themselves? And is that just like
15 with life insurance, does it go up with age, the premium?

16 MR. KEMP: So the way we traditionally, like,
17 right now, the benefits are on a per employee per month
18 basis. Typically with voluntary we like to age rate it. And
19 the reason that is, is that we want to get participation in
20 the plan. So if you get a level set of premium we can expect
21 it will offset the claims. And so we want to position the
22 plan to be successful so we don't have any rate fluctuations
23 because it's employee money, right.

24 So we have not priced out the plan yet because we
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1 need to get demographics and make sure we have the most
2 accurate salary information. I was using the \$40,000 from an
3 earlier example. So I don't have pricing for you. With
4 age-banded rates, the older you are, you will move in every
5 five or ten years in to a higher rate in order to -- Because,
6 ideally, the older you get, the likelier you are to become
7 disabled, unfortunately. And I'm moving in to that category.
8 I moved in to that category myself. So the idea is to get
9 the younger population to want to enroll in a plan like this,
10 the rates are going to be lower. And then as you get older,
11 the rates will fluctuate. And it's kind of similar to the
12 way the voluntary life is structured, where there's moving
13 age bands. And so I would have to go back and kind of -- I
14 have asked for some estimated cost to give you an idea of
15 what it could cost a member. But, again, it really depends
16 on what age bracket you would fall in. So it's kind of a
17 moving target. So I can work toward that for you, but,
18 unfortunately, I don't have that today.

19 MEMBER KELLEY: Michelle Kelley from -- It's
20 Michelle Kelley. Just a follow-up question on that then,
21 Mr. Kemp. So, potentially, when -- So when we first go out
22 with this and it's age rated, if you don't get the younger
23 employees signing up because they can't afford the premium,
24 then how often do you reassess the rates and increase the
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1 rates aside from the age band disabled? Because what I'm
2 hearing is if we don't get our young people to sign up, the
3 people who did sign up are going to just continue paying more
4 and more and more and more, right, to make sure that you guys
5 are covering your claims cost.

6 MR. KEMP: So the idea with age banded is, you
7 know, again, yes, you can, especially during a time like
8 this, right, when you're dealing with people trying to decide
9 what they want to spend their money on. So, we would -- our
10 actuaries would come up with what percentage we feel would
11 probably enroll in the voluntary LTD. We would try to
12 structure it based on a participation requirement. So say we
13 would like to have 20 percent of the population enroll and we
14 do an effective communication and we work with your new
15 benefit partner, and we really talk about the need for
16 long-term disability, right.

17 And so we will base it on certain targets. And
18 the cost will be -- The way we'll structure it is the cost
19 will move up as you get older. And that's a pretty standard
20 type of plan for voluntary LTD. So you're capturing more
21 premium from the older employees in kind of a natural way.
22 And so we're not banking on a bunch of younger employees to
23 take it. But we want to make it palatable enough to where,
24 you know, when I was 25, I'm not going to get disabled.

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1 There's no way, right. I don't need this.

2 So we want to make it cost-effective enough to
3 where it's something they may wind up buying. But, again,
4 it's important, right. And so that's the mentality behind
5 it.

6 From a rate impact standpoint, it's a group
7 contract. So it will be based on, say, we quoted and give
8 you three or four years and it's locked in at that point.
9 And then we'll look at the experience at that renewal period
10 and then work with Laura and her team to decide, you know,
11 this is how it's running.

12 And then we will look at everything as a whole to
13 make sure that -- The biggest thing we don't want to do is
14 raise employee cost, okay. So that's, as an insurer, that's
15 one thing. It's much easier to ask you guys, hey, you're
16 running really poorly and this is PEBP-funded money, you guys
17 can make the decision on that, versus if an employee, if
18 you're going to raise their rates, that means you probably
19 didn't price it accurately, you didn't communicate it
20 accurately, or it is just running poorly and then you're
21 going to have to go tell the members that, hey, by the way,
22 sorry, your plan is running bad. And so we want to avoid
23 that at all costs. So we've worked to make it -- to
24 communicate it well.

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1 So, again, it's not perfect, but we do guarantee
2 it for a certain renewal period, similar to what we do with
3 basic life, long-term disability, you know, the
4 employer-sponsored coverages. So that's a long-winded answer
5 to that question. I'm sorry.

6 UNIDENTIFIED SPEAKER: Do you mind if I ask a
7 question of Kurt? In regard, if this would be a group, as a
8 voluntary long-term disability package, it would be a group
9 contract, would employees be -- would it be guarantee issue
10 for those employees?

11 MR. KEMP: So we would probably want to make it
12 guarantee issue. There would be a pre-existing condition
13 provision in there to kind of protect the plan from someone
14 who -- You know, we don't want -- We want people to buy
15 insurance. And this is a hard one. We want them to buy
16 insurance for something that may happen in the future, right.
17 And so we definitely want to try to avoid having to go
18 through evidence of insurability up front. Because any time
19 you put that hurdle in front of somebody, how many of you
20 like to cancel a medical appointment, right? So we want to
21 offer it in a way that we will -- But there is that
22 pre-existing exclusion limitation. But you have a 312 in
23 there, so a new hire who gets the benefit right now. We can
24 look back in the first three months before their employment

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1 to see if they were getting treatment for a certain condition
2 or if they just had a stroke and this disability is specific
3 to that stroke. So there are protections in the plan that
4 will help that. But, yeah, I would envision us going to do a
5 GI offer because I think it will just make it more difficult.

6 UNIDENTIFIED SPEAKER: Similar to when we
7 implemented the short-term disability. We did that for
8 during the initial enrollment. It was a guarantee issue. So
9 we had done that. Thank you.

10 MEMBER KELLEY: Mr. Kemp, it's Michelle Kelley,
11 for the record again. I'm just switching gears and thinking
12 about your -- the idea of capping the amount of time a person
13 can be paid through this product. So say for an employer
14 that you work with that cap it at two or five years, what
15 happens to those employees, or participants, I guess, at that
16 point, they're probably not employees anymore, what happens
17 to those individuals once the benefit stops?

18 MR. KEMP: So basically they would no longer get
19 the benefit. And for those companies we work with that have
20 this that are eligible for social security, we typically help
21 them achieve that. If they are, you know, eligible for
22 social security. So that is something, you know, with your
23 employee population that you have to consider. But benefits
24 would stop.

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1 MEMBER KELLEY: Okay. Thank you.

2 CHAIRWOMAN FREED: All right. This is Laura
3 Freed. I'm not hearing any more questions about 8.7. So we
4 should move on to 8.8.

5 MS. RICH: Okay. So, for the record, Laura Rich.
6 8.8 is the elimination of the Part B subsidy. Right now
7 retirees who are covered under the PEBP plan, so those are
8 those pre-Medicare retirees, this is who this affects.
9 They're required to purchase Medicare Part B. PEBP provides
10 a Part B premium to offset this cost.

11 And right now about 1100 members are currently
12 receiving that \$135 using that premium credit. Eliminating
13 that premium credit but still requiring those pre-Medicare
14 retirees to purchase that Part B will save the plan about 1.7
15 million dollars. So I'll stop there.

16 CHAIRWOMAN FREED: No questions.

17 MS. RICH: Okay. So, next, 8.9 is eliminating
18 retiree dependant subsidies. This also affects those
19 pre-Medicare retirees. So These are retirees who are not on
20 the exchange who are on the PEBP plan. Under this option,
21 PEBP will continue to offer retirees coverage. However,
22 those dependants will not be subsidized by the plan. Right
23 now we have -- the dependant coverage count is 2106.
24 However, that is for 1500 retirees. So 1500 retirees
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1 covering 2100 dependants. And that will save the plan 4.5
2 million dollars.

3 The next one is the unbundling of dental
4 premiums. What we're doing here is the current scenario
5 today and how it has been in the PEBP plan is dental is
6 embedded. Dental is a part of your medical premium. Those
7 people that participate on the PEBP plan with the exception
8 of the Medicare exchange retirees who can purchase dental
9 separately do not have the option today. It comes as a
10 bundled option, medical and dental.

11 What we're doing here -- And, sorry. Let me back
12 up. This affects the actives and pre-Medicare retirees on
13 the PEBP plan.

14 What we are proposing here is to essentially
15 unbundle dental. And what we would do is allow participants
16 to opt out of dental. But if you do elect to stay in to
17 dental, we would impose essentially a dental surcharge for
18 this. So, at the rate of \$5 for an employee only. \$10 for
19 an employee plus spouse or child/children. And then \$15 for
20 an employee with family. That would bring us about 4.2
21 million dollars in savings.

22 Now, there's a little asterisk here because if
23 8.9 is chosen to prioritize before this option, then that
24 reduces it to 2.6.

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1 As I mentioned earlier, if we choose a plan
2 design that has higher premiums, this is tacking on another
3 premium on top of that. So that's very important to
4 highlight in this scenario.

5 The next one is 8.11. And that is premium
6 increases. So this is -- This varies. Let's say that we
7 choose an option, whether it's A, B, or C, and it gets us to
8 that 20 million dollar mark and then we choose a variety of
9 options out of all of these, but we've only gotten to 30
10 million out of the 36 million. At that point we can --
11 Again, it goes back to, you know, what's more important,
12 benefits or premiums. You're either going to reduce benefits
13 or you're going to increase premiums.

14 So in the scenario we choose several of these
15 options that the board is adamantly opposed to the remainder
16 of the options. And let's say we're at 30 million and we
17 need to get to that 36 million. The remaining six million
18 will then have to be factored in to the rates.

19 And we have Stephanie from Aon here who can
20 probably give us a good idea of what that would look like,
21 depending on, you know, where we land. So that is -- that's
22 definitely something that we have to choose from if these
23 options don't -- if the board chooses to not get to that 16
24 million dollar mark on these options.

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1 The last one is the possible transition of
2 non-Medicare retirees to the Silver State Health Insurance
3 Exchange. So this option obviously is -- didn't fit in to my
4 little box here, so I have a couple of pages on this. And,
5 additionally, I also have representatives from the Silver
6 State Health Insurance Exchange. I have (unintelligible) as
7 the director and Jamie Sawyer from the Health Insurance
8 Exchange to answer any questions should their expertise be
9 needed.

10 But, similar to actions that PEBP took in 2011 as
11 a result of the recession, this option will require retirees
12 that are either not of Medicare age or do not qualify for
13 Medicare to purchase coverage through Nevada's individual
14 market place and Silver State Health Insurance Exchange,
15 otherwise known as Nevada Health Link.

16 Because retirees, it's no secret, retiree health
17 care is expensive, many public sector employers are starting
18 to move toward not offering health care to retirees or at
19 least not subsidizing health care to retirees. In fact,
20 during the 76 -- 2011 session, legislative session, the
21 decision was made that employees hired after January 1st,
22 2012, would no longer be able to receive a retiree benefit
23 subsidy.

24 So, in many instances, those employers that do
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1 provide retiree benefits have transitioned to providing
2 retirees with financial assistance in the form of an HRA.
3 Retirees can then seek and purchase their own health care
4 coverage using that HRA to offset premiums and/or
5 out-of-pocket cost.

6 And then by leveraging the Silver State Health
7 Insurance Exchange will help reduce PEBP's cost while
8 continuing to subsidize retirees with funding determined by
9 their years of service.

10 So, there's obviously advantages and
11 disadvantages to this, and I'll kind of cover a little of
12 both here. Some of the advantages. Retirees will have more
13 access to more plan options. On the exchange there's
14 obviously, there's a lot more plan options than the two we
15 have available on PEBP today.

16 Also, lower income retirees, so those that are
17 under the 400 percent federal poverty level, which is also
18 referred to as FPL, may qualify for federal subsidies on the
19 exchange and have access to cheaper premiums and reduce
20 out-of-pocket expenses than what they currently receive
21 through PEBP.

22 So in the case of someone that is, let's say, in
23 the 250 percentile FDL, not only do they have reduced
24 premiums, but they also have reduced out-of-pocket expenses

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1 through federal subsidies as well. Sometimes, in many cases,
2 those subsidies will be more advantageous than the subsidies
3 that PEBP would offer.

4 Additionally, the exchange can offer the services
5 of brokers and navigators to help retirees located in Nevada
6 to transition. So we would be working very, very closely
7 with the exchange to use those resources and to make sure
8 that the 4900 or so pre-Medicare retirees that fall in to
9 this bucket would receive the assistance necessary to make
10 this transition.

11 The option also provides flexibility to the state
12 to reduce or raise subsidies based on economic conditions.

13 So going to the disadvantages. We all know that
14 the ACA has been challenged repeatedly. I think even up to
15 two weeks ago it was sitting on the steps of the Supreme
16 Court. It has been upheld. But it is being continuously
17 challenged. So there's always the risk that the ACA could go
18 away. You know, it's been around since the exchange was --
19 we went live. I was there at the time. It was 2013. And we
20 are now in 2020. So it's managed to remain alive for about
21 seven years now, even through all of the challenges. But
22 there's always that chance.

23 Also, all the retirees in Clark and Nye County
24 will experience less of an increase. Premiums will likely

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1 increase for most retirees living in Nevada. Due to the high
2 cost of care in the rurals especially and the age banding on
3 the exchange, those living in the rurals with higher income,
4 so those over that 400 percent FDL, will be hit. Their
5 premiums and out-of-pocket costs will increase.
6 Unfortunately, the impact is unknown for retirees residing
7 outside of Nevada, because every exchange is different.
8 Every exchange offers different plans, different premiums.
9 And so we have to go through and do an analysis state by
10 state.

11 This will definitely require a very significant
12 undertaking by PEBP. It's going to involve mass
13 communication, a lot of planning, a lot of coordination with
14 the exchange staff as well. This is almost impossible to
15 roll out in Plan Year 22. There is just no time. There
16 is -- This would be -- There is just no way that it's
17 feasible to do in Plan Year 22. So this would be a Plan Year
18 23 option. And, as I will go in to details later, this will
19 require legislative details.

20 So I went through and we put together some -- the
21 makeup of these non-Medicare retirees and kind of went
22 through and provided some information that I think is
23 valuable in looking at those options. So you can see we went
24 through and out of the 4900-ish members, you would receive a
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1 makeup of the retirees and where they sit as far as age.

2 The majority of the 65 plus, I'll tell you,
3 they're probably on the plan because they are what we call
4 anchors. So these are folks who have already reached
5 Medicare age but they have a dependant who is not of Medicare
6 age. And so they will be -- they are allowed to stay on the
7 plan until their dependant reaches Medicare age. So, for
8 example, if someone -- if a retiree, the primary retiree,
9 turns 65 but their spouse is 62, they will be able to stay on
10 the plan until their spouse turns 65. And so that's where
11 you see a lot of these plans.

12 There is a small portion of this, as you heard in
13 public comment, of those people who will never be Medicare
14 eligible. Those are people that never paid in to Medicare
15 who will be on the PEBP plan forever and ever.

16 If you look at the federal poverty level chart,
17 this is the 2020 federal poverty level chart, on page six,
18 you'll see that 250 percent FPL is about 31,000 for a
19 household of one, 42,000 for a household of two.

20 So, what I wanted to do was I was interested to
21 see what exactly are PEBP retirees making, because that
22 really tells us where these people fit and whether they would
23 be eligible for subsidies or not. And so the first thing I
24 did was I asked PERS. PERS, are you able to provide me

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1 information on State of Nevada specific aggregate salaries
2 for retirees. And, unfortunately, PERS has a lot of
3 confidentiality limitations where they are not allowed to
4 release anything, specifically on employer-specific salary
5 even if it's aggregate. So I was not able to get anything
6 from PERS.

7 So I went to the next best source, which is the
8 Nevada Department of Administration, and asked for central
9 payroll to provide just some general information on retirees.
10 So they were able to provide me with the last five years of
11 retirees. So, when the income of salary, ending in -- ending
12 salary of a retiree. So what did that person make when they
13 retired. And it was only retirees. Not for immediate
14 employees, just retirees.

15 As I went through, and I have five years of
16 records on that, and I was able to find the median income for
17 the salaries that were provided to me by the Department of
18 Administration. Now, that median income was \$40,419 for the
19 last five years. That is assuming that -- There's a lot of
20 assumptions in to this, and so I want to make sure I
21 emphasize that this is not scientific data of any sort but it
22 is at least helpful data. So that assumption is that when a
23 person retired, they retired under their highest three
24 years -- that was their highest salary is the three years

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1 highest salary. While there's definitely people who may
2 decide that, you know, I've reached my highest salary, I'm
3 going to spend my last three years being a mail clerk at a
4 reduced salary until I hit my 30 years, that's typically not
5 the case. And then on top of that, we don't know those
6 people that the median salary was 40,000, but we don't know
7 if these people have five years of service, 20 years of
8 service, or 30 years of service.

9 So, under the assumption that the median salary
10 is \$40,000, and that's the -- the income at a 75 percent PERS
11 benefit, you're looking at -- and 30 years, 75 percent and 30
12 years. You're looking at an average retiree salary of about
13 \$30,000. Again, not scientific, but it's the data that we
14 have to go from.

15 If you look at that FPL, if you're in a household
16 size of one single person, retiree, you're at that 250
17 percent FPL. You would definitely receive very substantial
18 subsidies through the exchange. Not only for the subsidies,
19 premium subsidies, but out-of-pocket subsidies as well.

20 Moving up again to a household of two, those that
21 are earning lower income would definitely benefit from it.
22 Again, legislative changes would need to be necessary for
23 this option to be implemented. Although, you know, again, I
24 keep going back. We have 13 days to come up with the

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1 analysis for all of this. We have not had the opportunity to
2 bat this through to legal.

3 However, there's two clear changes to the statute
4 that need to be identified. The first one has to do with the
5 commingling of the risk pool. So if you don't have a risk
6 pool of pre-Medicare retirees, you no longer need to
7 commingle them. That would need to be addressed.

8 And the second one is the statute that addresses
9 how PEBP subsidizes retirees. In this situation we would
10 actually be proposing to subsidize retirees at a higher level
11 because of the higher premiums on the exchange. So retirees
12 would definitely get -- there would be a different subsidy
13 proposal. And you'll see this is just the current and
14 proposed non-Medicare. There is a state retiree subsidy.
15 It's just a proposal that we have come up with essentially
16 subsidizing those pre-Medicare retirees at a higher rate.

17 And on the last page here, on page eight, I
18 provided an example of where this could be beneficial and
19 where it is obviously not advantageous. So a 56-year-old
20 retiree with 20 years of service with over the 400 percent
21 FPL, obviously, and not receiving any subsidies, in Clark
22 County today, someone living in Clark County, would pay a
23 PEBP premium of \$54.28, pre-Medicare retiree. Should they
24 move to the exchange, their premium would actually be zero.

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1 And the reason for that is because the PEBP subsidy would be
2 higher than what that premium would be on the exchange.

3 In Carson City the same does not hold true. You
4 see that today they pay \$54.28. And a premium for a
5 comparable plan would be \$315.78. In Reno it goes from
6 \$54.28 then to 163.35. And then, again, you heard me say
7 over and over that the rurals are expensive. This is where
8 the high cost of care is. And you see it right here where in
9 Elko on the exchange that premium would go up to \$537 for
10 someone who did not qualify for any federal subsidy.

11 So I will stop right there. I'm sure there's
12 going to be a lot of questions. I'll stop right there.

13 CHAIRWOMAN FREED: This is Laura Freed. Whew.
14 That is a lot and is a lot of work just to get 12.6 million
15 dollars in subsidy dollars. I don't -- I'm just going to say
16 it. I don't think this is a great option. I mean, I don't,
17 and I don't support it. The reason I say that is because --

18 Well, let me back up. The board finds itself in
19 a situation where in 8.1 we've got three choices to save
20 approximately 20 million dollars in subsidy. If we took 8.1,
21 one of those, and 8.12, well, that would get you there. But
22 there is so much in the way of implementation and there are
23 so many uncertainties that I have a hard time supporting
24 this, which forces us back in to the position of patchwork of

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1 things, 8.1 plus some combination of 8.2 through 8.10.

2 Those are my thoughts. But if board members have
3 questions about the details of the health insurance exchange,
4 fire away.

5 MEMBER VERDUCCI: Tom Verducci for the record. I
6 want to point out, I think 8.12 is absolutely horrible. I
7 don't think it's doable. We don't know what's going to
8 happen with the Affordable Care Act. I just think that one
9 is the worst on the entire list.

10 What I see as the best options would be Option B,
11 8.2, 8.3, 8.4, and then 8.5 option one, 8.6 option one, 8.10,
12 and perhaps it would be a slight surcharge if we can get
13 quite to the number, just my initial thoughts here.

14 MEMBER KELLEY: And it's Michelle Kelley here.
15 I'm with you, Tom. I think that you've kind of encapsulated
16 my thoughts as well.

17 So I do actually have some questions around
18 the -- I just wanted to kind of get some -- fill in a couple
19 of gaps in my knowledge. So, Executive Officer Rich, when
20 you talk about transitioning kind of the non-Medicare
21 retirees, can you clarify for me are you talking about just
22 the age, like the people who haven't yet become Medicare
23 eligible? Are you also including in that the people who will
24 never become Medicare Part A eligible?

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1 And then just a follow-up question. And I guess
2 I would really -- And I hear Chairperson Freed saying that,
3 you know, this sounds like it all started with most of us.
4 But I also am challenged after seeing some of the public
5 comment. I'm really challenged with reconciling the decision
6 to provide data on a 56-year-old retiree versus when, you
7 know, I think PERS allows for ten years of service and 60 and
8 then they monitor 65. So if a person is 56 years old feels
9 like it's cherry picking. So can you perhaps respond to that
10 as well? To be clear, cherry picking a nice premium that you
11 could show some benefit, versus a 63 year old. I don't know.

12 MS. RICH: So this -- You are correct. This does
13 encompass the pre-Medicare retirees who are on the PEBP plan
14 and who you are on -- who will never either have not reached
15 the age of 65 who will at one time become Medicare eligible.
16 But then there's that small group of people who are on the
17 PEBP plan forever and ever because they have never paid in to
18 Medicare. And so those people for sure would fall in to this
19 bucket as well because they are still considered that
20 pre-Medicare retiree population. It does not exclude those.

21 Why we chose the 56 year old, I don't know if it
22 was, you know, intentionally cherry picking. It was more to
23 as you look at the age bucket there from 56 to 65, most of
24 those people are within that range. And so I think that's

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1 what the thought process was on that.

2 MEMBER LINDLEY: Tim here. If I may comment.
3 The negatives tend to outweigh the positives in this example.
4 Requires legislative changes, significant undertaking by
5 PEBP, and it wouldn't even show any benefit until Plan Year
6 23. And when Plan Year 23 rolls around in a year from now,
7 when we reevaluate, all of this may not even be necessary.

8 CHAIRWOMAN FREED: This is Laura. Thank you for
9 that -- those comments. Board members, I mean, I started it
10 off and I didn't mean to unduly influence you. But I think I
11 hear loud and clear that moving the non-Medicare retirees to
12 Silver State Health Insurance Exchange is a non-starter.

13 MEMBER KELLEY: Michelle Kelley. I agree.

14 CHAIRWOMAN FREED: Don't all of us agree at once.
15 Thank you, Member Kelley.

16 So, again, we refer to one of the plan designs in
17 8.1, plan design, balance by increased premium or -- And.
18 Excuse me. Some combination of the sort of one-off changes.
19 Because the other thing that I think bears mentioning here is
20 that we can't get this savings again if we move to the 140
21 percent Medicare model, for instance, Smart 90 for the EPO.
22 Unfortunately, some of those are one-time savings. But we
23 will patch it together the best way we can.

24 MEMBER AIELLO: This is Betsy. I do have a
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1 question on the rankings. There are some, as I already heard
2 Tom, I think it was Tom said, that would be something that I
3 would not want to do that currently says eliminate. So I
4 wouldn't even want to rank them as number ten, 12, whatever,
5 unless they could be a reduction instead of an elimination.
6 And so I don't know in our numbers if some we just say, I say
7 no, or we say, I'm okay if PEBP does this if they can come up
8 with X or something. I'm not sure.

9 CHAIRWOMAN FREED: So, if I hear you correctly,
10 you want to take elimination of some of these things off the
11 table as an option and just say reduce it one level or reduce
12 it another level?

13 MEMBER AIELLO: Yeah. Like I said, I would not
14 want to prioritize the elimination of the long-term
15 disability benefit at all in any of my numbers. But if we,
16 say, went from 60 to 50 percent, if that made a difference
17 that really we could maybe do this without an additional
18 premium increase, then that would be something different.
19 But then we're sending PEBP so many different options, I
20 don't know how that would work. But, for me, that would be a
21 killer to totally eliminate it. So I don't know how we want
22 to -- how you want us to proceed.

23 CHAIRWOMAN FREED: Well, okay. I think, well,
24 first, I want to talk about ranking, because the staff
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1 recommendation on page eight of the staff report is approve
2 Plan Year 2022 proposed plan benefit design as illustrated in
3 Section 8.1. And we've already talked through 8.1-A, B, and
4 C, so one of those would be staff's recommendation. Correct
5 me if I'm wrong.

6 Rank options 8.2 to 8.10, let's say, in order of
7 preference from most to least desirable for Plan Year 22 as
8 necessary to meet budgetary goals established by GFO for 22.
9 And then pre-approve staff budget reserve options in order of
10 preference.

11 So, members, when you rank something number one,
12 what I mean by that is that's the thing I think imposes the
13 least pain, not the things that I think imposes the most
14 pain. So least pain, second least pain, third least pain,
15 and down the line. Just so we're clear.

16 And if you want to all agree -- And I don't think
17 we need to take a motion on this -- that you don't want to
18 eliminate any one benefit from 8.2 through 8.10, we can agree
19 to that, and then just deal with reduction and hope that we
20 get there. I'm seeing some nods. Any affirmative feeling
21 about that? Okay. All right. So let's do that. So that
22 would take care of 8.6 option three. That's off the table.

23 And then that would ultimately take 8.7 off the
24 table, because I don't think we have, frankly, the time for
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1 PEBP to analyze the fully -- the fiscal impact of equalizing
2 the LTD benefit with social security disability income. I
3 mean, we had a nice long conversation with Mr. Kemp. But I
4 felt like the sum total of that was it would be require more
5 study. PEBP staff, correct me if I'm wrong about that.

6 MS. RICH: So The Standard did provide us with
7 this options as far as what those estimated annual savings
8 are, and I do have that in front of me to lower that
9 long-term disability.

10 Now, Stephanie, I know that there's a component
11 in this that would be factored in to, you know, whether
12 that -- that would be realized completely or not. I don't
13 know if you want to weigh in on this. And I know, Stephanie,
14 you don't have it in front of you, so I don't know if you can
15 weigh in on it or not.

16 MS. MESSIER: Yeah. I mean, I would need to see
17 it in order to know if we can loop it in.

18 MEMBER AIELLO: This is Betsy. I think I
19 probably agree with you, to equalize it with social security
20 is out of the question. There's just not enough time. But a
21 couple of those things he proposed, like going from 60
22 percent to 50 percent, because he did say we currently had a
23 rich benefit, he said or five years or two years. I might
24 still have a problem with that, but I think there were some

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1 options that maybe Stephanie needs to relook at. But there
2 were some potential options that maybe could be prioritized
3 down lower than if some money was still needed, you know. I
4 don't know.

5 CHAIRWOMAN FREED: Okay. I --

6 MEMBER AIELLO: He said ten percent with a 60 to
7 50, which isn't a lot of money, but it's the same amount as
8 one of the pharmacy plans was.

9 MS. RICH: So, yes. Bringing it down to -- And,
10 Stephanie, I just sent this to you. But bringing it down to
11 a 50 percent and continuing to keep the age 65 duration is
12 about 1.5 million in savings.

13 MEMBER KELLEY: Executive Officer Rich, do you
14 have The Standard provide for if instead of reducing to 50
15 percent we keep it at 60 but cap it at 5,000 or 6,000?

16 MS. RICH: Let's see. I'm looking. And, Kurt,
17 if you want to the jump in here, I'm happy to allow you to do
18 that. I'm looking at it myself here.

19 MR. KEMP: Kurt Kemp for the record. I have not
20 provided that. Again, there's so many options you can
21 provide. But, let me, while we're chatting, let me see if I
22 can get my underwriter to get me that and I'll see if I can
23 get that done quickly. But 60 percent to 5,000; right? Is
24 that the request?

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1 CHAIRWOMAN FREED: 60 percent to 5,000. And,
2 Laura, you said 1.5 million in subsidy savings?

3 MS. RICH: No. That -- So 50 percent to 5,000
4 and keeping the age benefit to 65 is 1.5 million.

5 CHAIRWOMAN FREED: Okay. While Mr. Kemp -- We're
6 probably going to take up some time doing our individual
7 rankings anyway, so I think you have a few minutes.

8 MR. KEMP: Okay. Wish me luck. Thank you.

9 CHAIRWOMAN FREED: All right. I would suggest
10 that -- PEBP staff, do you have your score sheets out? I
11 would suggest we just simply go in alphabetical order. I
12 don't want to make anybody -- I don't want to ask for
13 volunteers, because nobody would ever volunteer for ranking
14 budget cuts for fun. So, whenever you are ready, again, I'm
15 asking members to provide a ranking of, number one, for least
16 pain and suffering down to most pain and suffering for 8.2
17 through 8.10.

18 MEMBER FOX: Excuse me. This is Linda Fox. So
19 are we going to include 8.7 or we're not going to vote on
20 that? I know that's the one he's looking at right now.

21 CHAIRWOMAN FREED: Right, right, right. I think
22 if you wished to rank -- I think we should skip it for now.
23 We can omit it until maybe Mr. Kemp returns with some more
24 info. But knowing that if we have 50 percent age 65 at 1.5
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1 million dollars in subsidy savings and staff feels pretty
2 confident with that, staff and Aon, we could leave that to
3 the end and then you can insert that in your own ranking.

4 MS. RICH: Chair, do we want to start out with
5 maybe plan design first? I don't know if that's --

6 CHAIRWOMAN FREED: I think that would be fine if
7 we went back to plan design. I was just trying to make this
8 easy in bite-size chunks. So, now that we've been through
9 everything, we can turn back to 8.1 and talk again about A,
10 B, and C.

11 MEMBER VERDUCCI: Chair.

12 CHAIRWOMAN FREED: Yes, Mr. Verducci.

13 MEMBER VERDUCCI: Yes. In looking these over, I
14 like Option B. I think it's going to cause the least amount
15 of pain, the least amount of damage. I don't like any of
16 them, but if I had to choose A, B, or C, my choice goes
17 towards B.

18 CHAIRWOMAN FREED: Okay. Is that a motion?

19 MEMBER VERDUCCI: Well, I don't know if you're
20 going to take these altogether. This is a very uncomfortable
21 meeting. I like discussing increasing benefits and reducing
22 costs. But, if I look at my notes here, I could summarize it
23 real quick. I like B. And then I like 8.2. I won't say I
24 like it, but this is the way I would go. 8.2, 8.3, 8.4, then

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1 8.5 option one, 8.6 option one, 8.10. And we're looking at
2 reducing as opposed to eliminating on 8.7, maybe that gets us
3 there. And if we have to jump in to 8.11, I'm hoping it's a
4 very small nominal COVID surcharge is my initial thoughts
5 from hearing testimony so far.

6 CHAIRWOMAN FREED: Staff, did you get all of that
7 or should he repeat that?

8 MEMBER VERDUCCI: Would you like me to read it
9 back?

10 CHAIRWOMAN FREED: Yes. Why don't you read it
11 back slower.

12 MEMBER VERDUCCI: Okay. Okay. Thank you.
13 That's Option B, I think it's the least damage of Option A,
14 B, and C. And then I think everybody concurred, from what I
15 heard, that 8.2, 8.3, and 8.4 were acceptable cost-cutting
16 measures. And, 8.5 option one, I'm not real crazy about
17 that. But I know it's a give and take with both the retirees
18 and the actives. 8.6-1. Excuse me. That's the life
19 insurance. And then 8.10, which is the dental. To readdress
20 8.7, if there could be a reduction as opposed to an
21 elimination. And if there's a slight shortfall on 8.11 which
22 could be called a COVID surcharge.

23 That's what I think is the least painful. And
24 none of this is enjoyable to me at all today here to cause
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1 any disruption for any Nevada citizen. But, we're mandated
2 to do this, so it appears to be the rational choice from what
3 I can gather at this stage.

4 MS. RICH: This is Laura Rich. You can see that
5 Stephanie from Aon is -- she shared her screen here, so she's
6 showing the rate and she's showing the first one as 8.1-A and
7 the difference with 8.1-B, which is on the bottom. And so
8 these are the rates that include if you choose these options.

9 CHAIRWOMAN FREED: Okay.

10 MS. RICH: She's essentially plugging in those
11 options and it is showing what the rate would be in Option A
12 and B.

13 CHAIRWOMAN FREED: I gotcha.

14 MEMBER LINDLEY: Thank you very much for showing
15 this.

16 MS. MESSIER: Yes. I figured it would help to
17 show it in black and white.

18 MS. RICH: Keep in mind too that I think with
19 8.10, Stephanie, did you add the five, ten, 15 on to
20 participant premiums?

21 MS. MESSIER: These are rates with dental. If
22 people did not select the dental, you could subtract the
23 five, ten, 15 accordingly, to get the non-dental medical
24 rates.

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1 CHAIRWOMAN FREED: This is Laura Freed. I have a
2 question. I don't think Mr. Verducci's ranking got us to 36
3 million. So is the difference then made up in increasing the
4 premium?

5 UNIDENTIFIED SPEAKER: You're correct. Both of
6 these will save the plan 36 million. It's just move into the
7 premium.

8 CHAIRWOMAN FREED: Okay. Gotcha.

9 MEMBER AIELLO: So this is Betsy. So what looked
10 like 70 -- the employee-only premium was going to be 74 is
11 now 23 because it needed additional premium to get to the 36;
12 is that correct?

13 MS. MESSIER: Yes, that's correct. I've selected
14 8.2. 8.3, 8.4, 8.5 at \$12, 8.6 at that first option, 20K and
15 10K at 8.10, and at the end of the day you're still short
16 enough that I had to change the premium to 124 to save the
17 plan 36 million dollars.

18 MEMBER URBAN: Marsha Urban for the record. What
19 would happen if we went with Option B in 8.6?

20 CHAIRWOMAN FREED: That is a great question I was
21 just going to pose myself. Thank you.

22 MEMBER URBAN: Great minds.

23 CHAIRWOMAN FREED: Uh-oh, Stephanie, did we lose
24 your screen?

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1 MS. MESSIER: Just a second. I'm recalculating
2 and then I'll copy and paste it back. Just a moment.

3 Okay. So this is again A and B but losing the
4 life insurance at 10K and 5K. I believe that was the
5 question; is that correct?

6 MEMBER URBAN: Yes, that was the hypothetical,
7 yes.

8 MEMBER AIELLO: Is this including the long-term
9 disability going down to 5,000 cap at 50 percent?

10 MS. MESSIER: No, it does not.

11 MEMBER AIELLO: I don't know if other people
12 would be open to that or not.

13 MEMBER LINDLEY: Betsy, Tim here. I'm open to
14 the 50 percent 5,000 cap until age 65.

15 MEMBER AIELLO: That's what I -- Because I would
16 like to see the premium going down but I hate getting a
17 million different scenarios so we get all confused.

18 MEMBER KELLEY: Michelle here. Can I just
19 clarify regarding the cap, the \$5,000? That's benefits paid,
20 not maximum compensation; right? So it's not the \$5,000
21 compensation looked at so the maximum payout is \$2500 a
22 month. Rather, the maximum payout is \$5,000 a month?

23 MS. MESSIER: Correct.

24 UNIDENTIFIED SPEAKER: Can we see what would
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1 happen too if we changed Option 8.5 to option two? And then
2 I'm just going to say that I am really more in favor of
3 looking at all of these in Option A for the plan design.
4 Because in Plan Year 23 and beyond there's a very high
5 probability that rates won't continue to go up. And so if we
6 change the participant premium, say, to the CDHP to 117 but
7 then it goes up to -- for an employee only, but then it goes
8 up another 30 to \$40 for Plan Year 23 because of the subsidy,
9 it's really going to make the insurance prohibitive, even if
10 we have the lower for benefit design.

11 MS. MESSIER: Okay. So, for 8.5, you would like
12 to see it at the \$11 and you want to leave the life insurance
13 at the ten and the five? Or do you want me to put that back?

14 UNIDENTIFIED SPEAKER: No, no. Keep it at the
15 ten and the five. So option, for both 8.5 and 8.6, where we
16 have options, take them both to option two, please.

17 MS. MESSIER: Okay. One moment.

18 MEMBER VERDUCCI: Tom Verducci here. I don't
19 know if it's okay if I chime in here. But, you know, looking
20 at the life insurance, going from 25 let's just say for the
21 actives to 20, it just seems much more palatable than going
22 from 25 to ten. I mean, that's a pretty big drop. I was
23 more comfortable with one. And that would be my input as far
24 as the life insurance. It's just such a big drop.

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1 CHAIRWOMAN FREED: Thank you, Mr. Verducci. One
2 of the things I want to note for historical context is that
3 back in the great recession days of 2011, the life insurance
4 benefit was also reduced as a budget-cutting measure, but
5 after the recession passed it was put back, so that's how we
6 got back to 25,000 actives, 12,000 retirees. So it's one of
7 those things that we could reduce for a biennium and then put
8 back. Or it's one of those things that we could say if the
9 GFO wanted to put something back in to the budget, it is one
10 thing we could say that would be the first thing to put back.
11 So, Board Members, think about that.

12 MEMBER LINDLEY: Chairman, Tim here. Just
13 chiming in, I think we can all agree that 8.2, 8.3, and 8.4
14 are okay.

15 CHAIRWOMAN FREED: Yes. That seems to be the
16 emerging consensus. So I think we don't need to worry about
17 8.2, 8.3, and 8.4 in terms of ranking. I think you're right,
18 our discussion points are 8.5, 8.6, and whether we want to go
19 with some reduction in 8.7. I actually don't even hear a lot
20 of dissension at 8.10. Members, correct me if I'm wrong.

21 UNIDENTIFIED SPEAKER: I agree with that.

22 CHAIRWOMAN FREED: Okay. All right. Moving on
23 the record, so just for Stephanie's -- We're solid on 8.2,
24 8.3, 8.4, and 8.10.

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1 MEMBER URBAN: Marsha Urban for the record. On
2 8.10, if that was unbundlable, if you were only -- the E
3 only, you pay an additional five dollars a month and then you
4 would get the normal four cleanings, the basic, you know,
5 whatever you're getting now. Is that how I understand it?

6 UNIDENTIFIED SPEAKER: Yes. And, to be clear,
7 this number here, that \$62, means you elected dental. So the
8 five dollars right now is included as you haven't had chance
9 to bill that separate column. It would be \$57 if you chose
10 not to do dental. But, yes, the plan design remains the same
11 as it is today. It's simply that you're paying a dental
12 premium now of five dollars. So five of this \$62 is for
13 dental.

14 MEMBER URBAN: And, Stephanie, is that Option B
15 right there?

16 MS. MESSIER: On the bottom on the --

17 MEMBER URBAN: You know, we have 8.1-A.

18 MS. MESSIER: Yes.

19 MEMBER URBAN: I'm kind of lost here.

20 UNIDENTIFIED SPEAKER: This is what happens when
21 we all pile stuff on A and B.

22 MS. RICH: This is Laura Rich for the record. So
23 two things. We have Capitol Reporters who they're
24 transcribing this meeting and so they're asking please if
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1 people will state their names before they speak.

2 UNIDENTIFIED SPEAKER: I'm so sorry.

3 MS. RICH: And second --

4 CHAIRWOMAN FREED: I am sorry as a chair that I
5 have not followed that nor have I enforced it. Please
6 forgive me, Capitol Reporters.

7 MS. RICH: And, second, Madam Chair, they're also
8 requesting a quick break.

9 CHAIRWOMAN FREED: All right. Then, in that
10 case, it's 2:50. I will see everyone at 3:00 o'clock. I
11 apologize.

12 (Recess was taken)

13 CHAIRWOMAN FREED: Thank you, Stephanie Messier,
14 for making your presentation bigger. The people on YouTube
15 very much appreciate that.

16 All right. So let's go ahead. So, Board
17 Members, as you can see, we have -- if you take 8.1-A, so it
18 would be plan design originally in the packet, and add in
19 8.2, 8.3, 8.4, 8.5 at \$11 per month per year of service, 8.6
20 that the life insurance is 10,000 active, 5,000 retirees, and
21 then 8.10 incorporating the dental premium in the rates,
22 that's what you get. And on the bottom is Option B with all
23 of those other things the same.

24 MEMBER KELLEY: Chairperson Freed, it's Michelle
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1 Kelley here. I just have a question about the rates and
2 what's presented on the screen right now. And I think it's
3 for Executive Officer Rich. You've indicated in an earlier
4 e-mail that to save the full 36 million per year that we
5 needed, it would cause a surcharge of around \$100 per month
6 per member, per employee. So, I guess when we're trying to
7 reconcile the numbers that are appearing, if we're any kind
8 of short around the five million that needs to be made up.

9 So, Option B, if you use the pricing provided in
10 that addendum 8.1, incorporate all the other items that
11 you've got listed out here, it looks like we're only short
12 about five million, which should be around \$14 a month
13 surcharge versus what we're seeing. So I think Stephanie is
14 doing something with the tiering or something. Maybe she
15 could talk to that.

16 Just basically the rates appear to be going up
17 more than we would have expected them to, using the figures
18 that are provided in the agenda item.

19 MS. RICH: This is Laura Rich. I think,
20 Michelle, the number you were -- And I'm going to apologize
21 ahead of time because we've thrown around so many numbers
22 that I can't remember what's been quoted and what it was
23 quoting because sometimes, you know, it was the current plan
24 design, sometimes it's one of the three plan designs here

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1 that are presented here. So I can't remember what that was
2 specifically referring to.

3 MEMBER KELLEY: Well, my understanding is it's
4 just referring to if we give no plan design changes and we
5 reach the basic million dollars of savings purely through
6 premium increases, if you will, that that increase, it would
7 have been around a hundred dollars a month for the employee
8 for us to save the 36 million. But it seems like even after
9 we've entered all of the kind of different reductions to
10 benefits that the rates have still gone up more than that
11 would look like.

12 MS. RICH: Okay. So if we do no plan design
13 changes whatsoever, that 36 million dollar number goes up to
14 I believe -- And Stephanie can correct me if I'm wrong -- but
15 I think it was somewhere between 44 and 45 million.

16 MS. MESSIER: Yeah. I thought it was around 44
17 million. This is Stephanie Messier.

18 MEMBER URBAN: Marsha Urban for the record.
19 Stephanie, is that Plan B and Plan C that you have up there?

20 MS. MESSIER: This is Stephanie again for the
21 record. No. This is Plan A, which was in the original board
22 packet. So in green this is the one being presented for the
23 first time at this meeting. The blue section at the bottom
24 is the design that was presented at the July board meeting,
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1 which I believe Ms. Rich had labeled as Option B in the
2 addendum.

3 I do not have Option C up here, which is to go
4 all the way back to the one that would need 44 million
5 dollars of savings, because of the current design being
6 richer.

7 MEMBER URBAN: Okay. Marsha Urban for the
8 record. On that one that was in the original packet, it had
9 44.60 as the rate in the red. Would that add the increase in
10 the --

11 MS. MESSIER: Yes.

12 MEMBER URBAN: So if this A -- I mean, I'm just
13 kind of lost. I'm sorry.

14 MS. MESSIER: So in the packet that was only to
15 save 20 million. And it was recognizing that you needed to
16 make choices in 8.2 through I believe 8.12, I think is the
17 last one, in order to get to that additional 16. So, because
18 of the choices, 8.2, 8.3, 8.4, 8.5 at \$11, 8.6 at the ten and
19 the five, and 8.10 didn't get you all the way to 16. The
20 rest of it comes on to the participant premium in order to
21 still get to a 36 million dollar savings. So that's why
22 these numbers are different than the 46. The 46 was only
23 saving 20 million dollars. And I mean only. But, obviously,
24 unfortunately, the task ahead of us today is 36 million

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1 dollars and this is the number that gets to 36 million
2 dollars.

3 MEMBER URBAN: I understand now. Thank you.

4 MS. MESSIER: You're welcome. In response to the
5 tiering, no, I am not toggling anything on tiering. These
6 are the exact same. I have an option tab where I simply flip
7 yes or no or I flip it from 13 to 12 or 11. So the only two
8 differences between those spreadsheets is the plan designs
9 that underlie the base underwriting for each of these and the
10 rest of it flowing through. And I have to toggle those
11 options just yes or no based on what you all are telling me
12 you're voting on or would like to see. I'm not doing
13 anything with tiers.

14 And so I think the hundred dollar figure you're
15 talking about there, the reason you're only seeing it at \$70,
16 right, today you would pay about 34 for the -- And then it's
17 going up to 114. So it's not the full hundred. So it is
18 getting spread across the tiers.

19 But I'm not changing anything from Option A to
20 Option B in terms of plan design. All of the structure of
21 the rates is remaining the same. I'm simply changing which
22 plan designs I'm picking from. So those are the exact same
23 spreadsheets. So it's different starting points for plan
24 design, if that makes sense.

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1 MEMBER KRUPP: I have a quick question. If these
2 numbers, Stephanie, that you have up include the dental
3 premium in them, even though we're discussing unbundling the
4 dental premium, on the board packet that we received with
5 Option A, do these premiums include the dental premium if
6 it's unbundled as well?

7 MS. MESSIER: No. So, given the packet, again,
8 it was just trying to show what that option itself represents
9 to the 20 million dollar savings. So then when we're talking
10 about the dental, I'm showing here what the rates are with
11 that dental surcharge. So, again, if we were actually to be
12 producing rates today, there would be a separate table saying
13 I'm electing medical only. So my benefits premium, if the
14 board decides to go with Option A, would be \$67.49. If I was
15 a family and I was not electing dental, it would be \$307.31.
16 If I'm choosing dental, that's the rate you're saying here is
17 the rate shown with the dental amount on it. So, certainly,
18 the rates could go down if the person chose not to elect
19 dental going forward. Just for me that's showing you 700
20 numbers on one page. I'm just showing you the rates. And
21 these rates are with the dental loaded right now because you
22 have said yes to 8.10 and its current illustration of
23 numbers.

24 MEMBER KRUPP: Okay. So my question though is in
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1 the Option A for the CDHP plan, the high deductible plan, the
2 proposed rate is \$44.60. Does that include the unbundling of
3 the dental premium? So it would be higher; right?

4 MS. MESSIER: Right. So what was in the board
5 packet was literally only looking at a reduced head count and
6 a plan design change. So it didn't say yes or no to anything
7 else. And it only saves the plan 20 million dollars. So,
8 again, there was 160 million dollars of savings that had to
9 come somewhere. And, if there's not enough of these other
10 options selected, the difference goes to the participant
11 premium, which is why you're seeing a difference from that 46
12 to 62.

13 MEMBER KRUPP: Thank you.

14 CHAIRWOMAN FREED: This is Laura Freed. One more
15 reminder to please identify yourselves for the benefit of the
16 reporter. That was Jennifer Krupp having a conversation with
17 Stephanie Messier of Aon.

18 MEMBER KRUPP: Thank you.

19 MEMBER AIELLO: This is Betsy. I have a
20 question. In regards to the dental premium, we're adding in
21 to the savings the money that people would pay us if they
22 bought in the dental premium. Do we have claim savings for
23 those that we think might not? And is that how we're getting
24 the total savings? Or is that just based on income?

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1 MS. MESSIER: This is Stephanie Messier for the
2 record. So what we're doing here with this savings estimate
3 is we're doing a more conservative approach. We're assuming
4 everyone wants to stay on the dental plan. So this is how
5 much those surcharges helps to reduce PEBP cost because
6 they're now getting five dollars, for example, for every
7 single person who has dental. There would be additional
8 savings to the plan, potentially, when claims go down.
9 However, if everyone leaves the plan who never uses it, then
10 obviously those folks are now out of the plan and the plan is
11 actually being rated to low because the people that are left
12 on a per person per month basis will be spending more than
13 they do today.

14 So, there is an additional change that will be
15 happening, yes, if we unbundle the dental and claims change.
16 However, based on your utilization of your plan today it is
17 fairly heavily utilized, so we feel pretty comfortable that
18 your cost won't go up further. We just didn't want to get
19 overly aggressive and say there's another two to three
20 million dollars of claims savings. There very well may be.
21 But folks leaving the plan we just didn't want to bank on it,
22 if that makes sense. So what you're seeing right now is just
23 the savings is really just that additional surcharge that the
24 participants are selecting when they select dental.

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1 MEMBER LINDLEY: Tim here. Can I make a general
2 statement?

3 CHAIRWOMAN FREED: Mr. Lindley, is that you?

4 MEMBER LINDLEY: Correct. I just want the board
5 members to realize that as an active employee we see what
6 comes out of our paycheck. And Option B effectively doubles
7 every active employee's participant premium. And I don't
8 doubt that we will hear a lot of employees commenting on the
9 increase in premium.

10 MEMBER KELLEY: It's Michelle Kelley here. I
11 have just a question about the rates as we're seeing up
12 there, to Stephanie, I think. I'm just wondering and just
13 looking at employee only in the CDHP, we don't have enough
14 time for me to go through them all, so I'll just keep it
15 simple for you. When I look at the papers that we got for
16 Option B and I look at the illustrated premium there, it was
17 74.65. This is Option B. So then, given the premium that
18 I'm seeing on the screen of 114.64, that's a difference of
19 around \$40 for the different benefits here.

20 If I understand this page correctly, if I go up
21 to the ranks that are indicating 1-A, which was in the prime
22 board packet, the illustrated rates there were \$44.60. So
23 pulling out changing the benefit to somebody who is already
24 incorporated to that and then changing kind of the pieces

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1 around it, when I do the math, what I'm seeing is a
2 difference of 17.89. So why when we're removing or when
3 you're plugging in all of the same actions, whether it be
4 Plan Design A or Plan Design B, because the rates already
5 included that plan design change, why is there a difference
6 in how that rate is coming out? Shouldn't they both be 17.89
7 if that's the cost of the different benefits showing that are
8 being reduced? Is that clear? I'm sorry. It's a bit
9 convoluted.

10 I'm just wondering why -- Shouldn't the
11 difference in premium for Items 8.2, 8.3, 8.4, 8.5, shouldn't
12 that be the same whether you've gone with Plan Design A or B,
13 the change in cost?

14 MS. MESSIER: This is Stephanie. It's very hard
15 for me to follow your 17.89 and where you're starting and
16 where you're ending. If you want, I can get in to my
17 spreadsheets and we can start going through those. I guess
18 it's up to you as to where you want to go.

19 MEMBER KELLEY: Well, I guess the numbers aren't
20 working for me. So if you take the agenda -- the actual
21 information provided in Item Number 8, and you look at
22 option, I guess we're calling it Option 1-A, which is exactly
23 what kind of the executive officer presented in the report,
24 right. The -- Looking at the modified CDHP, which had all of
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1 the benefit reduction proposals, the approximate
2 employee-only rate for CDHP is \$44.60 in that document,
3 right.

4 So then we've gone and we've looked at Items 8.2,
5 8.3, 8.4, 8.5, 8.6, and 8.10 and you've incorporated those
6 savings, it's -- but you've incorporated the rest of the
7 savings to a premium increase. So that's where I'm seeing a
8 \$62.49 on Plan 1-A, right. So that's a difference from what
9 was in the agenda to what's been presented of \$17.89. That
10 is an increase to make up for keeping LTD, for keeping some
11 of these benefits and retiree health insurance.

12 But when you do the same math on the plan design
13 Option B, the rate was 74.65. And now I'm seeing 114.64 as
14 the employee only rate. So that's a difference in 40 for the
15 same benefits, for the same reduction in benefits. Because
16 it includes the 8.2, 8.3, 8.4 savings that makes up those
17 shortfalls. But I guess what I'm asking is why is the
18 shortfall different depending on whether it's Plan Design 1-A
19 or 1-B?

20 MS. MESSIER: The one thing that definitely
21 changed from when Laura had posted the packet to when we were
22 able to create the numbers on Sunday evening was that she was
23 getting information from the GFO, I believe, on the head
24 count reduction, so we did make that change. We no longer

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1 feel good about the two and a half percent number, which is
2 what you saw in the packet for Option A. It included a two
3 and half percent pay cut reduction. We moved that back to
4 two. Again, we were worried about banking on numbers that
5 won't come to fruition once everybody submits their budgets.
6 With their updated head count, a lot of folks are not saying
7 that they're going to reduce staff. So we have changed that
8 number. So that 44.60 in the board packet is likely not
9 44.60 with a two percent head count change. This one does
10 include it now, so I want it to be apples to apples to show
11 you. I don't want to artificially influence one or the
12 other. So, again, everything but tying the seams on these
13 two is exactly the same, except for the plan designs are
14 different from their actuarial values.

15 MEMBER AIELLO: This is Betsy. I think another
16 way of putting the question is why wouldn't the rate on 8.1-B
17 not be 92 or \$93?

18 MS. RICH: This is Laura. I think what we're
19 missing here is that the assumption in the board report is
20 that the board is choosing the entire 16 million on top of
21 the proposal here. So you're choosing a plan and you're
22 choosing 16 million.

23 But, in this scenario, the board has not chosen
24 16 million. You're short. You're short of that 16 million.
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1 So that number is being added in to the rate. And that is
2 why you see a -- that higher premium, because we have not
3 attained the -- achieved the entire 16 million.

4 MEMBER AIELLO: Laura, this is Betsy. I think
5 what she's saying is though more is being added in to Plan
6 8.1-B than is being added in to 8.1-A with that assumption.
7 That's what it appears to be.

8 UNIDENTIFIED SPEAKER: All I can tell you is that
9 the functionality is identical. These options are being
10 priced identical for the 8.2, 8.3, 8.4, 8.5, 8.6, and 8.10.
11 The rest of the difference I would have to stall for via
12 changing the state subsidy in order to get the one sell to
13 equal 36 million dollars. In order to do that, I have to
14 change the state subsidy for AEGIS and for REGI and then
15 these are the rates that result from that.

16 CHAIRWOMAN FREED: This is Laura Freed. Now that
17 we chewed on this for a few minutes, I would like to return
18 to the LTD benefit reduction possibility and see if Mr. Kemp
19 has had time to consult with his underwriter and give us some
20 possible additional savings.

21 I don't see him turning on his video or unmuting,
22 so that remains an outstanding item, I think.

23 MR. KEMP: Sorry about that. This is Kurt Kemp
24 for The Standard for the record. So I was able to get a hold
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1 of my underwriter. So thanks for your patience.
2 Unfortunately, the most of the savings in the plan is coming
3 by that benefit reduction from 60 percent to 50 percent.
4 Simply changing that maximum from 7,500 to 5,000 only really
5 only drives about 20,000 in savings. The rates about five
6 cents less per employee per month. And that's because almost
7 all PEBP members are falling under that \$5,000 max. So there
8 weren't enough people over that 5,000 to help bring that cost
9 down. So I hope that helps.

10 CHAIRWOMAN FREED: This is Laura Freed. Thank
11 you. That does help. I appreciate your consultation.

12 So, Board Members, I think there is not -- with
13 that new information, it's not like there's not a great
14 feeling to pursue 8.7. Is that a correct understanding of
15 the consent of the board?

16 MEMBER LINDLEY: Chair Freed, quick
17 clarification. Mr. Kemp said it was just a reduction from 50
18 percent, 7500, to 50 percent, 5,000. How about for 50
19 percent 5,000 to age 65? I think we said it was 1.9 million.

20 MR. KEMP: This is Kurt Kemp for the record.
21 Yes. An estimated 1.5 million to change the plan to 50
22 percent up to \$5,000 maximum, 180-day benefit waiting period
23 to age 65 benefit.

24 MEMBER LINDLEY: Thank you. Chair Freed, this is
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1 Tim. I would say to do that.

2 CHAIRWOMAN FREED: You would? Okay. All right.
3 PEBP board -- I'm sorry. PEBP staff and Aon staff, can you
4 take a moment and put that in to your spreadsheets and tell
5 us the effects on the rates or is that a longer term
6 undertaking?

7 UNIDENTIFIED SPEAKER: So with that 1.5 million
8 it is a little bit longer because it was pre-programed to
9 remove or to keep.

10 CHAIRWOMAN FREED: Okay. I was sort of afraid of
11 that.

12 MEMBER URBAN: Marsha Urban for the record. What
13 if you just did the 8.8, just to give us a ballpark? If you
14 put in 8.8, that's 1.7 million. So it would just give us a
15 ballpark for it.

16 CHAIRWOMAN FREED: Oh, okay. That's a good idea.
17 This is Laura Freed. That's a nice idea as a proxy.

18 MS. MESSIER: This is Stephanie Messier. That is
19 much easier.

20 MEMBER LINDLEY: Thank you, Marsha.

21 MS. RICH: While Stephanie is doing that -- This
22 is Laura Rich -- I just want to state that there has been no
23 recommendation from staff on these options, Option A, B, or C
24 on 8.1. You know, obviously there's -- it's a choice.

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1 Again, I went back to you either choose higher premiums or
2 better benefits or with lower premiums or -- I'm sorry. The
3 other way around. Lower benefits with better premiums or
4 vice versa. And, so, you know, none of these options are
5 great.

6 But, you know, I want to say that we're not
7 preferring one or the other. Stephanie is merely plugging in
8 numbers. And so she has it set up so that if you plug in
9 numbers this is what it shows. So, you know, we're not
10 trying to sway the decision of the board with these options
11 by making one look more palatable than the other. This is
12 merely math. And we know that whatever is chosen is not
13 going to be a good option regardless.

14 MEMBER KELLEY: This is Michelle Kelley. Thanks
15 for that, Executive Officer Rich. I guess my concern is that
16 I have -- so as we work through kind of the -- I'm going to
17 pull a peripheral, but I don't really like that term because
18 it makes them seem unimportant. But as we work through
19 Agenda Items 8.2 through 8.12 we look like we made
20 significant savings and there was probably only around 1.1
21 million dollars left outstanding. And so then to see the
22 premiums increase at such a large rate, I guess I'm having
23 issues processing that change and so on kind of the
24 information we were given earlier. And so I don't mean to
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1 question anyone's integrity. But, once again, you know, you
2 did the math. The math isn't working for me. And I just
3 don't understand why. Sometimes it's because I prefer the
4 details. But it seems like given that we've almost made the
5 full 36 million in savings without having to increase
6 premium, that the premium even with Option B where we saw an
7 illustrated premium, it seems like the rates have gone up a
8 lot based on what we thought and based on the numbers that we
9 had before.

10 And so that's the only reason I keep questioning.
11 It's not because -- It's more because I'm looking for an
12 error in the spread sheet. It's not about the human person.
13 But the rates just seem to have gone up exponentially to make
14 up for maybe a 1.1 million shortfall in the savings. That's
15 what I can't reconcile.

16 MS. RICH: And remember that Stephanie did
17 mention, and it was a last minute decision to change this
18 because of the information that we're receiving from the
19 governor's finance office, that head count number does have a
20 significant impact as well. Keeping that at two and a half
21 percent we could do that. But I just don't feel comfortable.
22 I don't feel comfortable that we're going to reduce that
23 number by two and a half percent. I am actually optimistic
24 with two percent still. So it's just something that we have

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1 to keep in mind that, you know, there is other variables at
2 play here as well.

3 MEMBER KELLEY: Just a point of clarification on
4 that. So reducing head count to a benefit plan is bad,
5 right, because it's a smaller hole. Okay. So if I'm going
6 from 2.5 to two percent head count reduction should have
7 actually benefitted the rates, not created more increase.

8 MS. MESSIER: This is Stephanie Messier. So
9 we're doing a simple 299 million needs to go down by 36
10 million. So when you reduce head count and we give on
11 average six, \$700 per active employee per month, any employee
12 you get rid of is \$700 a month savings. That is the
13 difference. So, right now, reduced head count does help
14 because PEBP is not being asked to reduce how much it pays
15 per person. It's asked to be reduced a very set figure of 36
16 million dollars a year.

17 CHAIRWOMAN FREED: This is Laura Freed. I want
18 to talk a little bit just for the board's edification about
19 the active employee, actually both, the active employee group
20 insurance subsidy, AEGIS, and the retired employee group
21 insurance subsidy, REGI. AEGIS is charged on field position.
22 So if agencies all across the bureaucracy have submitted on
23 Friday night, including my own, budget reductions that would
24 entail keeping positions vacant, in which case PEBP would not
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1 get the AEGIS subsidy, or eliminating positions or even
2 laying people off. Again, not getting the AEGIS subsidy.
3 REGI, in contrast, is charged on gross payroll. Well, if
4 gross payroll goes down, then the REGI subsidy pool to
5 provide to retired people who use group insurance also goes
6 down.

7 So the 2.5 percent reduction in head count, I
8 think that was active head count, that the executive officer
9 got from the GFO, I think may in fact be a little
10 conservative based on things that I've heard through the
11 grapevine. So, Board Members, spare that in mind. When we
12 keep positions vacant to save money we hurt the AEGIS
13 subsidy.

14 MEMBER KELLEY: So can I ask a next-step
15 question? So once we're done with today's meeting and, you
16 know, the recommendation goes forward, when it comes back, I
17 mean, can we continue to have input in to the plan design or
18 what we decide here today is it? Because my understanding is
19 it was just a budget recommendation. So the PEBP will -- You
20 know, the legislature will do what they'll do. But does the
21 board itself once we know, for example, what's happening with
22 the state fiscal situation in December and the various
23 milestones that we have coming out that talk about revenue
24 and then perhaps the final decision on what the revenue looks

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1 like, do we get more input on plan design or is it your
2 intent that this is it and that the next time we talk about
3 this is just to determine rates?

4 UNIDENTIFIED SPEAKER: You unmuted yourself, so I
5 was giving you the chance. But I'm happy to answer.

6 CHAIRWOMAN FREED: I know. I felt like there was
7 standoff on who should be first. This is -- I feel like this
8 is a board process question and a budget process question.
9 And I feel like I'm more qualified to answer the budget
10 process question, so I'll start with that.

11 The -- You know, the unfortunate thing is that
12 the budget process is -- runs off one track and the board
13 schedule runs on another track. And so we are at the point
14 right now where the agency request was due on September 1st
15 and PEBP already turned that in. So what they have -- and
16 that's been made public. It was made public on October 15th.
17 And so that's final, really, and no changes can be made to
18 that.

19 So now we are in the development process for the
20 governor's recommended budget. As was said earlier in the
21 meeting, the board's next meeting is in January and --
22 However, the budget as recommended by the governor for the
23 next two years has to be finished before then.

24 So, the input, I mean, these reductions are
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1 scenarios, as the governor's finance office put it in its
2 memo, that they will consider when putting together the
3 governor's recommended budget. Are they guaranteed to take
4 them? No.

5 As both board members and public comment has
6 noted, the economic forum might put the governor's finance
7 office in an even bigger bind or it might not. And so does
8 the board have input on plan design, not specifically in the
9 budget process. The executive officer will certainly be
10 consulted. Behind the scenes of gov rec remains under
11 development. But so from a budget process perspective, this
12 is ultimately the last stop. From a plan design perspective
13 it's not based, because, of course, the board has the March,
14 traditional March rates meeting upcoming, and that's where
15 I'll hand it off to Laura Rich to talk about the PEBP board
16 track of this.

17 MS. RICH: So this is Laura Rich. It's not only
18 the PEBP board track, but there's also the PEBP staff track
19 and open enrollment. You know, as you know, we have a very
20 limited window where we can make plan design decisions and
21 have the actuaries be able to come to the March board meeting
22 and present those rates in March. If we are making plan
23 design decisions in January, it ultimately is going to
24 conflict with what has been submitted in the governor's
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1 recommended budget. And so we're put in a really difficult
2 situation here.

3 As the executive officer, I have to defend what
4 is in the governor's recommended budget. And so in making
5 those plan design changes that are conflicting with what has
6 been included in that recommended budget is -- it puts me in
7 a very awkward spot.

8 Additionally, we do have to work towards open
9 enrollment. And so that window of opportunity between March
10 and open enrollment is very, very busy for PEBP staff. We
11 not only have to load rates in to the system, we've got to
12 test them, we have to make sure that the system is working
13 correctly, we have to update, you know, plan benefit guise,
14 we have to update master plan documents, the website, all
15 kinds of communications that are going out to members. There
16 is a lot of work that goes into -- We are in scramble mode
17 after the March board meeting essentially.

18 And so, unfortunately, it comes down to timing
19 and, like Chair Freed said, there's different tracks. And,
20 unfortunately, they're not on the -- they're not parallel or
21 perpendicular or whatever you want -- however you want to use
22 that metaphor. It's definitely a -- It's a scramble when we
23 make any plan design decisions after November.

24 MS. MESSIER: This is Stephanie Messier. I did
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1 just want to report that it looks like Option B of the
2 addendum from this morning was not set to a 20 million dollar
3 savings. It was set only to it looks like five million
4 dollars. We didn't carry it through to the final steps, as
5 we were trying to get that out this morning. So that's why
6 you're seeing the difference and your math is not changing.
7 So, again, I apologize. The rest of the spreadsheet is
8 hanging right, with yes and nos with your options. But when
9 we copy and pasted the rates this morning, it was only
10 savings the plan it looks like actually six million dollars.
11 So there was 14 million dollars that still needed to be saved
12 by changing the AEGIS and REGI amounts to get to the full
13 amount of savings needed. And it's looks like we sent out
14 the wrong one this morning to Ms. Rich.

15 So the rates we're showing now are the correct
16 rates for toggling these options to make Option 1-A and 1-B
17 on a similar basis. What was included in the addendum this
18 morning was only a six million dollar savings, not a 20
19 million dollar.

20 MS. RICH: Stephanie, we can't see -- This is
21 Laura Rich. We can't see your screen.

22 MS. MESSIER: Yeah. I'll switch it. Here you
23 can see the numbers are similar -- Again, this is Stephanie
24 Messier -- to what was sent out this morning. But the

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1 savings to -- This red number here, I don't know if you can
2 see it, is the key that we're trying to get to 36 million.
3 And right now with all the options set to no and being as the
4 plan is today with designs in July, the rates are assist
5 similar to what you saw on the board packet and your
6 addendum. But this is the key number that we're looking at
7 and that's six million dollars. That's not set to 20, which
8 is what it should have been in order to be included in that
9 addendum to be on a similar apples-to-apples basis with the
10 other design.

11 MEMBER KELLEY: I appreciate you going back and
12 looking at that. That makes a lot more sense.

13 MS. MESSIER: Yes. I apologize. It is hard to
14 follow numbers live and on the screen. So thank you for your
15 patience.

16 CHAIRWOMAN FREED: This is Laura Freed. Thank
17 you, Stephanie. So is it possible to go back to your 8.1-A
18 and 8.1-B table knowing what we know now?

19 MS. MESSIER: This one is still valid. So this
20 is based on your choices that we most recently discussed and
21 it's two differences.

22 CHAIRWOMAN FREED: This is Laura Freed. Did we
23 put in 8.8 as a proxy for the 1.5 for 8.7?

24 MS. MESSIER: Yes.
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1 CHAIRWOMAN FREED: Okay. Great. Thank you.

2 MS. MESSIER: I'll double-check it though just to
3 be sure. Yes, that's correct. So with the proxy on the Part
4 B subsidy, yes, as to Model B impact of the augmented LTD.
5 Stephanie Messier for the record.

6 CHAIRWOMAN FREED: Laura Freed for the record.
7 Thank you. Okay. Board Members, can you all see that? So
8 8.1-A with all of those choices, employee following coverage
9 becomes 58.04 per month. Employee plus family becomes
10 312.03. Again, that's ballpark figure based on many
11 assumptions, but it's close. And then in Plan Design B,
12 employee only, \$111 per month. And employee plus family
13 437.80.

14 So we have brought ourselves back to the
15 essential choice now between Plan Design A -- 8.1-A or Plan
16 Design 8.1-B. I heard Mr. Lindley say he prefers A. I heard
17 Mr. Verducci say he prefers B. And I don't think I heard
18 definitive statements from other members. So I will ask for
19 that.

20 MEMBER KRUPP: This is Jennifer Krupp for the
21 record. I prefer Plan Design A.

22 MEMBER FOX: Linda Fox for the record. I also
23 prefer A.

24 MEMBER KELLEY: Michelle Kelley here. You know,
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1 we've talked about no good options. But I believe Plan
2 Design B is better for my constituents.

3 CHAIRWOMAN FREED: Laura Freed. Thank you.

4 MEMBER URBAN: This is Marsha Urban for the
5 record. My constituents said they didn't want to lose the
6 benefit. So I would go with Plan B.

7 CHAIRWOMAN FREED: Laura Freed for the record.
8 Betsy Aiello, I'm sorry to put you on the spot.

9 MEMBER AIELLO: Yeah. I was going to say that I
10 hate to give up the benefits. But I'm just a little worried
11 about the young families in the program, the level of the
12 lowest premium per month. But, overall, I think Plan Design
13 B is better for max out of pocket, so I think I'll go with
14 that.

15 CHAIRWOMAN FREED: This is Laura Freed again.
16 Let's see if I have -- Laura Rich, do you -- did you catch
17 count of that? I have two, but I want to cross-check my
18 numbers. You guys know how bad I am at this.

19 MS. RICH: Laura Rich. I have three A's and four
20 B's.

21 CHAIRWOMAN FREED: I have Betsy Aiello for B,
22 Marsha Urban for B, Michelle Kelley for B, Tom Verducci for B
23 for a total of four. And then under A, I have Tim Lindley
24 and Linda Fox and Jennifer Krupp. So four B's and three A's.

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1 MEMBER KELLEY: I guess, Chairperson Freed, I
2 would just like to put one thing out there. And I know
3 there's a time crunch and all the rest of it. But I did just
4 want to perhaps request that the vote be delayed until early
5 December. My concern is that just because of the numbers
6 kind of changing from I think what we were working on with
7 our constituents it would be great to go back to them and
8 actually get some feedback before finalizing.

9 CHAIRWOMAN FREED: This is Laura Freed. You
10 know, the problem with that is that GFO is already waiting on
11 this. The rest of us had to turn in our budget reductions,
12 which was great fun for us directors, last Friday evening.
13 And as soon as this memo dropped, the executive officer was
14 on the phone to me brainstorming options. So she has been
15 working on this since November, early November, November 3rd
16 I believe is when it -- I was just looking at my calendar --
17 when it dropped, and it's now November 23rd. So she's been
18 working on this for basically 20 days, as has the vendors.

19 And actually we had to go to the GFO and say we
20 can't make that deadline because there's a board meeting
21 after your deadline. And so she got a special extension that
22 everybody else didn't get. And so to extend this until
23 December, first of all, puts pressure on the GFO who has to
24 do things in the budget in a very methodical and scheduled

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1 way and I think causes PEBP staff to have to get us all
2 together again, which is pretty difficult to do. So I'm
3 frankly not receptive to that.

4 We, unfortunately, all are appointed by the
5 governor. I don't say it's unfortunate the governor
6 appointed me. We are all appointed by the governor. And,
7 unfortunately, we get appointed to do hard things in this
8 kind of a fiscal climate. It would be great if we got to be
9 PEBP board members in a time of increasing revenues and all
10 we had to do was enrich the plan design. But we don't get
11 that. That is not our lot in life. And so I'm, frankly,
12 unwilling to do that right now. We have to make a choice and
13 it has to be an unpleasant resource choice.

14 MEMBER KRUPP: I just have a question. This is
15 Jennifer Krupp for the record. I'm looking back that we had
16 four votes for Plan B and then three for Plan A. And I'm
17 looking at the differences really. And what Stephanie
18 Messier had put up was that for the CDHP plan, it would take
19 for the one employee only enrollment up to \$110 a month.
20 And, looking at the benefit design that was sent in Addendum
21 8.1 as well as the board packet, really the only differences
22 that I'm seeing is an out-of-pocket max of 5,000 and 10,000
23 for Option B versus 6,000 and 12,000 for Option A. And then
24 a difference of \$200 for the HSA account for the HSA

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1 contribution would go to 500 in Option B versus 300 in Option
2 A.

3 So, correct me if I'm wrong, but I'm not seeing a
4 difference in, you know, almost what, 60 -- \$40 for those --
5 for that difference in benefits.

6 MS. RICH: So this is Laura Rich for the record.
7 I'm sorry. I'm sure Stephanie is on the same page as I am
8 right now going from one option to the other. And the board
9 has seen these three options. We've actually seen, like, 38
10 other ones. And so we're trying to keep them all straight.

11 (Michel Loomis took over as the court reporter)

12 MS. RICH: So we -- it -- I think -- let me
13 compare the two here and bring them up. I believe we did
14 something to the HMO as well. Let's see. Stephanie did. We
15 add -- it looks like we added the deductible. Now, just the
16 out of pocket on that one, I think we did a few other things
17 with the HMO and the co-pays.

18 UNIDENTIFIED SPEAKER: Yeah, I think the biggest
19 changes were like for the inpatient hospital and for ER
20 visits, like applying the deductible in addition to a co-pay
21 based on talks with HPN.

22 MEMBER AIELLO: This is Betsy replying to
23 Jennifer, because I was so on the fence. If you want to go
24 the other way, I'm sorry, I saw that back and forth, because
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1 I am really worried about some of the pre-Medicare retirees
2 and the families with the younger workers with the higher
3 premiums. And I think I just didn't get enough time, really,
4 to see all of these. So I'm sorry, let me -- maybe I should
5 switch and I hate to be so wishy washy, but I'm looking at
6 the other one again.

7 Because with the added from 300 to 500, that does
8 decrease what the premium would be, but not by 40 a month,
9 because that does give people more money. And then it is
10 just the max out of pocket that's the difference and the
11 cheapest of the plans. So I think I'd like to switch. I'm
12 sorry. It's just one of these where it's hard to know. We
13 wish could go out and poll the people.

14 MS. RICH: Betsy, is this is Laura Rich. You're
15 switching then to A?

16 MEMBER AIELLO: Yes, I'm sorry. I'd like to
17 switch to A based on Jennifer's input and I just looked,
18 myself, to see the differences. So I'm just worried about
19 such -- I know everybody is.

20 CHAIRPERSON FREED: All right. This is Laura
21 Freed. So that brings us to four A's and two B's by my
22 count. Laura Rich, is that what you have?

23 MS. RICH: (Inaudible response).

24 CHAIRPERSON FREED: Okay. So with that, I think
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1 we have reached a decision, a very unpleasant decision that
2 nobody likes, that nobody wants to suggest, and I think I
3 need to underscore here that the Governor's finance office
4 and the Governor's office are aware of how ugly this is, and
5 I believe that they are watching and they have heard some if
6 not all of these deliberations. And, you know, it's always
7 possible that they could choose to make up a budget shortfall
8 with furloughs or pay cuts or something else that doesn't hit
9 benefits as -- and I'm not saying they will, I don't have any
10 inside information. But I do believe that they understand
11 what a contentious and sensitive issue health benefits are
12 for employees. That, I can say. So . . .

13 MS. RICH: Madam Chair, not to --

14 CHAIRPERSON FREED: Yes?

15 MS. RICH: Not to make this worse, but in case we
16 are asked to -- we've gotten to the 16 million. In case we
17 are asked to -- let's say we need 14 percent instead of
18 12 percent, rather than calling a board meeting in December,
19 during the holidays, it might be good for the Board to make a
20 decision too as to what if we are asked to make that, you
21 know, 13, 14, 15, who knows what that number is going to be.
22 Do we want to just look at increasing premiums? And if that
23 is the option, then I think it needs to be spelled out so
24 that it gives us that flexibility.

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1 MEMBER AIELLO: This is Betsy. I'm -- and I'm
2 just throwing out this, the option of, again, 8.8 and 8.9
3 that were the elimination, is there like dropping them by
4 25 percent instead of totally eliminating? I don't know if
5 that's an option or if it's just nickel and dime, so would it
6 really help you?

7 MS. RICH: So this is Laura Rich. I guess,
8 Betsey, that all depends on how far into that elimination the
9 Board is willing to go. If it's ten percent, then it's
10 really nickel and diming it. If it's, you know, 50 percent,
11 maybe that's something that, you know, we can look into,
12 especially if it's 8.9.

13 MEMBER KELLEY: It's Michelle Kelley here. I
14 think that given the extent of the cuts so far and the things
15 that we haven't -- that we have not prioritized, I would
16 prefer to come back in a special meeting. I'm not -- I don't
17 believe the three items that we have -- that we have not
18 prioritized should be considered. So, you know, whether it
19 be premiums or other plan design, you know, I'm not prepared
20 to prioritize 8.7, 8.8 or 8.9 at all today.

21 MEMBER URBAN: Marsha Urban for the record. I
22 agree.

23 CHAIRPERSON FREED: All right. Executive Officer
24 Rich, I think -- much to your chagrin, I think if the public
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1 employees benefits program is asked to make something more
2 than 12 percent, we may have to shoot more in a December
3 emergency meeting and that's okay. We'll just see what
4 happens at the economic forum and let's -- let us go with
5 what we have today and hope that that is the only thing that
6 they ask of PEBP.

7 With that, I'll see if I can make this motion to
8 make sure that it is clear on the record. I move that the
9 PEBP Board, in order to meet the lower targets established by
10 the Governor's finance office, direct the PEBP staff to amend
11 the budget such that we go with Option 8.1.A in terms of plan
12 design and include as additional savings measures 8.2, 8.3,
13 8.4, 8.5 Option 2, 8.6 Option 2, 8.7, reduce the LTD benefit
14 to 50 percent 5,000 max up to age 65 with a waiting period
15 and 8.10. And anything that does not then reach the 16
16 million is made up in the premiums. Thank you, Stephanie. I
17 can --

18 STEPHANIE: Laura Freed, Stephanie needs to jump
19 in here because I think there's a small error.

20 CHAIRPERSON FREED: Okay.

21 MS. MESSIER: Yep. This will teach me, Stephanie
22 Messier for the record, to try to show numbers on the fly
23 without peer reviews. This is why we don't do this.

24 So during the meeting I had flipped one of them
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1 to '23, trying to show what we would see in '23 with an extra
2 year of trend. So as you might imagine, that makes an
3 additional difference. So before you vote and move forward
4 on A versus B, I wanted to take this opportunity to
5 interrupt. These are now both on plan year '22, and I
6 apologize.

7 CHAIRPERSON FREED: All right. This is Laura
8 Freed again. Okay. Let's go back to the drawing board then.
9 All right. Board Members, take a look at this. Does anybody
10 wish to change their feeling now based on this?

11 MEMBER LINDLEY: Tim here. Knowing that rates
12 will potentially increase, I'm going to maintain my decision
13 for option A, 8.1A.

14 MS. MESSIER: Okay.

15 CHAIRPERSON FREED: This is Laura Freed. I'm not
16 hearing anybody change their feeling on this one. So again,
17 let me try and make the -- see if I can state the motion
18 correctly for posterity.

19 I move to present budget reduction scenario
20 involving plan design changes as reflected in 8.1.A,
21 including the savings measures in 8.2, 8.3, 8.4, 8.5
22 Option 2, 8.6 Option 2, 8.7 to reduce the long-term
23 disability benefit, but not eliminate it and 8.10 unbundling
24 of the dental premium. And to the extent that that does not
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1 get the Board to its \$36 million subsidy target, make up the
2 reductions in the B participants share of the total premium.

3 Do I have a second on that motion and does it
4 make sense to you all?

5 MEMBER LINDLEY: Tim here. I second the motion.

6 CHAIRPERSON FREED: All right. Thank you. You
7 heard the motion, it's been seconded. Is there any
8 discussion on this motion?

9 Okay. Hearing none, I will ask Ms. Rich or her
10 staff to do a roll call so that this is clear for the record
11 again.

12 Nicole, are you able to do a roll call vote,
13 please?

14 MS. PLUTA: Yes, I can go ahead and do that roll
15 call.

16 CHAIRPERSON FREED: Okay.

17 MS. PLUTA: Linda Fox?

18 MEMBER FOX: Aye.

19 MS. PLUTA: Linda Fox?

20 MEMBER FOX: You didn't hear me? I vote yes.

21 MS. PLUTA: Betsy Aiello?

22 MEMBER AIELLO: Yes.

23 MS. PLUTA: Michelle Kelley?

24 MEMBER KELLEY: No.

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1 MS. PLUTA: Jennifer Krupp?
2 MEMBER KRUPP: Yes.
3 MS. PLUTA: Tim Lindley?
4 MEMBER LINDLEY: Yes.
5 MS. PLUTA: Marsha Urban?
6 MEMBER URBAN: Yes.
7 MS. PLUTA: Tom Verducci?
8 MEMBER VERDUCCI: Yes.
9 MEMBER URBAN: For the record, is the -- with all
10 the 8.2 and the rest of them, isn't that 16.4 million there?
11 CHAIRPERSON FREED: This is Laura Freed. I
12 believe you are correct that 8.2 through 8.10, it is more
13 than 16 million. And I'd have to do the arithmetic real
14 fast, but I believe you're right.
15 MEMBER URBAN: Marsha Urban for the record. So
16 that's been reflected on Stephanie's A and B plans here;
17 right?
18 CHAIRPERSON FREED: This is Laura Freed. I'm not
19 sure I understand your question because --
20 MEMBER URBAN: Marsha Urban for the record. Is
21 that 1.5 that we had, is that now in the plans A and B? I
22 know when we changed it, we ball parked it at 1.7. But is it
23 now correct in there at 1.5?
24 CHAIRPERSON FREED: This is Laura Freed. I think
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1 it is still in there at 1.7 as a substitute for the 1.5. So
2 there might be some small adjustment of a few hundred
3 thousand dollars there.

4 MEMBER URBAN: Okay.

5 MS. MESSIER: And this is Stephanie Messier for
6 the record. So the one thing about that line item is because
7 it's a part D savings and the LTD is just in addition to the
8 active rates, you're not going to see it reflected correctly.
9 So it changed your overall savings to 36 million because of
10 where the three different buckets are. But the way we had it
11 modeled right here, it's not going to flow through to the
12 active side, which is where it really would be reflected in
13 actuality when you change the LTD. If I would flip the LTD
14 toggle right now, it would do it correctly, but not by the
15 right amount because you're not talking about eliminating the
16 LTD.

17 MEMBER KELLEY: So, Stephanie, these rates --
18 based on what your explanation just now, these rates will
19 actually go down if that was the only influencing factor.

20 MEMBER MESSIER: The change in LTD is your
21 question? This is Stephanie Messier.

22 MEMBER KELLEY: Yes.

23 MEMBER MESSIER: Yes, that's correct. So if --
24 when I toggle the LTD to yes, you will notice the state
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1 active rates will go down because it's a savings on the state
2 active employees, whereas the retiree rate would not change
3 nor obviously would the Medicare exchange amount change.

4 CHAIRPERSON FREED: All right. This is Laura
5 Freed. Any other final questions?

6 MEMBER LINDLEY: Tim here. So as an active
7 employee, the goal is -- the next step would be to try to
8 increase the subsidy if we wanted to lower our premiums; is
9 that correct? I will be an active member in the next step.

10 CHAIRPERSON FREED: Okay. All right. Unless
11 Ms. Rich has something else, I think that brings us to the
12 end of Agenda Item 8.

13 MS. RICH: The only thing that I want to make
14 sure is -- on the record is on the dental option. I want to
15 make sure that it's on the record it is an opt out. You
16 cannot opt in to dental without being on the medical plan.
17 So dental is not just a -- you know, \$5 gets you dental. So
18 I just want to make sure that's on the record that that's not
19 on -- that's not going to be a plan benefit change.

20 MEMBER KELLEY: It's Michelle Kelley here. At
21 the risk of blowing this whole thing up or being shut down,
22 why -- I guess when I see the rates, why would we even
23 separate dental out? The rates we were looking at were
24 dental intact; right? Dental there and it was \$58 per
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1 employee. You know, dental is important. So I'm just
2 wondering, does the Board still want to separate it out as a
3 separate premium if we're not going to be doing COVID
4 subsidies or anything exotic like that, is the point still
5 valid? No one wants to take it? Okay.

6 CHAIRPERSON FREED: I'm not even sure how to
7 answer it. Sorry, this is Laura Freed for the record. I'm
8 not sure how to answer it. Using the \$58 hypothetical
9 premium and I were to opt out, I'd pay \$55. And so the
10 savings is generated by the estimated -- correct me if I'm
11 wrong, please PEBP staff. The actuarially estimated number
12 of people who would opt out of the dental cost.

13 MS. RICH: Opt into the dental cost, I believe,
14 is the correct -- so we're charging that extra 5, 10 or
15 \$15 -- for the record, Laura Rich. We're charging the 5, 10,
16 \$15 and so essentially that is where you get that extra
17 savings.

18 CHAIRPERSON FREED: All right. This is Laura
19 Freed. I think -- thank you for putting the -- that on the
20 record, Ms. Rich. I think we should move to Agenda Item 9,
21 public comment. And so I will let PEBP staff take it over.

22 MS. PLUTA: Okay. And for public comment I'm
23 about to share. On the side it says how to enter public
24 comment, what phone number you need to dial as well as the
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1 meeting ID number. If you do have public comment, please be
2 sure to state your first and last name for the record.

3 Just as a reminder, when I unmute your line, you
4 will be asked to select star six to unmute your line. Again,
5 for those who call during public comment, I will state the
6 last three digits of your phone number and I will advise you
7 that your phone line has been unmuted.

8 Kent Ervin, your line has been unmuted.

9 MR. ERVIN: Hello, this is Kent Ervin, K-E-N-T,
10 E-R-V-I-N, Nevada Faculty Alliance. I've had a very long day
11 and I don't have prepared remarks. I thank everyone for
12 going through this process and that at least we avoided some
13 of the worse cuts elimination of benefits for various groups
14 and retirees.

15 However, as you know, we're not in a good place
16 with the plan design or the premiums, for that matter, and I
17 fear if these are selected by the Governor's and the
18 Governor's recommended budget, that particularly the plan
19 design changes will be very hard to reverse in the future.

20 I had more hope that we could possibly work on
21 the State funding amounts to increase the employer
22 contributions. But anyway I appreciate everyone doing all
23 this hard work. I do have -- put on the record that it was
24 very disturbing that decisions are being made without taking

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1 the time to get the numbers right. I know that's very
2 difficult. I don't fault the numbers being wrong, but it's a
3 matter of not having the time to take a break to get the
4 numbers right and so that's very disappointing. Thank you
5 very much.

6 MS. PLUTA: Line ending in 0013, your line has
7 been unmuted. Line ending in 404, your line has been
8 unmuted. Line ending in 947, your line has been unmuted.
9 Line ending in 987, your line has been unmuted.

10 Doug, your line has been unmuted.

11 MR. UNTER: Am I on Zoom or --

12 MS. PLUTA: You're on Zoom. You're on the public
13 comment.

14 MR. UNTER: Yes. Okay. Sorry, I've got a --
15 I've got a feedback going on here.

16 MS. PLUTA: Hey, Doug, can you mute your
17 computer? It sounds like we're having feedback.

18 MR. UNTER: I'm sorry. There was feedback going
19 on here. This is Doug Unter, U-N-T-E-R. I'm a member of the
20 UNLV employee benefits advisory committee, chapter president
21 of NFA also, chapter past counsel faculty senate chair and
22 I've been attending PEBP board meetings for nine years.

23 I originally got involved in advocating for
24 restoring our benefits from the last recession because I knew
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1 in administering the system, because of high out of pocket
2 medical costs, actually lived in a car at our University for
3 more than three months. And I've known many, many, many
4 others who have suffered greatly because of the high
5 deductibles and high out-of-pocket maximums.

6 There are a couple of things that came out of the
7 meeting today, which were misrepresentations about the CDHP
8 plan. One was that it was said that mainly only younger
9 people who don't really need it are using it and that is not
10 true. The old adage in southern Nevada is if the ambulance
11 picks you up, don't tell them to take you to the hospital,
12 tell them to take you to McCarran airport, because you get
13 better treatment out of state than in the state.

14 I have personal experience with this with my wife
15 who suffered from a condition from which she would have died
16 if she had not gone out of the state because there was no
17 medical provider in Nevada who could do the specialized
18 surgery that she needed. And if we had not been the CDHP
19 plan, I shudder to think how we would have ever been able to
20 pay the costs. And fortunately we had it even though we were
21 out of pocket \$18,000, not the \$3,900.

22 This has been a really terrible meeting after
23 nine years of advocacy to restore benefits to see what's
24 happened now. I want to inform the PEBP board that this is
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1 unacceptable, that despite all your good work and all your
2 good will, what the Governor has asked you to do with our
3 health benefits is unacceptable and will be unacceptable to
4 faculty and staff of the Nevada system of higher education.

5 I see no other option now left for us than to do
6 what we have been talking about doing for years, but have
7 avoided pushing doing, and that is right now to commit
8 ourselves as a system with our independent board of regents
9 to try to separate ourselves out from the Public Employee
10 Benefits Program. We have researched plans. We can get far
11 better plans with our constituency group than is being
12 offered by PEBP at this time.

13 PEBP should seriously consider and should
14 seriously inform the Governor's office that we will begin to
15 push to separate ourselves out. The reason is that we can
16 get a better plan, but there are also other reasons. We can
17 develop our UNLV medical school clinical practice, UNR can
18 develop its clinical practice and we will all be better off.

19 I'm very sorry to tell the Board this, but the
20 Governor needs to know. He will wear -- he will wear what
21 he's doing to our health care benefits like he won't wear the
22 furlough or any other cut that we're going to suffer.

23 After nine years of working to restore benefits,
24 to see what has happened in this meeting, to see them
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1 stripped so down to a C minus medical plan, that we will not
2 be able to hire. We won't be able to hire quality faculty
3 for our University with this health plan. It just won't
4 work. So I'll get with Michelle Kelley. Thank you very much
5 for your advocacy on this board and all the Members of the
6 Board for your good work. I know it was very unpleasant and
7 I appreciate everybody's work, but this is just basically
8 unacceptable. And I'm hearing from members right now, my
9 emails lit up. We'll just have to work now to try to
10 separate ourselves out from PEBP and that's all I've got to
11 say. Thank you very much.

12 MS. PLUTA: Line ending in 111, your line has
13 been unmuted.

14 MR. SUELL: Hello, this is Sean Franklin Suell
15 for the record, and I'm the chair of the UMLB employee
16 benefits advisory committee. I have several things to bring
17 up in public comment. The first thing is that I want to echo
18 what Doug's said, that only young people with the least
19 expensive healthcare on the CVHP is a misstatement. Many
20 people who are on specialty medications choose CVHP because
21 the coinsurance is ten percent more on the other plans.

22 Secondly, by choosing Option A today, you cost
23 employees on the CVHP \$3,170. Those are people who are
24 employee only coverage and that is in benefit cuts and
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1 additional premiums.

2 Third, Chair Freed referenced our surcharge idea
3 as a simple rhetorical device. I would like to point out
4 that it might be a rhetorical device, but it's one with real
5 consequences for our future benefits and premiums. By
6 calling it a surcharge, that means the possibility that it
7 would be removed if held out there.

8 Let's see. Fourth, I find it objectionable to
9 say the least that the numbers changed today from what we
10 received in the report. The amount of attrition, if you
11 will, went from 2.5 percent to 2 percent. Other numbers
12 changed, the spread sheets were all incorrect.

13 I believe that the meeting should have been
14 halted and that either a break should have happened while the
15 numbers got correct, while documents were represented and
16 then we could all look at them or the meeting should have
17 been moved or adjourned until December in order for that to
18 happen.

19 I understand that the Governor's office wouldn't
20 allow that, but maybe this meeting should have been scheduled
21 earlier once we knew what was going to happen to give staff
22 and advocates enough time.

23 And finally I also have a major problem with the
24 chair not allowing public comment before the vote on Agenda
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1 Item 8. For the past three to four years, that has been the
2 practice in these meetings and we were told that that would
3 likely happen again today. It did not.

4 So I do want to thank all of you for your work.
5 I know this has been hard. I do want to thank Laura Rich for
6 her help with all of this and I also want to thank Michelle
7 Kelley for her advocacy for during her first meeting with the
8 public employee benefits board. Thank you very much.

9 MS. PLUTA: Line ending in 118, you have been
10 unmuted.

11 MR. GARCIA: For the record, this is Jose Garcia.
12 First, I wanted to thank the Board for all your work today.
13 I know there wasn't any chance of a good outcome and that's
14 certainly not your fault. I, too, am disappointed with what
15 has happened today.

16 As I said earlier in the day or earlier this
17 morning, the benefits have been stripped away year after year
18 for one reason or another. Some things we got back, a lot of
19 things we did not. Right now is a really bad time to be
20 stripping away benefits. You know, the furloughs that are
21 coming, it's just not good. And while there was no good
22 option, again, I thank you guys. You did the best you could
23 with the data and resources that you were given. So thank
24 you for your time and thank you for hearing me.

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1 MS. PLUTA: Brian, your phone has been unmuted.

2 Kevin Ramp, your line has been unmuted.

3 MR. RAMP: I'm sorry. Can you hear me?

4 MS. PLUTA: Yes, we can. Thank you.

5 MR. RAMP: Good afternoon, Chairwoman Freed and

6 committee members. Again, my name is Kevin Ramp,

7 representing ASFEME Local 4041, active state employees.

8 I'd first like to thank everyone for your hard

9 work during these difficult times. More could be done

10 clearly in this situation. State employees are extremely

11 disappointed with the cuts approved today. There will be

12 numerous unintended consequences based off of the various

13 increases to -- potential increases at this point to the

14 premium rates and then the dramatic cuts to the benefit

15 package overall.

16 There's clearly going to be that unintended

17 consequences that we would hope this Board would come back

18 when they find out the possible revenues, what that's going

19 to look like and make a determining factor based off of that

20 revenue stream. We hope an emergency board meeting could be

21 called in December to address some of these plan design

22 issues.

23 State employees live pay check to pay check. We

24 all know this. There's -- time and time again, we have

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1 nothing but State employees moving out of the state, calling
2 us and letting us know that they need to adjust the
3 healthcare plan. We're talking the last ten years, even
4 longer, and that was when the times were good. Now our times
5 are bad and now they have extremely difficult choices to
6 make: Put food on the table, pay their bills or get
7 healthcare. Very disappointing.

8 We understand this is very difficult times, but
9 you know, I would have hoped that respectfully every single
10 board member would have contacted the Governor's office and
11 said personally that these -- 12 percent is not viable, not
12 sustainable and something that the Governor's office should
13 reconsider and ask for a lower percentage to work with,
14 something that we could have all lived with. And
15 respectfully that's not what happened today.

16 I do ask, going forward, if there is an
17 opportunity to do an emergency board meeting in December, to
18 do and adjust plan design based off of new revenues,
19 potential stimulus package or whatever else could be done,
20 that be taken into consideration, because again, we want to
21 ensure that benefits are the last thing we cut, not the
22 first. I appreciate your time and thank you.

23 MS. PLUTA: Margaret, your line has been unmuted.

24 MS. MILLER: Yes, I'm -- this is Margaret Miller
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1 and I'm not really 100 percent sure what happened today or
2 what actually was decided. But as a retiree that is not
3 eligible for Medicare in any form, I'm not really sure what
4 this is going to actually do to me or the people that are in
5 the same position I am, how many other changes. It sounded
6 to me like you were taking away -- you were taking away some
7 of the subsidy. And if you take the subsidy away, I know you
8 got to raise rates, I get that. I just don't understand, I
9 guess. But you were talking about eliminating -- and I don't
10 know the part B subsidy and I'm not sure exactly where you
11 ended up with on that. So are you cutting that back or is
12 that going to stay the same?

13 You only -- I worked 30 years for you guys and
14 you only give me credit or a subsidy for 20 years. So to
15 start off, I am ten years in the hole with the subsidies.
16 So -- and I was listening to find out, you know, where we
17 were going on the premiums and I -- like I said, I'm still
18 not very sure how all that came out. I know they're going to
19 be going up. How much they go up, I don't know. I figured I
20 was going to -- are you still putting us on the exchange or
21 what? I figured if you raise them too much, I won't be able
22 to even afford insurance either.

23 So I'm -- it's really tough, I understand that
24 and that. But I think the Governor's office should not be
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1 trying to balance the budget in the shortfall that we have
2 going on. And a lot of it is not through their things, it's
3 just something that happened with the COVID, but you still
4 should not -- my opinion has always been, even when I was a
5 state employee, an active employee, that you should not be
6 balancing the budget for the State on the backs of not only
7 the state employees, but now you're doing it on the backs of
8 the State retirees.

9 And we're people -- at our age, because I'm 78,
10 we're people that have not got the option to go out and earn
11 a living, buy insurance and take up -- we live on a
12 restricted income anyhow and I'm a widow. So -- but I thank
13 you for everything that you've tried to do and I know it's a
14 hard thing to do. So hopefully some good news will come out
15 of this at some point in time. Thank you very much.
16 Appreciate it.

17 MS. PLUTA: Brian, your line has been unmuted.

18 MR. BRIAN: Good afternoon, Chair Freed. I'd
19 like to thank you and the Members of the Board and the staff
20 of PEBP for all your hard work. I know it was very difficult
21 to make all those cuts that had to be made, but you know,
22 having been, you know, employed in the State as a budget
23 person for a long time before I retired, I know that it -- a
24 lot of times you are faced with difficult decisions. And so
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1 I do appreciate how much time and effort you put into this
2 and I especially appreciate how you protected the State
3 retirees with your actions today.

4 We were, you know, looking at some of the options
5 that you have on your agenda for the State retirees. It left
6 a real pit in my stomach, but I think you -- I think you
7 really did the best you could to keep retirees with coverage.
8 So again, I'd like to thank you for all your efforts.

9 MS. PLUTA: Line ending in 441, you have been
10 unmuted. I know this particular member was having a hard
11 time, so just a reminder to hit star six to be unmuted.

12 MS. LIVINGSTONE: Hello, my name is Alejandra
13 Livingstone. And on and off I've been watching the Board
14 meeting today, but because of work, I really could not pay
15 full attention.

16 And I wanted to let you know that I submitted
17 some comments in writing just because in the morning when I
18 phone in for some reason, I was not called to testify. And I
19 am not fully aware of what is the process for designing the
20 plan and making a final decision on it. I wish I had more
21 time to look into. I got home on Friday night and I received
22 an email from -- ask me, of which I am a member, and I am a
23 State employee for 24 years. And I have a background in
24 business and economics and public policy.

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1 And the one thing in addition to the comment that
2 I submitted that I want to say that I don't feel like enough
3 people were aware of these decisions. I got to work this
4 morning and I talked to a few people in the office, many of
5 them who are not there either because they are in a
6 quarantine or because they are on their Thanksgiving
7 vacation.

8 So when a drastic measure like this is being
9 proposed like proposing to cut subsidies for retirees,
10 dependants and trying to take non-Medicare employees out of
11 the benefits that we all worked for for so many years, it
12 seems to me like there should have been more awareness. It's
13 just part of the democratic process and I don't feel -- I may
14 be incorrect, but I don't feel like that happened. And a lot
15 of decisions were made today without having everybody's
16 comments.

17 So I just don't feel like that's right and like
18 many have suggested today, I feel like we are being cheated,
19 because a year and a half ago, we were promised a state where
20 there would be focus on family and children. And some of us
21 have children that are young adults and are in college and
22 like me, I'm about to retire two years from now, and I have
23 children in college for my benefits. I have three chronic
24 medical conditions for which there is no cure and I have one

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1 to five medical appointments per week and twice in my career,
2 I was very close to going on disability.

3 And the reason I am not on disability is because
4 I believe that I have decent healthcare. I have intermittent
5 FMLA with the State and with FLEX time and the medical
6 appointments and so forth, I've been able to stay on the
7 payroll without having to go on disability, because once you
8 are going on disability, you're not approved to go to work
9 elsewhere part time and so forth. So it's a huge decision.

10 And my children also have medical conditions and
11 have ongoing medical appointments. And I'm not sure what
12 final decision was made today, but I would urge you to please
13 reconsider some of those public measures to make sure that
14 more people have the opportunity to provide input. And if
15 this is a decision being made because of the coronavirus
16 emergency, just like some people suggested earlier, maybe
17 this is something that needs to be just temporary because
18 every single recession, they propose to cut more and more and
19 more from us and there will be more recession.

20 I am trained in economics. I know the economy
21 cycles. We already legalized divorce, gambling,
22 prostitution, marijuana, all measures that are compromising
23 values for some of us. And those measures have not raised
24 enough revenue to raise -- to -- for -- to have more

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1 reserves, so that every time that there is a recession that
2 we -- you guys don't take it or not. I work in less than
3 desirable working condition and I'm effect -- that by hiring
4 freezes and every since last recession, I am doing three
5 people's jobs.

6 And now because of coronavirus, one of those
7 positions that I got back, that position is in a quarantine.
8 So I'm, again, doing three people's jobs. And not all the
9 agencies are being -- are allowing their employees to work
10 from home. I am not being allowed to work from home,
11 although I have a chronic condition.

12 So it is unfair that on top of the furloughs,
13 that we're going to have to assume as of next month or a
14 month and a half, then on top of that, we'll have to pay more
15 for insurance. It seems to me like Nevada needs to put more
16 effort into restructuring its economy, diversifying it so
17 that every time there is a recession, you don't have to take
18 from us, from the employee.

19 Recessions are going to continue to happen. The
20 next one is going to be a climate change recession. So what
21 are we -- what else are you going to take away from us? I
22 know you all work very hard today and you have to make very
23 bad -- very difficult decisions. I totally understand that.
24 But I feel like it isn't right that all these decisions are
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1 being made without sufficient input from the employees and
2 the retirees, and that we were promised a State that was
3 focused on family and children, and we're being told
4 yesterday that an eight year old committed suicide because
5 that child can't go to school.

6 Well, so is the college students. College
7 students right now are doing University work from their rooms
8 and they don't have their parents around to provide them
9 support and the last thing that they need to hear is that the
10 State might take away their medical benefits. Thank you very
11 much.

12 MS. PLUTA: Line ending in 338, you have been
13 unmuted.

14 MS. MALONE: Good afternoon. I know it's been
15 late. This is Priscilla Malone again with the AFSEME
16 retirees. Can the Board members and Chair Freed hear me?

17 MS. PLUTA: Yes, we can.

18 MS. MALONE: Thank you. I would like to correct
19 some things on the record today that were said specifically
20 on -- there was a global generalized discussion under Item --
21 Agenda Item 8.5 about the Medicare exchange retirees not
22 using a certain proportion, not using their max allotment of
23 the employer contribution to their premium costs on the
24 Medicare exchange.

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1 So I'd like to refer you back to Agenda Item 4 on
2 your April 27th, 2020, meeting wherein this issue, as
3 Ms. Freed touched -- or I'm sorry, Ms. Rich touched today was
4 fixed in the sense that there was -- there were caps
5 involved. I'd like to state for the record some facts
6 because we've -- as other public commenters have noted, we've
7 been very hasty on the facts and, in fact, even had to have
8 some corrections from our actuarial AEON in the middle of
9 this meeting, and then have the Board members put in the
10 difficult decision of voted on the issues where the facts
11 were literally moving while they were trying to ascertain
12 what their vote would be.

13 So back to April 27th, 2020, this is at page --
14 this is Agenda Item 4 and it's a PowerPoint presentation and
15 it looks like the pages were not numbered. But it -- it's in
16 there and they talk about how they're going to cap the HRA
17 rollover amounts. We've agreed and we had discussions during
18 that meeting that many of the exchange retirees purchased
19 Medicare advantage plans and sometimes there is a zero
20 premium.

21 So steps were taken back in April of this year.
22 I would like to put on the record that the amount, and it's
23 on this PowerPoint that's in your archive, the amount of the
24 retirees on the exchange is approximately around 11,000.

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1 This was 3,178 who were not using their max allotment. That
2 is not a suggestion that this is poor policy to give them the
3 allotment they have. So we've gone down to \$13 to 11 now by
4 the vote today.

5 The AFSEME retirees are very disappointed in that
6 because that may not sound like a lot when you're putting it
7 in the abstract, but these are people on a fixed income.
8 They are already capped at 20 years service. So if there's a
9 30-year service person on the exchange, it's already in the
10 statute in your appropriations, bill from last session, you
11 can check it, any funds that are not used by that retiree go
12 back into the -- to the fund. They do not go to their HRA
13 account necessarily.

14 So I would just like to clarify that for the
15 record. Again, we are very disappointed, but we do -- in the
16 decisions today, we do look forward, though, to working with
17 both the executive and legislative branch in regard to these
18 cuts and we will hopefully have some productive discussions
19 around this at the interim benefits and retirement benefits
20 committee meeting in December. Thank you.

21 MS. PLUTA: Clarabel, your line has been unmuted.

22 MS. ZECENA: Hi, my name is Clarabel Zecena, last
23 name is spelled Z-E-C-E-N-A. So I have been a State employee
24 now for nine years and I'm actually the AFSEME cochair of the
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1 PEBP and first committee for the AFSEME Local 4041. And I --
2 first, I want to thank everybody for your time. I know you
3 guys had to make some really hard decisions. However, I want
4 to echo my fellow members in describing my frustration with
5 what PEBP continues to do.

6 I understand that we have to make sacrifices, but
7 the fact that we keep losing benefits makes it hard to stay
8 in state service. So the State eventually is going to start
9 losing it's qualified staff. We're going to leave. If you
10 work to the County, the County covers your premium. They put
11 you in a high deductible plan, but you don't have to pay
12 anything out of (indiscernible) to keep (indiscernible)
13 they're getting better wages than we are. We're getting
14 worse or lower pay. We get into that (indiscernible)
15 continue to suffer during (indiscernible) of economic
16 hardship.

17 So I understand where it was, but this option
18 (indiscernible) had the option of postponing to December, the
19 ability to vote and to send a message to the Governor to say,
20 no, we can't do this. Our employees are -- this is asking
21 too much. Can we come back and see like -- and if we have to
22 take a cut, that can we negotiate that, because we're already
23 facing furloughs. We're already going to face who knows what
24 when it comes to the next budget.

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1 But the fact is that you already are digging more
2 and more into our pockets. That makes it hard to continue to
3 provide the service to this -- to our state. We're already
4 sacrificing ourselves because we know what -- we enjoy the
5 services that we provide and the services that we help our
6 fellow citizens of Nevada, but we just keep getting hit over
7 and over again.

8 So I really hope that this Board can send a
9 message to the Governor's office to say really -- to send its
10 discontent of where we are at. I appreciate that we are in a
11 hardship, but it has to start making other decisions on
12 diversifying this economy because we can't keep doing this.
13 Not every single recession, we can't keep doing this.

14 So, again, thank you for your time and thank you
15 for everything that you did. It was a long meeting, so I
16 appreciate it. I've been on the other end of these meetings
17 and so I can see when it takes -- when it -- they last this
18 long, how it can be a toll on you. So thank you.

19 MS. PLUTA: Jody, your line has been unmuted.

20 Madam Chair, that seems to be the end of public
21 comment.

22 CHAIRPERSON FREED: Okay. This is Laura Freed.
23 Thank you very much for all of that. All right. So it's --
24 good grief. This was a long one, my friends. It is time for
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1 adjournment.

2 As a final note, I just want to thank everybody
3 on the Board for their spirited discussion. It's been --
4 I've been watching the Board for a lot of years previous to
5 being on the Board and I -- it's -- this is the most engaged
6 I have seen a PEBP board in a very long time. And I know
7 I've said that in past meetings and I mean it. And this is
8 the awful part of being on the PEBP board. I hope you're all
9 on the PEBP board long enough in the future that we can do
10 fun plan design enrichment in the future, our future fiscal
11 years. So thank you for your work today. Thank you for
12 managing to surreptitiously to eat your lunches while you
13 continued to participate. I know it's no fun to not get a
14 lunch break.

15 So it's 4:52 by my clock and I think we are
16 adjourned. Thank you, everybody.

17 UNIDENTIFIED SPEAKER: Thank you.

18 (Audio concluded.)

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1 STATE OF NEVADA)
)ss.
2 CARSON CITY)

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4 I, CHRISTY Y. JOYCE, Official Court Reporter for
5 the State of Nevada, Public Employees' Benefits Program
6 Board, do hereby certify:

7 That on Monday, the 23rd day of November, 2020, I
8 was present, via teleconference, in Reno, Nevada, for the
9 purpose of reporting in verbatim stenotype notes the
10 within-entitled public meeting;

11 That the foregoing transcript, consisting of pages
12 1 through 212, inclusive, includes a full, true and correct
13 transcription of my stenotype notes of said public meeting.

14

15 Dated at Reno, Nevada, this 25th day of November,
16 2020.

17

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CHRISTY Y. JOYCE, CCR
Nevada CCR #625

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I, MICHEL LOOMIS, Official Court Reporter for the State of Nevada, Public Employees' Benefits Program Board, do hereby certify:

That on Monday, the 23rd day of November, 2020, I was present, via teleconference, in Reno, Nevada, for the purpose of reporting in verbatim stenotype notes the within-entitled public meeting;

That the foregoing transcript, consisting of pages 212 through 243, inclusive, includes a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Reno, Nevada, this 25th day of November, 2020.

MICHEL LOOMIS, CCR
Nevada CCR #228

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**PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TELECONFERENCE OPEN MEETING**

November 23, 2020

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