In The Matter Of:

PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD TRANSCRIPT OF PROCEEDINGS

ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA March 25, 2021

Capitol Reporters
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| 8 | The Board: LAURA FREED - Chair LINDA FOX - Vice Chair |
| 9 | DON BAILEY- Member MARSHA URBAN - Member |
| 10 | APRIL CAUGHRON - Member TOM VERDUCCI - Member |
| 11 | JENNIFER KRUPP - Member TIM LINDLEY - Member |
| 12 | MICHELLE KELLEY Member BETSEY AIELLO, Member |
| 13 | |
| 14 | For the Board: BRANDEE MOONEYHAN Deputy Attorney General |
| 15 | For Staff: LAURA RICH |
| 16 | Executive Officer WENDI LUNZ |
| 17 | Executive Assistant STEVE MARTIN |
| 18 | Chief Information Officer CARI EATON |
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| 1 | THURSDAY, MARCH 25, 2021, CARSON CITY, NEVADA |
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| 2 | -000- |
| 3 | CHAIRWOMAN FREED: Okay. Thank you. Good |
| 4 | morning everybody. It is 9:00 o'clock in the morning. And I |
| 5 | would like to call the PEBP Board meeting to order. |
| 6 | With that, I will ask PEBP staff to call the |
| 7 | roll. |
| 8 | MS. LUNZ: Thank you. Laura Freed? |
| 9 | CHAIRWOMAN FREED: Here. |
| 10 | MS. LUNZ: Linda Fox? |
| 11 | VICE CHAIR FOX: Here. |
| 12 | MS. LUNZ: Betsey Aiello? Betsey, you're on |
| 13 | mute. Betsey? We'll come back to Betsey. |
| 14 | Don Bailey? |
| 15 | MEMBER AIELLO: I'm here. I had my sound down. |
| 16 | Sorry. |
| 17 | MS. LUNZ: Thank you, Betsey. |
| 18 | MEMBER BAILEY: Here. |
| 19 | MS. LUNZ: Thank you, Don. |
| 20 | April Caughron? |
| 21 | MEMBER CAUGHRON: Here. |
| 22 | MS. LUNZ: Michelle Kelley? |
| 23 | MEMBER KELLEY: Here. |
| 24 | MS. LUNZ: Jennifer Krupp? CAPITOL REPORTERS (775)882-5322 |
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| 1 | MEMBER KRUPP: Here. |
|----|--|
| 2 | MS. LUNZ: Tim Lindley? |
| 3 | MEMBER LINDLEY: Here. |
| 4 | MS. LUNZ: Marsha Urban? |
| 5 | MEMBER URBAN: Here. |
| 6 | MS. LUNZ: Tom Verducci? |
| 7 | MEMBER VERDUCCI: Here. |
| 8 | MS. LUNZ: Thank you. We have a quorum. |
| 9 | CHAIRWOMAN FREED: Thank you very much. Okay. |
| 10 | Let's move on to Agenda Item Two, and I'll turn it back to |
| 11 | the PEBP staff once again. |
| 12 | MR. MARTIN: Thank you. For those of you who |
| 13 | joined for public comment your name or the last four digits |
| 14 | of your phone number will be announced, and you will be |
| 15 | advised that you may now make your comments. If you're |
| 16 | calling in via telephone, please press star six to unmute. |
| 17 | Due to time considerations each caller will be limited to |
| 18 | three minutes. |
| 19 | Caller with the last four digits of 0943, please |
| 20 | slowly state and spell your name for the record, and please |
| 21 | press star six to unmute. |
| 22 | MS. WOODWARD: I'm sorry, who did you ask to |
| 23 | start? |
| 24 | MR. MARTIN: Caller with the last four of 0943, CAPITOL REPORTERS (775)882-5322 |

1 which is you.

MS. WOODWARD: Okay. Thank you very much.

MR. MARTIN: Please state your name and slowly spell your name. Thank you.

MS. WOODWARD: Good morning. My name is Janelle Woodward, J-a-n-e-l-l-e W-o-o-d-w-a-r-d. I'm a state employee and a member of AFSCME Local 4041. Thank you for allowing us to give public comment.

I wholly oppose cuts or increases in cost to the health or retirement benefits we have earned since the passage of the American Rescue Plan funding has come back to the state and local jurisdictions and this is great news.

Should the legislature restore funding for our healthcare, and I truly hope they do, I would ask that the PEBP Board schedule an emergency meeting immediately to take action to restore our healthcare plan back to what they were prior to any cuts or added costs.

We realize the work involved with any last minute changes, but like many of our state jobs sometimes last minute work is required of us. This is a unique situation and extra effort is required. I fear we will be stuck with whatever cuts have been suggested simply because people involved do not want to take the extra effort to do the extra work required.

While we know that healthcare costs go up, these costs to coverage and added costs of insurance are devastation to me as a cancer survivor. Treatment for cancer goes on indefinitely and does not stop at any given time.

I'm extremely concerned over these cuts and benefits and increase cost to state employees.

I'm still paying off medical bills that stem from my original treatment and they continue to add up. This has already been detrimental to me for the last round of cuts when PEBP changed our benefit. Benefits just keep getting cut and cost shift to employees which are never restored.

During this time of continued pandemic, given the fact that recovery funds have come to the state's and local jurisdiction, it is unconscionable that PEBP would reduce benefits and increase costs when state employees already have income cuts because of lack of diversified tax structure in Nevada.

Please, please think long and hard about these devastating effects to state employees. These cuts to benefits while increasing cuts will force many to purchase insurance but not be able to afford to use our insurance benefit. Inability to afford to use our insurance could very well result in a death sentence to cancer patients and other patients with, other employees with serious medical CAPITOL REPORTERS (775)882-5322

conditions.

This financial situation is the very same thing that occurred with Obama Care as costs went up and you were unable to afford to use the very plan that you were forced to purchase. I know this from personal experience.

Just as state employees serve the public, this Board and PEBP in general serve the state employees. I would ask that you consider prioritizing state employees and agree to schedule an emergency meeting should legislature restore funds for our healthcare. Thank you very much.

CHAIRWOMAN FREED: Caller with the last four digits 7338, please slowly state and spell your name for the record, and please press star six to unmute. Caller 733, please press star six to unmute. There you go.

MS. MALONEY: Thank you. Good morning, Chair Freed, members of the Board. This is Priscilla Maloney representing the AFSCME Retirees. That's P-r-i-s-c-i-l-a M-a-l-o-n-e-y.

And I know that these are extraordinary times.

And it looks like as we like to say out in the world help is on the way, and that is a good thing. I appreciate the complexities of handling the PEBP budget in the context of Nevada state's larger budget.

But I would like to suggest to the Board this CAPITOL REPORTERS (775)882-5322

morning that the members of the Board keep an open mind on some of the creative solutions that have been suggested either in writing or public comment in other hearings and meetings by my coalition partners, the Nevada Faculty Alliance, the UNLV Senate Faculty group and, of course, the AFSCME Actives. There are some creative solutions to some of the dilemmas we seek.

And I'm simply hoping that the Board will listen carefully to all of the ideas and keep an open mind and be flexible because, again, as I said, we all know now thanks to the signature of our United States President that help is on the way. Thank you.

MR. MARTIN: Caller with the last four digits 7832, please slowly state and spell your name for the record, and please press star six to unmute.

MS. LAIRD: Thank you, Chair Freed, and fellow PEBP Board members and staff. My name for the record is Terri Laird, spelled T-e-r-ri L-a-i-r-d. I'm the executive director at RPEN, Retired Public Employees of Nevada, a nonprofit organization serving nearly 8,000 dues paying members, most who are retired, although we do have nearly 1,000 of them who are still active and still employed.

We realize that the Board is now expected to make any budget adjustment, especially since the state legislature CAPITOL REPORTERS (775)882-5322

will be considering the PEBP budget again early next month.

But RPEN is on record as being opposed to the cuts impacting our retired and active members and are hopeful that careful consideration will be given at the legislative level, as well as with the PEBP Board if and when federal funds become available that may allow restoration of some, if not all, of the proposed cuts. Written and verbal comments for this meeting bring to light the human perspective of what these cuts will mean to our members.

We thank PEBP Executive Officer Rich for continuing to keep our advocacy groups apprised of PEBP matters over the year years, but we are very much concerned about the negative impacts that these cuts will have on our members, members who have submitted their own comments via e-mail to you outlining what the impact will be on them.

Again, we thank you for your time. Good luck.

Thank you.

MR. MARTIN: Caller Douglas Unger, please state and slowly speak your name for the record, and you may make your comment.

MR. UNGER: Doug Unger, D-o-u-g U-n-g-e-r, UNLV Chapter President Southern Nevada Government Affairs Representative Nevada Faculty Alliance.

Among actions the PEBP Board is charged with CAPITOL REPORTERS (775)882-5322

today will be rate-setting on budget cut plan designs resulting from our State's unforeseen economic crisis caused by the COVID-19 pandemic.

The American Rescue Plan now offers mitigation of that crisis. 2.95 billion dollars to state government aimed at restoring budget shortfalls which should include making whole the reduced health insurance and benefits this Board will probably vote to approve as though these rescue funds do not exist or may never arrive.

Nevada Faculty must consider this vote a failure of state government at all levels of the Governor's Office that has not listened to state employees and our appeals for common sense, for example to allow plan designs with a COVID-19 surcharge added that could be easily lowered or eliminated without much pain or disruption.

A failure of the PEBP timeline incapable of flexibility to change bad plans that shift financial burdens to the sickest and most vulnerable that tax retirees unfairly that eliminate long-term disability insurance that will thus leave state employees facing unconscionable poverty and hardships should they become disabled. And of a legislature that appears as though it doesn't sympathize with the necessity for adequate health insurance and benefits for essential workers who sustain our state in its daily CAPITOL REPORTERS (775)882-5322

operations nor for educators who teach and provide opportunities for advancement and economic progress for our fellow citizens, mainly young people, 108,000 students.

For the record, the PEBP plans to set rates for today are inadequate compared to what's possible. The process that produced them result from a failure of vision, planning and willingness of state government to listen to its workers and acknowledge our needs. We are left disillusioned and demoralized. Many of us are angry.

These cut plans will hurt us financially. They will erode our well-being and our health. Hiring and retention will be negatively affected across our state, and so this failure will eventually damage everyone.

We understand why the PEBP Board might feel little choice but to approve rates for these failed plans. We request a postponement of this vote if you can do it or at least that you should add a statement that asks the legislature to prioritize from American Rescue Plan funds restoration of 25,000,000 in cuts that are most practicable to restore for 2021-22 the long-term disability insurance, contributions to retirees and life insurance.

Also to ask for next plan year an additional approximately 15,000,000 to restore employee health insurance to 2019-20 levels, including premiums, deductibles and CAPITOL REPORTERS (775)882-5322

out-of-pocket maximums. For the PEBP Board to make such a statement can be helpful to our advocacy to seek redress and mitigation from American Rescue Plan funds. Thank you if you can make such a statement.

So that even if still no one listens to the voices of state workers, even if we fail yet again, we may fail better or be afforded that chance. Thank you for your consideration during this sad, frustrating year of such loss and uncertainty. We appreciate what you do. Thank you.

MR. MARTIN: Caller Kent Ervin, please state your name, and spell your name for the record, and you may make your comment.

MR. ERVIN: Good morning. Kent Ervin, E-r-v-i-n, Nevada Faculty Alliance. First of all ditto to the previous comments. Good morning, Chair Freed, Executive Officer Rich and committee members.

The State will be getting 2.95 billion, with B, in flexible federal funds from the American Rescue Plan.

Those funds are meant to compensate for loss revenue due to COVID-19, just what caused these cuts to PEBP in the first place.

Also PEBP is now sitting on excess of reserves of 51,000,000 as of December 31st projected after the state sweeps back 24,000,000 through its holiday budget cuts to be CAPITOL REPORTERS (775)882-5322

still be at least more than 20,000,000 at the end of the fiscal year.

The total cash reserves are upwards of \$150,000,000. The cost of fully restoring benefits to pre-pandemic levels is perhaps 25 to 30,000,000, and there's no good reason to make all of these cuts now given the influx of federal funds and the excess reserves.

The so-called mandatory reserves provide a fiscally conservative cushion for any future claims, including post pandemic pinup demand. Reserves alone could be used now to allocate to restore the cuts to pre-pandemic levels then backfilled as needed after the federal money comes in later. This is something that the legislature can do.

I would also point to the many written public comments that you have received from your members who are or have been in dire situations. Dropping the long-term disability insurance policy before PEBP can even provide a voluntary alternative is unconscionable.

The voluntary option will cost employees up to \$87 per month to match the current benefit. Although it will be cheaper for younger and lower paid employees, it is still an add-on to monthly premiums for those who can afford at least because they are already working, living paycheck to CAPITOL REPORTERS (775)882-5322

paycheck.

Dropping LTD insurance means that there will be state public workers who become disabled next year due to an accident or a cancer diagnosis. They are already living paycheck to paycheck and have put their out-of-pocket expenses on credit cards, and then they will, without basic income they will end up homeless. This will happen. It will happen in an election year.

Regarding today's Agenda Item Eight, option two is nominally better than option one for employees, but it's a false choice between two bad courses of action to drastically and unnecessarily slash health benefits in the middle of a public health crisis.

The 4,000,000 cost of supplemental employer contributions in option two could instead have been used to restore LTD insurance for example which is more in line with your recommendation as Board members back in November as fiduciaries to the plan and participants.

What we ask today is that you maintain flexibility to restore benefits if and when given direction by the legislature. Thank you.

MR. MARTIN: Caller Kevin Ranft, please slowly speak, and spell your name for the record, and make your comment.

MR. RANFT: Good morning. Can you hear me?

MR. MARTIN: Yes, we can hear you.

MR. RANFT: Good morning, Chair and respective committee members. My name is Kevin Ranft. Last name spelling R-a-n as in Nancy, f, as in Frank, t as in Tom, representing AFSCME Local 4041 on behalf of active state employees.

We understand the budget restraints placed on PEBP for this upcoming plan year. AFSCME Local 4041 would like to be on record as opposed to benefit cuts and increases through rates during this pandemic. However, we feel that PEBP should have a contingency plan in place to restore plan design benefit cuts in full if the legislature provides new revenues to PEBP's budget.

Further, we ask that PEBP call an emergency meeting once legislators close PEBP's budget. If it is determined that new funds are available to restore cuts to next plan year, even if that takes the PEBP Board making recommendations to pull from the back end of the biennium to farm some current -- I'm sorry, the biennium starting July 1st, clearly that's an option. If we utilize some of those funds and is restored with the American Recovery Act funds is an option. There's numerous options here.

In the meantime if excess reserves can be used to CAPITOL REPORTERS (775)882-5322

lower rates as an Agenda Item Eight option two, then we strongly feel PEBP can use its excess reserves, restore most of the benefit cuts. There's no reason to put the burden on state employees and their families when millions of dollars are sitting in PEBP's account if needed and can be called to address this as well. We have concerns with all of the plan design benefit cuts being made.

We also hearing that state employees are really concerned about the HMO and EPO having a newly added deductible and co-insurance. This really needs to be restored back to the current state. This is clearly not an HMO as employees know it. They are going to be in shock. They are going to probably select it without even realizing this, go to doctor and end up in a situation where they are going to be in debt. There clearly needs to be education surrounding this issue, but ultimately we hope that it's restored back to the original and they don't even have to deal with it.

In regards to the rates being set we ask that the CDHP rates remain flat to the current year as requested by the Governor. We appreciate the Board members, executive officer and her staff for all of their hard work. We ask that you look at all options to restore as many cuts as possible. Even if it takes to delaying the open enrollment. CAPITOL REPORTERS (775)882-5322

PEBP has the money available now. Let's use it instead of putting the burden on state employees. Let's all work together to prevent state employees from becoming in unnecessary debt to them and their families. Thank you for your time and consideration.

MR. MARTIN: Caller with the last digits of 5838, please slowly speak and spell your name for the record and press star six to unmute.

MS. ROSSER: Good morning. My name is Vicki Rosser, V-i-c-k-i R-o-s-s-e-r, UNLV Faculty Senate Chair representing more than 4,000 administrative and academic faculty members.

I really want you to know that we do understand the difficult budgetary decisions you all have to make. But most important is the health and well-being of our employees. These cuts will hurt the most vulnerable and it will create a major hiring and retention issue. In other words it makes us less competitive to hire high quality people the state deserves to have.

Moreover, the removal of long-term disability should be a non-starter. Even though individuals have been healthy for 20 years, even if they get sick badly for a year PEBP proposes to penalize them for it, but it's okay to take 20 years of money from them.

For example, four years ago a few gynecologists quit accepting our health insurance, that they went to medical school to be paid higher than ten bucks an hour. As a result of losing three gynecologists in two years, an employee became frustrated and quit looking for a new doctor and quit going altogether.

Two years later the individual is encouraged to go to the UNLV Help Center where they discovered she had breast cancer with the lump the size of a golf ball. Yes, 20 years of paying into insurance in which she needed it most, chemo and radiation, other words the new proposal would penalize her for the barriers they setup for her healthcare. Thank you for your time.

MR. MARTIN: Caller Ryan Mitchell, please slowly speak, and spell your name for the record, and make your comment.

Caller with the last four digits of 3769, please speak and slowly spell your name for the record and press star six to unmute.

MS. HOXEY: My name is Linda Hoxey. I retired in 2009 from the State of Nevada after over 22 years of service. I am eligible to receive the full monthly subsidy of \$260 for years of service to the public.

I am on several medications which cost quite a CAPITOL REPORTERS (775)882-5322

bit, and there are medical insurance premiums which must be paid every month. I rely on that subsidy from the state each month to help offset insurance premiums and prescription cost. Reducing that subsidy by \$40 per month may not seem like a lot to some of you but it's a gut punch to me.

Costs have gone up for seniors too during the past year. According to the consumer price index summary issued March 10, 2021, food went up 3.6 percent, gasoline 1.5 percent, electricity 2.3 percent and medical care services 3.0 percent since August of 2020.

I can assure you my pension checks have not gone up by anywhere near those amounts nor have my social security which strangely always seems to increase by the exact amount of the increase in my part B premium. I know, right. What a coincidink and then to also cut in half our life insurance just seems to me like retired public servants don't hold much value, \$75,000 does not go far to pay for final expenses. I respectfully request you maintain our current level of years of service subsidy and life insurance payouts. Thank you.

MR. MARTIN: Caller with the last four digits of 8499, please slowly speak, and spell your name for the record, and press star six to unmute.

MR. BUNDY: Mr. Chairman and members of the

Board, this is Carter Bundy with AFSCME. I don't want to be

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repetitive of points that have already been made, but what we would really implore you to do is be flexible and to keep an open mind.

Some of the suggestions about using current reserves to even if you didn't reduce the total amount reserves for the year you can use some of them now to create plans that restore the benefits that state employees have worked so hard for and they count on. You can use that money now and then backfill it later. Three billion dollars in American Rescue Plan money is certainly enough to cover all of these cuts, and it's supposed to be precisely for this kind of expense for things that were cut because of lost revenue.

In particular I think the EPO/HMO plan, having a 20 percent co-insurance on some -- on a plan that is specifically designed for people to choose a higher premium so that they avoid catastrophic cost down the road really doesn't make sense. So we hope that you'll look at that. Obviously, the long-term disability, increasing out-of-pocket maximum, the CDHP, there are a lot of things that really affect real people's lives. And, again, some of these, if people get really sick or if they have a kid who need heart surgery, which one of our members may have happen this year, it's a kind of life changing event that absolutely devastates CAPITOL REPORTERS (775)882-5322

1 a family.

So we hope that you will be flexible. That you'll really put in the effort over the next month or two to make sure that any revenues that you can get in, whether from shifting reserves right now or from the legislature, that you're able to put that in to plan redesign, and if you have to delay open enrollment for a few weeks we think that's well worth it. Thank you so much for listening.

MR. MARTIN: Caller, and I apologize, there's only one name typed here, caller Patillo, please slowly speak and spell your name for the record and make your comment.

Caller with the last four digits 3048, please slowly state and spell your name for the record, and press star six to unmute.

Okay. We have an unidentified caller call in user. Please slowly speak and spell your name for the record and press star six to unmute. Caller with the last four digits 5227, please slowly speak, and spell your name for the record and make your comment. Press star six to unmute.

Madam Chair, that appears to conclude the public comment section.

CHAIRWOMAN FREED: Thank you very much.

MR MARTIN: I was asked to remind all of the panelists please make sure you are muted if you are not CAPITOL REPORTERS (775)882-5322

1 currently speaking. 2 CHAIRWOMAN FREED: Thank you for that also. 3 All right. With that we'll move to Agenda Item 4 Three. MS. MOONEYHAN: Thank you, Madam Chair, Brandee 5 Mooneyhan, deputy attorney for the record. 6 This agenda item is to allow me to make a 7 disclosure on behalf of the Board members who are eligible 8 9 for PEBP benefits. Of course, most of the items on today's agenda have an indirect effect on the benefits. 10 But in 11 particular Item Seven which involves selection of voluntary 12 benefits to be made available to members next year and Item 13 Eight which asks the Board to consider rates for the 2022 plan year relate directly to PEBP benefits available to 14 15 members, including Board members. Pursuant to NRS 281A.420 on behalf of the Board 16 members who are eligible for PEBP benefits, I'm offering this 17 disclosure that they will be voting on those items that may 18 19 affect the benefits to them and/or their family members. I know that the law does not preclude them from voting on these 20 21 items. 22 And I would invite any member that has an additional ethics disclosure to make it now. 23 Thank you. 24 CHAIRWOMAN FREED: Thank you, Ms. Mooneyhan. Ι

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1
    appreciate that.
                With that request don't we move to Agenda Item
 2
    Four, the consent agenda, which, Board members, as you know
 3
    is a group of reports, including the minutes and all of the
 4
    vendor reports, and I will accept a motion to accept all of
 5
    these reports as well as the minutes unless any of you would
 6
    like to pull any one item under Agenda Item Four, so.
 7
                MEMBER VERDUCCI: Yes, Tom Verducci for the
8
9
             I would like to pull 4.4.5.
    record.
10
                CHAIRWOMAN FREED: Okay.
11
                MEMBER AIELLO: And this is Betsy Aiello.
12
                And I just have a quick comment on 4.3.1, and so
13
    I would like to pull that and 4.3.2. They are just two quick
    little things.
14
15
                CHAIRWOMAN FREED:
                                   Okay.
                                          Whoops, sorry.
                                                           I'm
    having trouble muting and unmuting this morning.
16
                            Then we will pull 4.3.1, 4.3.2 and
17
                All right.
    4.4.5 for discussion. I'll accept a motion to approve accept
18
19
    everything but those three I just named.
20
                VICE CHAIR FOX: Madam Chair, Linda Fox for the
             I will make that motion.
21
    record.
22
                CHAIRWOMAN FREED: Thank you, Vice Chair Fox.
                                                                Do
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Chair Freed, Tim here.

MEMBER LINDLEY:

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24

I have a second?

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second.
1
 2
                CHAIRWOMAN FREED: Thank you, Mr. Lindley.
 3
                All those in favor please say aye or, you know,
 4
    wave -- wave your hand in your little Zoom box.
                (The vote was unanimously in favor of the
 5
    motion.)
6
 7
                CHAIRWOMAN FREED:
                                   Thank you, everybody.
                                                           Motion
8
    passes.
9
                So why don't we go back to 4.3.1 and 4.3.2.
10
    Betsey, it's all yours.
11
                MEMBER AIELLO: Okay. Thank you. And as I said,
12
    it's very small. On 4.3.1 on page one, up at the top, the
13
    comparison listed both years as 2020. I have to pull up to
    it here. Sorry. But so let me go back. It's -- it's page
14
    one of the budget report. I'm sorry, let's see. It's page
15
         It's hard to scroll, but I didn't want to pull all of
16
    this out.
17
18
                CHAIRWOMAN FREED: Are you reading this -- are
19
    you reading this packet on-line?
20
                MEMBER AIELLO: Yes.
21
                CHAIRWOMAN FREED: That explains it. That's
22
    tough.
23
                MEMBER AIELLO: Yes.
24
                CHAIRWOMAN FREED:
                                   I always make hard copies.
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- 1 Okay. Go ahead.
- 2 MEMBER AIELLO: So it says shown below is a
- 3 summary of operational budget accounts status of, as of
- 4 December 31, 2020, with comparisons to the same fiscal year
- 5 in 2020. So I think one of those should be 2021. That's
- 6 all, just a minor change unless I'm wrong here and then --
- 7 that's the only comment I had on the budget report. Does
- 8 that make sense? Yeah, okay.
- 9 To approve it I just am asking for that one
- 10 correction.
- 11 CHAIRWOMAN FREED: Oh, okay. I'm going to ask
- 12 Cari Eaton, does that make sense to you? Sorry, this is
- 13 Laura Freed for the record. Sorry. Capitol Reporters, I
- 14 always do that to you.
- MS. RICH: Cari, you're on mute. We can't hear
- 16 her.
- 17 We'll make the correction. Yes, we will make
- 18 that correction. Thank you.
- 19 MEMBER AIELLO: Sorry. It was just a minor
- 20 little thing.
- 21 And then on -- should I move on to the next CDHP
- 22 utilization?
- 23 CHAIRWOMAN FREED: Yes, ma'am.
- MEMBER AIELLO: And that one is on page three of CAPITOL REPORTERS (775)882-5322

eight, and I just had a question, again, that it said that within the report I have a question because it says, I'm wondering how could the plan cost go up if everything else, member numbers, cost per member are down but the summary said the plan cost went up, and so that's just a question.

MS. RICH: So for the record Laura Rich.

So you're saying for medical costs increase for primary participants. So overall, the -- the -- there was a decrease in the population. This is comparing, you know, quarter -- a quarter over quarter.

So I don't know if maybe, do we have Nathan on that can kind of talk about. I think it will be a good opportunity to have Nathan come on and talk about how utilization has changed in the last several months and year to, you know, because we've had some conversations about the emergency room visits and why some of these costs have or I'm sorry, the urgent care visits and -- and emergency room visits as well, why they are so volatile through the -- through this plan year specifically. And I think that maybe he can speak to what is happening across the board across their book of business. If we have Nathan on the line.

MEMBER AIELLO: And let me see if I can be a little clearer because on page, let me see, page two of eight, at the top it says population decreased for primary, a CAPITOL REPORTERS (775)882-5322

1.1 percent decrease for primary participants. Medical costs was a 12.6 percent decrease for primary participants, as well as a 12.7 decrease for a participant's plus dependents. But then on page three of eight it says total plan costs increase 24 percent.

So that's where I got confused. It said the number went down and the cost per person went down with the total cost went up. That's -- so it mixed between page two of eight and three of eight.

MR. MEYER: Hi. This is Nathan Meyer for the record.

So what Executive Officer Rich was referring to, so the overall plan costs are down on a per member basis, but there are some variables to that due to some of -- some of the impacts from COVID. For example, if you look at the average plan paid for urgent care it's up significantly quarter over quarter and that is due to the fact that -- that the plan is picking up much higher share of those costs as compared to prior quarters due to the fact that we saw a large number of COVID related visits to the urgent care which are mandated to be paid at 100 percent. So, therefore, the member cost shifted down significantly and the plan cost moved up.

MEMBER AIELLO: Okay. That's just where I was CAPITOL REPORTERS (775)882-5322

confused and if the members got, from the cost per member
dropped how the overall, but if the urgent care makes up that
difference.

MS. RICH: Additionally, for the record Laura
Rich.

Additionally, Betsey, there's also a pharmacy component to this, and so there's -- we've had a fairly significant increase in pharmacy as well, and so I think this is where you're seeing a lot of the increase. The medical not so much but the pharmacy has really contributed to this.

MEMBER AIELLO: Okay. Okay. Those were my two questions. And thank you for the time.

13 CHAIRWOMAN FREED: This is Laura Freed. You're
14 welcome. And I'll move to Tom in Item 4.4.5.

MEMBER VERDUCCI: Thank you, Chair Freed. Tom Verducci for the record.

I just wanted to point out on section, make sure I got the right section here, 4.4.5, as far as the performance guarantee we have guarantees that were not met here. And, you know, in light of the pandemic I would just like to address, you know, if it was some underlying reason why the performance wasn't met and if it was a financial performance guarantee tied to that and perhaps there's a reason why.

I can see the call center being delayed with the pandemic and, you know, perhaps we should be somewhat lenient here. But I would like to just discuss and see why we're having the continued performance guarantee that's not being met.

MS. RICH: So thank you, Mr. Verducci. Laura Rich for the record. Yes, thank you for pulling this.

We have actually been in discussions recently with -- with Willis Towers Watson and we do have Chris Garcia on the line available to speak on this.

What I do want to point out is, yes, so we have -- we have a zero dollar contract with Willis Towers
Watson, and so these performance, misperformance guarantees are not credited from any -- anything that we pay them. They actually would pay for those misperformance guarantees.

However, we had a recent situation where because of a new implementation with a new vendor, specifically our -- our new enrollment and eligibility vendor, there was a -- there was a need to integrate the Willis Towers Watson filed formats and in some more integration between the new vendor and Willis Towers Watson. So obviously that comes at a cost to the -- to all of the vendors, and there was a cost of about \$10,000 associated with that move.

Willis Towers Watson did agree to waive it in CAPITOL REPORTERS (775)882-5322

this situation because, you know, we had no mechanism really 1 2 to -- to be able to easily facilitate a payment for that 3 because we have a zero dollar contract for them. So they did agree to waive that integration fee. They have two 4 misperformance guarantees, and Chris Garcia can speak to why 5 that was but this is -- it's very similar to what a lot of 6 organizations are facing right now. It's, you know, work 7 force issues due to COVID-19. 8

I would be -- I would propose to the Board in this situation if there is an appetite to waive those -- those misperformance guarantees which add up to \$4,000, I would -- I would support that because of the 10,000 dollar fee waiver that they provided to PEBP just recently as well and the fact that, you know, there's been obviously across the board some issues with call centers and workforce staffing because of the pandemic.

But I will pass this to Chris Garcia if he's on the line and he can give some more supporting information.

MR. GARCIA: Yes, this is Chris Garcia. Can you all hear me?

MS. RICH: We can.

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MR. GARCIA: Okay, great. Thanks, Laura. Again, for the record this is Chris Garcia with Willis Towers Watson Individual Marketplace.

Mr. Verducci, thank you for the opportunity to talk about the missed SLA. In particular for the average speed to answer SLA, I know that that's one that was missed. We target for year '24 which is physical year '22. We target a less than five-minute speed to answer. This is our busiest quarter of the year. It's when Medicare Open Enrollment occurs.

I tried to add some -- some reporting a little bit later on in the document. If you can -- if you have the report that we provided open to you, on page, on the next page down, on page seven of that document I added some information in there related to Medicare Open Enrollment plan changes to 2021, and I wanted to just highlight a couple of items in this section of the report for you that kind of leads to hopefully you'll understand why we saw an increase in call volume which led to an increase in the average speed to answer for calls that were coming into our service center.

What we saw in 2020 was that a lot of retirees were really focused on healthcare due to COVID-19, and you can see this report shows a comparison to plan changes that were made for 1-1 2020 on the right-hand side.

Then we also have plan changes for 1-1 2021 that were made during Medicare Open Enrollment season. The middle row here shows a significant increase in the number of people CAPITOL REPORTERS (775)882-5322

that made plan changes from one Medicare advantage plan to another Medicare advantage plan. You can see for 2021 we had 888 people that made those changes whereas the year before we had only 247.

If you think that -- if you think about the average length of a call for someone who is looking to make plan changes is over an hour you can see how that significant increase in just that one area would drive longer calls which then ultimately lead to longer wait times. So it was a very busy Medicare Open Enrollment season that wasn't anticipated as highly as it could have potentially been just because we didn't know what to expect with the impacts of COVID-19.

So I just want to illustrate that that's some statistical data that shows that people were calling in making plan changes which drive, wait times drive call volume and ultimately impacted that service level agreement.

MEMBER VERDUCCI: Tom Verducci for the record.

Chris, thank you very much.

You know, I think in light of the pandemic and we have 92 percent satisfaction guarantee rate. We've had performance guarantees in the past where we have instituted fines with Willis Towers and Watson, and I do think that it should be a situation where it is waived. You know, given the fee waiver that you're currently doing for the CAPITOL REPORTERS (775)882-5322

satisfaction, at 92 percent I think it should be taken into consideration, and I really do think that this time around it should be waived. That would be all my comment.

MEMBER KELLEY: Chair Freed, I just have a follow-up question if I may.

CHAIRWOMAN FREED: Sure.

MEMBER KELLEY: I'm just wondering, it's a significant increase in traffic for 24 so what has Towers Watson learned and what are you going to do next fourth quarter to, so that this doesn't happen again? Because eight and a half minutes is a long time for a retiree to sit on the phone to waiting to have their call answered. So I'm just wondering, you know, what programs or processes you guys have put in place to ensure this doesn't happen again.

MR. GARCIA: Chair, again Chris Garcia with Willis Towers Watson for the record. So thank you for the question.

So there's a few things that we do each year. So one is there's forecasting for call volumes that's done after the Medicare Open Enrollment season ends in anticipation of hiring seasonal employees during the summer to get them trained and staffed for the upcoming Medicare Open Enrollment season. So obviously looking back at 2021 and the increase call volume we have seen, that's going to impact that CAPITOL REPORTERS (775)882-5322

staffing from that perspective.

Another challenge and Laura Rich kind of alluded to this a little bit, we did have some staffing challenges leading up to into the Medicare Open Enrollment season. We were prepared to handle staffing and bring on new available seasonal employees to help with the service center, you know, leading up to the 2021 Open Medicare Open Enrollment season.

went live our representative, many of them were not working in our -- one of our three service center locations due to COVID, many of them were working from home. We had to deal with, you know, basically internet service providers and so individual homes. If you can imagine when COVID hit in particular for those of us with young children getting on for school there were a lot of internet issues locally for some people. We actually dealt with that quite a bit where an individual customer service rep would be on-line. They would be on a call. Then they would lose their internet connection due to band-with issues, and that call would end up being dropped.

And in the future we expect to be able to fully staff our service centers and move away from having our representatives work from home. So that should be something that should be a positive impact for the upcoming Medicare CAPITOL REPORTERS (775)882-5322

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Open Enrollment season that we'll have later this year.
1
 2
                MEMBER KELLEY:
                                 Thank you.
                MR. GARCIA: You're welcome.
 3
                CHAIRWOMAN FREED:
                                   This is Laura Freed.
 4
                With that, Board members, does anyone else have
 5
    any questions for Willis Towers Watson? Okay. Hearing none
 6
 7
    I would accept a motion to accept with the correction to
    4.3.1 the reports under 4.3.1 and 4.3.2 and 4.4.5.
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9
                MS. RICH: Chair Freed?
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                CHAIRWOMAN FREED:
                                   Yes.
                MS. RICH: This is Laura Rich.
11
12
                I think on 4.4.5 we also need to add a motion as
13
    to whether or not we are going to waive the fees or not.
                CHAIRWOMAN FREED: Thank you for that.
14
15
                MEMBER AIELLO:
                                This is Betsey.
16
                I make a motion to accept the reports of 4.3.1,
    4.3.2, 4.4.5, and I'll make a second motion or -- or expand
17
    this to waive the fees for the performance indicators.
18
19
                CHAIRWOMAN FREED: Okay. Do I have a second?
20
                VICE CHAIR FOX: Linda Fox for the record.
    will second that motion.
21
22
                CHAIRWOMAN FREED:
                                    Thank you.
23
                All right. All in favor signify by saying aye,
    please. Any opposed say no.
24
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(The vote was unanimously in favor of the 1 2 motion.) 3 CHAIRWOMAN FREED: Okay, great. Motion carries. With that we can move on to Agenda Five, which is 4 an informational item. 5 MS. RICH: Right. For the record Laura Rich. 6 This is the executive officer report that 7 provides the Board, participants, public and other 8 9 stakeholders information on the overall activities happening 10 at PEBP. Implementation and open enrollment, so this is, I cannot stress enough how hard staff is working right now. 11 12 There's a lot of activity and tasks involved with open 13 enrollment. On top of that we have an eligibility system transition that is happening and that is, I don't know, if 14 that has -- if that is ever pain free. That has been a very 15 difficult and heavy lift on staff because it is -- it is a 16 lot of work. 17 On top of that we have legislative session. 18 19 we are getting hit with fiscal notes, and there's just -there's a lot going on at PEBP right now. We're trying to 20 get the, all of the notices. I know communication was 21 22 mentioned in some of the public comment and how communication, the use of the plans and the changes in the 23 24 plan design needs to be communicated. We are working very CAPITOL REPORTERS (775)882-5322

very hard to develop communication. All this is -- is in the works right now, not just for the plan design but also for the network changes as well.

There's a lot going on that needs to be communicated in a very short period of time, and so PEBP staff have been working very very hard through this process to make sure that we can meet the open enrollment deadlines in time.

We also have a lot of new contracts that are being implemented for the start of plan year '21. So staff have been preparing not just those implementations but also the solicitations that have been or that will be released throughout the course of the next several months. That is also a heavy lift for staff as well because these contracts are -- or these solicitations are very complex and require a lot of time.

So that has -- I just -- I want to take this opportunity just to, not just to highlight how hard staff is working but also to thank staff because everyone has just stepped up to the plate and offered to just -- just be part of the team and, you know, what needs to get done and they have stepped up to the plate and have done what it takes to -- to get there. So I have to thank staff for that.

Also, our vendors have been amazing. You know, CAPITOL REPORTERS (775)882-5322

there's all of the fiscal notes that come in. For those Board members who are not aware of a fiscal note is, a fiscal note is if there's any legislation that is released that may impact your agency, in this case PEBP. We receive a fiscal note request to do an analysis on what kind of fiscal impact it will have on the program.

And so with PEBP it's -- it's not always cut and dry. We require a lot of help from our actuaries, from our TPA, from our pharmacy vendor, and so there's a lot of work that goes into this analysis, and our vendors have been there to -- to provide this in a very very small window of time that we are given to produce these fiscal notes. So I want to thank our vendors too for the support that has been given and provided throughout this very very busy time.

Legislative session, so obviously that is in full swing now. I just talked about the -- the fiscal notes.

There's a lot of legislation that is trickling in. A lot of those deadlines were extended, and so we are still seeing new bills trickle in.

We also have a PEBP budget closing that is tentatively set for April 6th. So that -- we have been providing all kinds of information and data to the committee that has been -- that we've -- that has been requested of PEBP, and so they have a lot of information about LTD CAPITOL REPORTERS (775)882-5322

policies and any kind of, you know, HRA, anything that they have requested we've been providing information to that committee. So they are very well versed.

per staff has also been in very close contact given the budget situation that we are in. We've been in very close contact with LCB staff as well to ensure that everyone is on the same page and everyone has the same information and is educated on the PEBP budget and situation that, you know, we may be, our unique fiscal situation that we are facing this year.

Additionally, I just wanted to touch a little bit on the federal stimulus. There's -- I know there was a lot of public comment about this. So in 2020 PEBP received about 5.7 million in CARES Act funding, and we were requesting this funding because we didn't know where we were going to sit.

If you remember, if you recall the matrix that

Aon put together, COVID cost versus claims suppression and
there was a worst case best case scenario. We didn't know
where we were going to land on it. A lot of it depended on
the actions as the state took as far as shutdowns and things
like that. And so long story short, we actually came out
ahead. We -- we had lower or we had higher claims
suppression than we had in claims COVID related costs. But
we -- we still received that 5.7 million dollars in CARES Act
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funding, you know, because it was requested and at the time we did not know where we were going to sit.

Now, that we are in a different fiscal situation and we -- we are seeing that we have a very significant claims suppression that has -- that is continuing, there's a -- there's still CARES Act money out there. The feds did extend that CARES Act deadline. I think the day before it was supposed to expire they decided it was going to be extended through 2021, and so there's still an opportunity to -- to allocate CARES Act funding.

But because PEBP is in a situation where we do not -- we currently don't need that, there are -- we're -- because of the claim suppression we are accruing excess and that CARES Act funding is finite. That CARES Act funding can be earmarked to other agencies or organizations within the state that can use that money today. And -- and so in some conversations between the Governor's Office and the Governor Finance Office it was decided that PEBP is no longer going to be requesting CARES Act funding and that money can go -- can be more appropriately, you know, provided to other agencies that can use it today.

So conversely, PEBP will be applying for the reimbursement of vaccine related costs which are projected to be in the vicinity of one to \$2,000,000 throughout the end of CAPITOL REPORTERS (775)882-5322

the fiscal year. So we will be asking for FEMA funds. We don't know if this will be approved or not. These funds are more restricted and not -- they are not finite. They are not dedicated to, you know, certain -- it's not like PEBP or it's not like Nevada got a chip of money through FEMA. This is not a -- it's different than CARES Act funding. So it wouldn't be taking away from another agency or another organization that needs it.

Additionally, it would be potentially establishing precedence. Is this a cost that does -- that other states could apply for. You know, so this is a -- this is something that we will be applying for but we don't know if it will be approved or not.

The American Rescue Act, so this is something that has been mentioned in public comment. This is the most recent federal stimulus package that was passed by congress earlier this month. We already had some conversations with the Governor's Office and the Governor's Finance Office, but there is a lot that remains unknown at the present time.

I know that the state is working with the treasury and not just Nevada, but all states are working with the treasury to figure out how these funds can be allocated. So PEBP is unable to plan according to funding we may or may not receive. It is -- it's -- we hope to have some kind of CAPITOL REPORTERS (775)882-5322

guidance by summer as to how these funds will be allocated, but at this point PEBP is unable to -- to confirm or even, you know, plan around having a certain amount of funds because we don't know if that number is going to be zero or if it's going to be more than that.

And so we're put in an unfortunate situation where we have to establish plan year '22 plan design and budget and move forward because we are in a very very tight timeline in order to meet these open enrollment deadlines.

And as most of you know, once the plan year starts it becomes very very very difficult to make any significant changes to plan design because that changes the -- that changes the potential election.

so if a member enrolls in a plan and then you go and change that plan design two months later that may have not been a plan design or a plan that they wanted to enroll in. And so there's federal requirements, state requirements that limit PEBP's ability to make changes after a certain period of time. So PEBP does not have the luxury of delaying plan year '22 decisions until that -- until we have more information.

Sitting on our hands is -- it would be a big risk to the program at this point because we don't know when the information will start to trickle in. At this point it's CAPITOL REPORTERS (775)882-5322

still at the federal level. It has not even gotten to the 1 2 legislative level, and so I just don't see this happening any time soon. And planning under the assumption that we will 3 get money is -- is not something we can do at this time. 4 So I will stop there and give Board members an 5 opportunity to ask questions. 6 MEMBER URBAN: Chair Freed this is Marsha Urban. 7 8 I have a question for Laura Rich. 9 What is the latest that we can essentially open up the open, whatever they call it, I'm blanking now, but 10 11 what's the latest? I mean, how long can we push this off and 12 still be legal? 13 MS. RICH: So technically -- Laura Rich for the 14 record. 15 Technically there is a -- I know there are state 16 requirements. There's NRS that requires PEBP to notice within 30 days of open enrollment and so that is something 17 that in the past when we've pushed out open enrollment, the 18 19 legislature has -- has waived. 20 So typically we have open enrollment starts May 1st, ends at the end of May, last day of May. That gives 21 members a month to look at the, you know, review plan 22 23 designs, review the changes and decide what or if they --24 they would like to enroll in another plan. CAPITOL REPORTERS (775)882-5322

In the past because of a delay in grades or something like that because you do, obviously rates are important. If you don't have rates set people don't know what the cost of their premium is going to be. And so regardless of what the plan design is they want to know what the premium of that plan is going to be, and so you have to have -- you have to have rates.

establishment. We haven't -- we haven't been able to approve those rates in time, and so we have shortened the window from a month to two weeks. The last two times that we've done this there have been very very minor plan changes. And so it wasn't -- I'm not going to say it wasn't chaotic because it was. Our call center gets flooded. We get all kinds of calls coming in, asking what rates are going to be available. When is open enrollment. People get confused, and so I'm not going to say it wasn't chaotic but it wasn't as chaotic as it could have been because there were no changes, right. The plan design remained pretty stable. And so there were members knew what they were getting into when they -- when they enrolled in a plan. So the two weeks, although not ideal, it worked.

In this situation I would not recommend two-week window because of the major changes that have happened in CAPITOL REPORTERS (775)882-5322

the -- you know, in plan design. I would -- it would be very unfair to members to say you have two weeks to figure out your healthcare and especially during this situation. So plan design itself and that's deductibles, out-of-pocket maxes, co-pays, HSA, you know, things like that, that is all built into plan design. That's also part of the overall rate. So any changes to plan design changes rates and let me back up.

The reason we -- we establish rates at the end of March is it's the -- we have the most time to, for Aon to use for experience in trend so most utilization throughout that plan year, the time of that plan year. But we also need to load those rates into the enrollment eligibility and enrollment system, and so those rates, our vendor takes a week or two to load those rates, and then staff internally tests those rates.

And so we have staff that go in and actually go in and test it as every single scenario that we can possibly think of, we go in and test them to make sure the rates are working out. So and, I mean, you can think of a million different scenarios because there are people, it depends on where you live, your geographic location and what plan comes up, whether the HMO comes up or the EPO comes up.

You also have a, for example, let's say that CAPITOL REPORTERS (775)882-5322

there's an employee with a, you know, with a family or an employee with an unsubsidized dependent or, you know, whatever it is we have to have all of those scenarios and we have to test them, and that takes a couple of weeks as well.

If we don't have rates by the end of March it will definitely shorten the time frame that open enrollment happens. So anything that rolls into rates which is anything in plan design that would affect rates.

Now, there's an opportunity for let's say we do get funding of some sort in June, at that point that funding, there's certain things that could more easily be reinstated at the last minute. So long-term disability, life insurance, HRA, those are, as long as it is just covered with a one-time funding for the biennium, those are typically rolled into rates, but we can allocate funding just for that and it's an admin load. It's not into -- it's not necessarily part of the -- the plan design premium, and so those are more easily dealt with after the fact.

So I know that was a longwinded answer, but there's a lot of moving parts to that so it gets very complex.

MEMBER URBAN: Marsha Urban for the record.

So what you're saying is if we do get money by

June we can then reinstate some of the benefits that we've

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had to cut because of this?

2 MS. RICH: For the record Laura Rich.

Yes, certain benefits. So things like reducing deductibles and out-of-pocket maxes would be much more complex and very very difficult to accomplish after literally after today. But things like the LTD, HRA and life insurance would be less complex. It would be something that we could do after the fact, yes.

MEMBER URBAN: Okay. Thank you.

MEMBER AIELLO: This is Betsey.

I'm just -- so when you say HRA it could maybe be HSA too which would in a way be changing the out-of-pocket max if we were able to give people more money that way.

MS. RICH: So Laura Rich for the record.

When -- when I say HRA I am referring to the HRA
Medicare retiree contributions that we cut. HSA and HRA, it
would, if we change or increase HSA funding it definitely
changes the actuarial value of the plan design in the CDHP.
And then at that point, yes, I would argue that let's say
that I enroll in the low deductible plan and then a month
later you tell me that the CDHP has higher funding, I would
complain. And I would say if I would have known that in May
I would have enrolled in the CDHP. So there's -- there's
definitely -- that would be considered a -- a significant
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plan change and would likely have other consequences and that's where the complexity rolls into.

MEMBER VERDUCCI: Tom Verducci for the record.

So I hear that we came out ahead. We had excess reserves. We're no longer requesting money from the CARES Act but, you know, yet we've had a mandate to eliminate the long-term disability, life insurance and, you know, to me it seems like we should have some discussion on restoring the benefits. It seems somewhat permanent.

And once we come out of the pandemic it would be very nice to have discussion taking us back to the pre-pandemic levels of the out-of-pocket maximum deductibles. And I also see a six-month period where members are not going to be able to have long-term disability if you're going to enroll on their own. And if the funds are there perhaps there should be a special meeting. It could be June to address the long-term disability, the subsidy with the HRA/HSA and life insurance and perhaps they came out ahead.

And I would like to point out I think it should be temporary measures and there should be a plan to restore benefits affordable. Those are my comments.

22 CHAIRWOMAN FREED: Okay. So this is Laura Freed.
23 This is an information item, not an action item.

So I'm going to save that discussion until Agenda Item Eight.

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Are there any other questions for the executive 1 2 officer on her Board report? 3 MEMBER LINDLEY: Tim here, if I may. CHAIRWOMAN FREED: Sure. 4 MEMBER LINDLEY: Tim Lindley for the record. 5 Kind of bouncing off what Ms. Urban was asking regarding how 6 long we can potentially delay open enrollment. Does PEBP 7 8 staff know when members make changes, for example are changes 9 mostly made in the first week, first two weeks of open enrollment or the last two weeks of open enrollment? 10 11 MS. RICH: For the record Laura Rich. 12 That's a good question. I would have to ask my 13 eligibility staff. So but regardless of when they are made you can go back and let's say on May 1st I make -- I make an 14 election and then on May 25th I decide you know what, I 15 16 change my mind. They can go back and change their election. And so we've got that window of time to where, you know, can 17 18 you change your mind six times if you need to. 19 So I do know that there's usually a scramble at the end because this is I think, you know, just human, just 20 the way humans are where, you know, a lot of people just wait 21 22 until the last minute and procrastinate. And so I know that there's -- there's a rush at the end. 23 24 And there's even -- I mean, we have several --

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every year we have situations where, you know, there's people have missed it for whatever reason. And while we don't tend to make exceptions very often there are exceptions to the rule always.

MEMBER LINDLEY: And, Director Rich, her comments regarding ARP funding, the America Rescue Plan funding hasn't gone from the treasury to the state level, and we heard discussion about, hey, let's take some of the ARP funding and restore benefits. Who has a say on where the ARP funding goes?

MS. RICH: For the record Laura Rich. That's a good question.

So the -- obviously who has the say, well, that is -- states are now working with the feds to try to figure out the details and try to -- I don't have the details behind it. I don't know what the Governor's Office, what kinds of conversations they are having. But what I can assume is states are proposing can we do this? Can we do that? And the treasury is coming back and saying, yes, that's appropriate or, no, that's not appropriate. So I think that's happening on a -- on a higher level, on the federal level.

And then at that point when we get that kind of guidance then it will probably land on the legislature to CAPITOL REPORTERS (775)882-5322

where the legislature gets to appropriate those funds. And so whether that is -- it goes towards certain, maybe it goes across the board to all budgets, maybe it goes to only certain budgets. We don't know how that's going to be appropriated which is why we can't plan accordingly.

One thing that I do want to mention here is that there is one part of that -- the American Rescue Act which I do know applies to PEBP is a COBRA subsidy. So COBRA subsidies, and this illustrate how complex it can be as far as getting this -- this funding.

So it -- there's a section of that act that gives those people that lost their -- their health insurance as a result of a -- of losing their job throughout a certain time period and I think it's April of 2020 through September of '21, if I remember correctly. Anyone that loses their job during that time period or loses their health insurance during that time period has -- the employer can cover that at 100 percent and so for six months.

So my first question was who pays for this. Is it PEBP that is picking up the tab or is it the agency that is picking up the tab? Are we charging the agency for these -- these folks that fall into this category. I don't think we had a lot of -- we didn't have a lot of layoffs during the last budget cuts, but I'm sure there's people that CAPITOL REPORTERS (775)882-5322

1 fall into this category.

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So do we charge the agency or does PEBP pick up 2 the tab and then how do we get that money reimbursed? 3 4 it turns out that the money is, the funding is reimbursed through a Medicare payroll tax credit. So there's 5 definitely, I've been having conversations through the 6 Governor's Finance Office as to when this problem or 7 problem -- when this benefit does, you know, when we find 8 9 ourselves in the situation where, you know, someone comes to PEBP and says, hey, I want my COBRA reimbursed at 10 11 100 percent, how do we do this, and we still haven't figured 12 out how -- how to do it because of the complexities of the --13 the way that reimbursement is received. So, again, it is planning. That just illustrates how complex receiving and 14 getting those funds could be. 15

MEMBER AIELLO: This is Betsey. I have another question for Laura if possible.

Laura, I know you don't have a crystal ball, but you said the budget closing is projected to be April 6th which isn't very far along. Every time Medicaid's budgets closed it always was different than the Governor's proposed budget. I don't know if you have inklings that something is going to be different than the Governor's proposed budget based on the advocates testifying on your budget and how CAPITOL REPORTERS (775)882-5322

would any changes soon as April 6th, if there are any
changes, impact this activity?

MS. RICH: Laura Rich for the record.

I wish I had answers to that. I don't know what the legislature is going to -- to do. Do I have inklings?

You know, I thought I did and then as -- as things, you know, this is typical to COVID, things just change on a dime and I don't know. I don't know at this point.

MEMBER AIELLO: I don't want to put yourself on the line here. So I probably should ask this another way. Do we have -- if -- if by some miracle or something is through the legislative process added back into -- to our budget, which it may or may not be, do we have a contingency plan to act on that I would guess with these rate settings and -- and everything as we move forward, it may not be, but if it is, when people are talking about holding an emergency meeting, do we need to have an emergency meeting? What -- what would happen?

MS. RICH: Laura Rich for the record.

So on April 6th, first of all this is the subcommittee meeting so it has to go to full committee.

Typically there haven't been, you know, major changes from subcommittee to committee, but there's the opportunity still once it gets to full committee to, you know, for those CAPITOL REPORTERS (775)882-5322

changes to be made. So I think on April 6th we'll have a better idea and it will allow for PEBP to plan accordingly.

Whether we are positioned in a way to be able to pivot, I have expressed basically everything I -- I just -- I just explained in this agenda item. The LCB staff is also aware of this as well. They understand our limitations. They understand the -- the -- what is simple, what is more complex. And what if the legislature takes actions or if these money committees take action, you know, if they do X then what does that result in or if they do Y what does that result in? And so they are, my assumption is the fiscal staff have made the committee members aware of the -- of these -- of this situation.

And I'm hoping that the legislature is -- that these -- the legislature plans accordingly. And if they give us, if there is some kind of mandate to change a plan design, let's say at the last minute that there is a contingency plan in place, for example they need to -- they need to remove the noticing requirement, waive the noticing requirement and things like that or they give us the opportunity to do that.

I don't know what they are going to plan for. So

I, obviously some of these things, for example LTD and life
insurance and things like that, we can do pretty simply and
it's not -- it's not -- it doesn't affect the overall plan
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- and the rates. But if they get into more then it could be a lot heavier of a lift for PEBP.
- MEMBER KELLEY: Chairperson Freed, I have a question for Director Rich, if I may.

5 CHAIRWOMAN FREED: Sure.

MEMBER KELLEY: Director Rich, thank you for sharing the complexities of either moving open enrollment short of it, it's clearly very difficult. Can you talk a little bit about if there's any methodology or any way that we could actually extend the current plan year? I believe in my history in the state that it's been done once before where the current plan year was kind of extended by 30 or 60 days, I can't remember what it was, but can you maybe talk about that process, how would that happen. You know, how -- is it allowed to happen?

MS. RICH: Laura Rich -- Laura Rich for the record.

So I have not been a part of that process when it has been done. I believe -- I have staff that have -- that were around when this happened. I believe that Chair Freed was also around in a different capacity when this happened. It can be done. However, there's significant impact to and risk to that decision.

First of all, so if you extend one plan year CAPITOL REPORTERS (775)882-5322

you're shortening another. And so if you're extending one plan year, for example we would extend plan year '21. Then it gives people more of an opportunity to -- to receive care and -- and reach those accumulators, and so obviously the plan -- there's a cost to the plan in that situation.

Now, obviously with claims suppression and things like that it's not as concerning I guess this year than it would be in a normal year because of that claims suppression that's happening. But in a normal year, right, you reach those accumulators, and so at that point you're, you know, especially for those on the CDHP, you are receiving free care after that.

And -- and so there's -- there's definitely a cost to the plan. The opposite is the situation next year, right. So if we extend it in one year, then in the next year all of those people that are -- that typically reach their out-of-pocket max, now they only have ten months to reach that instead of 12 months. So it's an impact to the member next year, a negative impact to the member next year because of that.

So that is on -- on a plan perspective there's a -- there's definitely a cost to the -- cost to the plan and the member that way. From an operational perspective it's -- it's pretty chaotic and it is definitely something that will CAPITOL REPORTERS (775)882-5322

- 1 cause a lot of confusion, add to the confusion among members.
- 2 It's -- it's something that PEBP can do anything.
- PEBP is, you know, we -- we can do anything with
- 4 the right, you know, legislation and things like that if
- 5 there's anything that -- that needs to be happen on -- on
- 6 that level, but it's definitely chaotic.
- 7 And I don't know if maybe if, Nancy, if you're on
- 8 or if, Chair Freed, if you want to chime in. You were both
- 9 around during this time when we -- when PEBP did it, if you
- 10 kind of want to speak to what happened and how -- how it was
- 11 from an agency perspective.
- 12 CHAIRWOMAN FREED: This is Laura Freed. Oh,
- Nancy, do you want to go ahead because you can speak from the
- 14 agency perspective and I cannot.
- MS. RICH: I think she's on. Oh, yeah, she's on.
- 16 Nancy, are you there?
- Go ahead, Laura.
- 18 CHAIRWOMAN FREED: Okay. This is Laura Freed.
- 19 Yeah, plan year 2011 was extended by 90 days and
- 20 plan year '12 was shortened, and what happened is exactly
- 21 what Laura Rich described. People reached their deductibles
- 22 and out-of-pocket max at the last, those extra 90 days was
- 23 kind of expensive for PEBP.
- And the other thing that was going on was active CAPITOL REPORTERS (775)882-5322

enrollment because that was the -- those were the days when the legislature approved the move from the what we long time people think of as the old PPO plan to the CDHP plan. And so every participant was required to make an active plan choice rather than just passively if you don't respond we're going to keep you in your same plan as you've always had which is so much easier and which is what the vast majority of participants do. They just don't respond, and then they stay on the same coverage tier.

So it was -- you know, and, again, I think this is something perhaps Nancy could speak to, but it was pretty chaotic for -- for the staff because they were doing that active enrollment. They had to chase down all of the people who didn't respond and still didn't get everybody and that's -- that's sort of neither here nor there about the -- about the fiscal impact of doing that.

But I just -- I would have to go back into my notes, but I do remember that it was -- it was pricey.

MS. SPINELLI: So this is Nancy Spinelli. And I think actually you recapped it really well, Laura.

As far as the -- if we were to extend the plan year, I don't think at this point we would have probably a positive open enrollment. So that would be one thing I don't think we would have to be concerned about. However, what CAPITOL REPORTERS (775)882-5322

Laura pointed out with the maximum out-of-pocket and the deductible, those are very big issues for members.

even August then you have a lot of people met their max out-of-pocket. There's no expense to them, and so the plan is going to have to, you know, pay those extra costs. And then, again, like Laura said by shortening the plan year, you have members who maybe they meet their deductible or it's ten months for example they meet their deductible or their out-of-pocket max and then they feel like they have been jipped basically because they don't get a full 12 months of meeting their out-of-pocket max at that point and that would be a different set of members in some cases.

So and the confusion to our -- our participants,

I think it's pretty massive. I'm not sure that it's -
it's -- we've only done it twice since I've worked for the

agency and that was when we implemented the high deductible

plan and then we did it one time years ago when we changed

the plan year, and both times it was very disruptive I think.

MEMBER KELLEY: Thank you. Can I just have a follow-up of Director Rich. So I hear what you say. Thank you very much.

If -- if it looks like information is going to start to trickle in around the stimulus, the latest rounds of CAPITOL REPORTERS (775)882-5322

stimulus I guess, how -- I guess a couple of questions. So, you know, how would a decision to extend the plan year come about firstly? And then do you think that -- that doing some form of extension would allow dollars to perhaps be allocated in the way, you know, to impact plan design versus just kind of the ancillary stuff.

So I'm just kind of from a timeline perspective is -- is today it? I know we have to set rates, but then, you know, on April 6th for example, if you -- if you get lots of feedback from the legislators about money coming in or whatever, would it be -- that be something they could direct? I'm just trying to understand the process.

MS. RICH: So I don't know if there's -- Laura Rich for the record.

I don't know if there's a good answer to that because or a right answer to that because we're dealing with not a lot of information right now.

When would we have to extend, make that decision to extend the plan year, I mean technically we could do it, you know, at the last minute if we needed to. And, I mean, I would have to think about it. I would have to go back and probably look at how, if there's any kind of legislation, anything that would prevent us from making that last minute decision. I think on April 6th we'll have some guidance, but CAPITOL REPORTERS (775)882-5322

I don't think the legislature even knows what they're looking at at this point. So I think there's still a lot up in the air, and I don't think we're going to know anything concrete.

I think we're going to have an idea of what the appetite is of, you know, reinstating the ability to reinstate some of these benefits, but I don't think we're going to be able to address the option of extending that.

I would recommend if this is something that, you know, does come to fruition, I mean we probably would want to get the actuaries involved. There's a lot of -- there's a lot of implementations to a decision like this, and so I would like to have a lot more information before decisions were made. But as far as making that decision, honestly, I mean, if the legislature said this is what we're doing then this is what we're doing.

The Board could technically make that decision too at the last minute as well if necessary but, again, it's -- there's so much up in the air right now that we don't even know if that stimulus money is even going to be able to be allocated at any point in the near future.

CHAIRMAN KELLEY: Thank you.

CHAIRWOMAN FREED: I would like to add a couple of notes. Well, one note, excuse me. This is Laura Freed for the record.

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In Agenda Item Six we have a couple of contracts starting July 1st. So it might be a little bit logistically difficult to have new network contracts starting July 1st but have a plan year extended to, you know, September or October or whatever. So I hope that the Board, and actually I hope that the Legislative Money Committees will keep that in mind, because I do think that -- that they are sensitive to the fact that folks have provided us a lot of comment, and now that the ball is in their court they have the ability to act on some of those expressed participant desires. But yeah, there's -- there's -- as we've discussed now there's some logistical challenges, and I don't want the contract terminations and commencements of new contracts to mess this up even further if we decide to go this route, so. Board members, any other questions on Agenda Item Five? Okay. Hearing none, I think let's take a break and let's come back at 10:45 and then crack into Agenda Item Six, shall we? (Whereupon, a brief recess was taken.) CHAIRWOMAN FREED: All right. Everybody it's 10:46. We'll call the meeting back to order and move to Agenda Item Six and talk about contracts. MS. EATON: Thank you. This is Cari Eaton for

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the record.

Item 6.1 is just an overview of the current active PEBP contracts and no action is necessary on that item.

Item 6.2 is requesting that the Board approve new contracts resulting from the solicitations. Whoops, I'm sorry, from the solicitations that the Board approved for a financial auditor on May 28th and a health plan auditor on September 24th.

The first new contract in Item 6.2.1 is a contract resulting from the health plan auditor services RFP that was released on November 24th. On December 22nd PEBP received two proposals and the evaluation period began on December 23rd and ended up on January 12th.

The four-member evaluation committee included one PEBP Board member and Claim Technologies Inc. received the highest score by the evaluation committee, and PEBP has successfully negotiated this contract.

Claim Technologies Inc. will be a new vendor for PEBP for health claim auditing service. However, we don't expect any issues in the transition from our current vendor. The effective date of the contract is anticipated to be April 13th upon BOE approval through June 30th, 2027. The services are expected to begin on May 1st and the contract CAPITOL REPORTERS (775)882-5322

maximum is \$1,407,656. Staff is recommending that the Board 1 2 ratify and approve the evaluation committee's recommendation 3 to contract with Claim Technologies Inc. And I'm happy to answer any questions. 4 5 MEMBER VERDUCCI: Yes, Tom Verducci for the 6 record. I was reading here in section 6.1 under 7 diversified dental services, the termination date reads June 8 9 30, 206. I think that's a typo. Should that be the year 2026 or could we just kind of clarify the termination date 10 under diversified dental services as far as the actual date 11 12 It appears to be a typo. there. 13 This is Cari Eaton for the record. MS. EATON: You are correct, the new contract for diversified 14 Thank you. 15 dental, I will correct that termination date. 16 MEMBER VERDUCCI: And just to follow-up, what would be the correct termination date? Is it 2026? 17 18 MS. EATON: Correct. Yes. 19 MEMBER VERDUCCI: Thank you. 20 CHAIRWOMAN FREED: Okay. Board members, so does anybody have detailed questions about the RFP process that 21 22 resulted in the staff recommendation to approve the contract

with Claim Technologies for health plan auditing services?

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And by the way, I want to thank whichever of the Board

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members served on this RFP evaluation committee. I know it's
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    a time commitment and it's sometimes really really dull.
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    thank you.
                Okay, if nobody has any questions, I'll accept a
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    motion to ratify and approve the evaluation committee's
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    recommendation to contract with Claim Technologies.
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 7
                VICE CHAIR FOX: Linda Fox. I make that motion.
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                CHAIRWOMAN FREED:
                                    Thank you.
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                Do I have a second?
                MEMBER LINDLEY: Tim Lindley also for the record.
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    I second.
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                CHAIRWOMAN FREED: All right. All in favor say
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          Any opposed, no.
    aye.
                (The vote was unanimously in favor of the
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15
    motion.)
                CHAIRWOMAN FREED: Great.
                                            The motion carries.
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                Okay. Let's move on to 6.2.2, financial auditing
    services.
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                MS. EATON:
                            Thank you.
                                        For the record Cari
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    Eaton.
                The next contract is in 6.2.2 is a contract
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    resulting from the financial auditor services RFP that was
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    released on January 8th. On February 16th PEBP received two
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    proposals.
                The evaluation period began on February 17th and
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ended on March 9th. Clifton Larson Allen LLP received the highest score by the six-member evaluation committee that included two PEBP Board members and other subject matter experts.

Clifton Larson LLP will also be a new vendor for PEBP for financial auditing services, and we, again, don't expect any issues in the transition from our current vendor. The effective date of this contract is anticipated to be May 11th upon BOE approval through December 31st, 2024, and these services are expected to begin on July 1st, 2021. The contract maximum is \$212,485. And staff is recommending that the Board ratify and approve the evaluation committee's recommendation to contract with Clifton Larson Allen LLP.

MEMBER AIELLO: This is Betsey, and I have no problems with this contract.

I'm just curious because both of these bids only resulted in two bidders. Now, the first one, claims auditing, there may not be as many claims auditors, but you would think financial. I'm just surprised about that, but I have no problems with it other than that comment.

MEMBER BAILEY: Madam Chair?

CHAIRWOMAN FREED: Yes, Mr. Bailey, it's nice to hear from you.

MEMBER BAILEY: Well, thank you. So moved to CAPITOL REPORTERS (775)882-5322

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    approve.
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                CHAIRWOMAN FREED: All right.
                                                Do I have a
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    second?
                MEMBER URBAN: Marsha Urban, second.
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                CHAIRWOMAN FREED:
                                   Okay. I'll give it to
 5
    Ms. Urban first.
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 7
                All those in favor. Any opposed no. Oh, I'm
8
            I jumped the gun. Any opposed no.
    sorry.
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                (The vote was unanimously in favor of the
    motion.)
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                CHAIRWOMAN FREED: All right. So --
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                MS. EATON:
                            Cari --
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                CHAIRWOMAN FREED: Sorry. Go ahead.
                MS. EATON: Cari Eaton for the record.
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                Item 6.3, PEBP does not currently have any
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    contract amendments pending.
                Item 6.4 is requesting that the Board authorize
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    staff to complete request for proposals for two contracts
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    that are due to expire on June 30th, 2022.
                The first solicitation in Item 6.4.1 is a
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21
    solicitation for actuarial consulting services.
                                                      The current
    actuarial consulting contract with Aon Consulting began in
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23
    2016 and is due to expire on June 30th, 2022. And this RFP
    should be released prior to November for July '22 contract
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start date. 1 Staff is recommending that the Board authorize 2 3 staff to complete a request for proposal for an actuarial consultant, and anyone who would like to volunteer to be on 4 this committee please do. I'll answer any questions. 5 CHAIRWOMAN FREED: This is Laura Freed. I have a 6 7 question. Ms. Mooneyhan, is it okay to combine these 8 9 motions for the RFP's for actuary as well as basic life insurance since we're authorizing the RFP process or is 10 that -- would do you prefer two motions? 11 12 MS. MOONEYHAN: No, it's totally fine to do so. 13 CHAIRWOMAN FREED: Okay. MS. MOONEYHAN: Assuming that the motions are 14 going to be similar, of course, they should be broken out. 15 16 CHAIRWOMAN FREED: Right. Yes, understood. 17 MS. MOONEYHAN: But, yes, if you want to combine them that's fine. 18 19 CHAIRWOMAN FREED: Okay. Well, I will say --20 this is Laura Freed again. 21 Anybody who would like to serve on these 22 committees, again, thank you for those of you who have. Ιf 23 you would like to be on the actuary committee or life 24 insurance please do reach out to the executive officer. CAPITOL REPORTERS (775)882-5322

Yeah, notice that on the next page, I don't want 1 2 to steal Cari's thunder here, but, boy, do we have a lot of RFP's coming up. So anybody who wants to can get in on this. 3 With that do I have a motion? 4 MEMBER VERDUCCI: Well, Tom Verducci for the 5 record. 6 I want to point out that I'm available to serve 7 I've also volunteered already to be 8 on these subcommittees. 9 on one of them and I'm willing to be on both of them and, you know, feel free to count me in wherever I can help here. 10 11 CHAIRWOMAN FREED: Laura Rich for the record. 12 Evaluation committees are supposed to be 13 confidential. So I would -- I would avoid stating this on the record and just reaching out to me, any members, any 14 Board members who are interested to reach out to me privately 15 so that we can maintain the confidentiality of who is on the 16 evaluation committee. 17 MEMBER AIELLO: So this is Betsey. 18 19 I move to recommend that the staff complete a request for proposal for actuarial consultant and another 20 request for proposal for basic life insurance contract. 21 22 CHAIRWOMAN FREED: Thank you. I will second 23 that. All in favor say aye. Any opposed say no. 24 (The vote was unanimously in favor of the

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motion.)
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                CHAIRWOMAN FREED: Great. Motion carries.
                                                              Thank
 3
    you.
                This is Laura Freed.
 4
                Cari, did you want to go through the chart on 6.5
 5
    or is that just for our edification?
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 7
                MS. EATON:
                             This is Cari Eaton.
                Really, it's just an overview of what is in
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               So we're available for questions.
    progress.
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                CHAIRWOMAN FREED: Okay. Thank you.
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                MEMBER KRUPP: This is Jennifer Krupp for the
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    record.
             I have two quick questions.
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                CHAIRWOMAN FREED:
                                    Okay.
                MEMBER KRUPP: I wasn't sure what the second
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    opinion or the transparency contracts was or potential RFP
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    that are ready to be released.
                MS. RICH: So Laura Rich for the record.
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                So today in place we have the transparency tool
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    is Healthcare Blue Book and so that's that app that you have
    on your phone that will allow you to shop and compare for
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    four different services and facilities.
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                Second Opinion Services is something that is
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    fairly new. We haven't had in place for a very long time.
24
    Currently use Second MD and basically what that is is a
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second opinion service that is -- it's free of charge to the It's kind of a claim through the process and it provides a second opinion service to -- to members should they not be -- there not be like a provider available in the It's very -- we've actually had staff tested on their area. own for their own -- for their own situations, and it has been very beneficial because you're able to get a second opinion from someone across the country, and so it's a good service to have, and it's not widely used yet because I don't think that members know of the service and are aware of the service, but it's a good system to have. MEMBER KRUPP: Thank you. I don't have any further questions. This is Jennifer Krupp for the record. CHAIRWOMAN FREED: Thank you. With that let's move on to Agenda Item Okay. Number Seven, the voluntary benefit platform implementation. MR. PROPER: Thank you, Chair Freed. Nik Proper for the record. I'll be providing an update regarding voluntary benefit selection and transition with recommendations for the Keep in mind these recommendations are built off of Board. current budget and just current processes. So for example when we get to the long-term disability plan, that could

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change depending on various budgetary changes.

So at the November Board meeting the contract was approved for LSI to provide an eligibility and enrollment system and it was approved by BOE in December. The contract is with LSI, the actual enrollment and eligibility platform, including voluntary benefits is subcontracted to Benefitfocus with a system currently scheduled to go live by January 1st, 2022, replacing the current system.

A brief history about voluntary benefits is they were implemented in PEBP in 2019 and are currently administered through Corestream which is the licensed subcontract vendor of the current enrollment and eligibility vendor Morneau Shepell. But due to the midyear change of vendors for enrollment and eligibility, including voluntary benefits PEBP is recommending a voluntary benefits special enrollment period at the end of the year for a January 1st, 2022 effective date with Benefitfocus.

The licensed agency of Benefitfocus to offer voluntary benefits is Benefits Store with licenses current and held in all 50 states. So on page two of the report it shows a table with current product offerings and current carriers with recommendations for each that I'll go through.

So currently the standard offer is voluntary life and short-term disability plans, and this recommendation includes moving accident, critical illness and hospital CAPITOL REPORTERS (775)882-5322

indemnity plans over the current carrier Aflac to the standard, as well as introducing a long-term disability plan administered through the standard.

For ID theft, the legal plan and voluntary vision, the recommendation is to keep the current carrier, so no changes there.

For auto and home insurance there are currently three carriers, and the recommendation is to move to one carrier being Liberty Mutual which currently contains the majority of enrollment in this product, being 1,300 versus 68.

For pet insurance is a similar recommendation of streamline and carriers moving from two carriers to one with Nation Wide which, again, contains the majority of enrollment in this product as well.

For long-term care plans this recommendation is a little bit different than the others. It's actually to revisit this product for open enrollment '22 through July 1st to an effective date and this is because of the limitations with the current carrier in Benefitfocus as there's a lack of integration between the two.

But members with the current long-term care

policy can absolutely continue to keep the policy with Unum

or moving toward a direct built basis or they can cancel

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their policy.
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And for an all voluntary benefits transition,

PEBP will continue to work with Corestream and Benefitfocus

and DOI so we can ensure proper transition and a robust

communication plan to members displaying all of their options

regarding the transition, regarding the keeping or cancelling

their current policies so it won't be a surprise to anyone

what is going on.

And, again, we will continue to work with

Benefitfocus and DOI to identify and potentially propose new

offerings in the future such as an orthodontia, a dental

buyout plan including orthodontia and various other products.

And with that, Chair Freed, I can pause for questions or hand the presentation off to Jen with Benefitfocus for an overview of the LTD options.

CHAIRWOMAN FREED: Unless the Board has burning questions, I would like to hand it off to Benefitfocus and hear more about LTD.

MR. PROPER: Okay.

CHAIRWOMAN FREED: Thanks.

MS. PEERY: Sure. Hi everyone. This is Jennifer Peery with Benefitfocus. I'm going to try to share my screen here to make this a little bit easier for everyone to see.

I'm looking at, if you're following along CAPITOL REPORTERS (775)882-5322

manually, if you look at attachment A, it's not cooperating with me. I apologize for that. If you want to follow along attachment A and you go to page 28 of the attachment we can look at the voluntary LTD plan and, again, this is a contingent plan based on the final basic LTD decision. We went ahead and had the standard quote this plan for -- for PEBP because there are -- there's really a big differentiator in this standard's offering.

And the reason for that is if LTD, basic LTD ends on 6-30 of '21, there is, you know, a gap between 7-1 of '21 and 1-1 of '22 when this plan would take effect. The standard has agreed to waive preexisting conditions, limitations for that say six-month period for all PEBP members should they enroll for the 1-1-22 effective date.

There are two plan options. One is a plan A. If you're on page 27 and a plan B. Plan A closely aligns with the employer sponsored plan that exists today with a 60 percent payout schedule whereas plan B is a cheaper option for employees with only a 50 percent payout schedule, and you can choose between 60 percent or 50 percent.

Plan A very closely aligns with what is there today. The main difference being between employee and employer paid and when -- one thing that we were able to work with the standard on is waiving a minimum participation. You CAPITOL REPORTERS (775)882-5322

know, we understand that this is something that some employees may want to take advantage of, some may not. And PEBP and Benefitfocus didn't feel comfortable with the 15 percent minimum participation, which is fairly industry standard, but the standard was able to waive that as long as we work on a joint communication plan to ensure that members understand that after 1-1 of '22 they would be subject to a 12-month preexisting condition wait period.

Let's scroll through. I don't know if there are any specific questions you would like to go through. Some cost member examples, if you look at page 28, for the 60 percent plan, plan A, there is a rate table there and some examples to make it a little more real life. Say I'm a 33-year-old person working for the state, annual salary of \$50,000, and you see the formula here, that would end up being a 94.50 annual cost for this benefit and a \$7.88 monthly cost for me.

Again, it's an age graded benefit. So if I was 51 I made \$70,000 then the formula is the same but my cost would end up being \$33.95 monthly.

Plan B, if you go down to page 29, there's a couple of examples there. I'm 42 and I made \$60,000 annually then my monthly cost would be \$16.45. If I'm 60 years old and I make \$90,000 annual then my monthly cost would be CAPITOL REPORTERS (775)882-5322

1 \$32.63. MEMBER VERDUCCI: So this is Tom Verducci for the 2 3 record. I would ask Ms. Peery is there a monthly maximum 4 cost for a highly compensated employee? Does it max out? 5 And, you know, part B of the question here would be what 6 happens to the employee during the six-month period should 7 they become disabled? You know, is there going to be, you 8 9 know, perhaps one poor soul out there that's just out of luck that happens to be disabled during this six-month gap? 10 11 there any contingency plans, something that we can put in 12 place to avoid a catastrophic event that could happen to a 13 smaller group of individuals here? MS. PEERY: Sure. 14 Thank you for the question. Jennifer Peery speaking. 15 For your first question around the pre-disability 16 earnings, that would max that \$12,500 monthly, and then the 17 18 max monthly benefit payout \$7,500 so rates would stop at that 19 period. 20 In terms of a gap, you know, someone wouldn't be covered from my understanding after 7-1 until 1-1 of '22. 21 22 I'm not sure if there are any other contingency plans that 23 you may have that you may want to comment on.

MS. RICH: This is Laura Rich for the record. CAPITOL REPORTERS (775)882-5322

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There are unfortunately no other contingency plans because of the inability to, you know, to fund this benefit. So members could potentially get their own benefit on -- you know, on their own independently for that gap in time, but PEBP does not have the ability to provide a safety net for that time period.

MEMBER VERDUCCI: So Tom Verducci for the record.

As a follow-up here, I know we've been mandated to eliminate the long-term disability. We have some -- we have a meeting coming up it looks like with the Legislative Money Committees April 6th, in two weeks from now. And, you know, I think part of our mission is not to create a catastrophe for anybody, even though it's a smaller group of individuals. I would be more comfortable if there was something in place that could cover, you know, this group of people for the six-month period. I'm just very uncomfortable putting someone in that position where even if they want insurance they don't have it. Just my thoughts there.

MEMBER KELLEY: Michelle Kelley for the record.

I have a question on the table provided.

I'm just wondering can you talk about the preexisting condition period that's listed as three slash 12, what does that mean?

MS. PEERY: Sure. Absolutely. Thank you for the CAPITOL REPORTERS (775)882-5322

question. So Jennifer Peery speaking.

Preexisting conditions for the three months is a standard wait period for any policy and that's because typically short-term stability would be in effect for those three months. Before -- any term, long-term disability is more long-term, right? So you have to go satisfy your short-term window before you can hit your long-term window.

The 12-month period is what I was speaking about earlier. That typically if somebody didn't have coverage before and they elected for the first time they would have a 12-month window where any preexisting conditions would make them ineligible for that long-term disability coverage for those 12 months.

What is happening here with the standard is because everyone has been insured before and technically up until 6-30, they are waiving that preexisting condition period if a member elect coverage of 1-1-22. The three months still exists just based on the nature of short-term versus long-term disability. And then after 1-1-22, that 12 months is back in effect.

MEMBER KELLEY: Thank you. Can I ask for what, just because I don't know -- I don't understand. I'm a little confused.

MS. PEERY: That's fine.
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MEMBER KELLEY: Let me -- so right now we're going to have a break of six months. So as far as the three slash 12 goes, if an employee enrolls but his benefit start January 1st, 2022, and then on February 1st they are in an accident that makes them unable to do their job, can you talk to me about what happens in that scenario.

MS. PEERY: Sure. So at that point they would, if they have a short-term disability coverage they would be eligible for a short-term disability. After the short-term disability waiting period, which is typically much shorter, say two weeks, a month, a very small amount of time, then if they are qualified for long-term disability coverage they will be eligible within 90 days, so after that three-month period.

MEMBER KELLEY: Okay. So different -- different to, and maybe this is a question for Director Rich. I'm sorry to show my ignorance.

So right now, and I'm just thinking about LTD.

So right now if an employee has an incident, it's a 190-day waiting period. So they have an incident today, if they qualify for long-term disability it would start to pay in 180 days. So is that -- so are you saying that the waiting period now is only 90 days? This long-term disability period benefit would start to pay after 90 days or am I confused?

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MS. PEERY: Let me get some clarification on that 1 2 because I do understand your question and I don't want to 3 answer that incorrectly for you. MEMBER KELLEY: Oh, no. I appreciate that. 4 5 Thank you. MS. PEERY: 6 Sure. MEMBER KELLEY: And I do have a follow-up 7 8 These rates are much better than anything I've 9 So thank you, staff, for doing so much work and,

Director Rich. But I do wonder with all of the voluntary products that are listed here, including the LTD, how are they rated? So are they rated specifically for the PEBP population? Are they rated for Nevada? How does that work?

MS. PEERY: Sure. So all of our products, we

worked with each of the carriers to rate specifically for PEBP.

17 MEMBER KELLEY: Okay.

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MS. PEERY: Yes.

MEMBER KELLEY: And then so does that mean though that are there any rate guarantees, like a number of years that these rates are guaranteed for or how does that all work?

MS. PEERY: Each plan is a little bit different.

24 However, in general we ask for every carrier to -- to match CAPITOL REPORTERS (775)882-5322

our contract term. So it would be four-year rate guarantee. 1 MEMBER KELLEY: Okay, great. Thank you. 2 3 CHAIRWOMAN FREED: Those were very good 4 questions. This is Laura Freed, sorry. Any other questions, Board members? 5 MEMBER KRUPP: Sorry, I'm slow to unmute. 6 This 7 is Jennifer Krupp for the record. I just had one quick clarifying question 8 9 regarding the three-month disability. But relating to the three-month slash 12-month preexisting condition period, any 10 11 claims would have to occur within the coverage period, 12 correct, so or any events. So if a person had an accident, 13 as Board Member Kelley had said February 2nd or February 1st of 2022 that they would provide coverage for them under this 14 voluntary long-term disability. But if somebody had an event 15 16 that happened in say October of 2021 that event would make them ineligible for this LTD coverage, correct? 17 18 MEMBER AIELLO: This is Betsey. I have a couple 19 of questions. 20 Our current plan, is that able to be extended that someone paying privately? I saw on some of these others 21 22 that when they ended people could continue coverage by paying privately. So would somebody be able to pick up until this 23 24 one started January 1, the long-term disability July 1 paying CAPITOL REPORTERS (775)882-5322

privately for that gap period. It just made me think of that when I saw that some of the other products they are able to pick up privately.

MR. PROPER: Nik proper for the record.

Betsey, the other ones are voluntary, meaning people actively enrolled in them and paid for them. The current long-term disability plan is bundled in the basic package of the PEBP benefit. So it's two separate things.

I'm not sure if people can port that considering it's part of the PEBP package.

MS. RICH: And this is Laura Rich.

Just to add to that, the rates, it would be the same vendor, right? So -- so currently today the standard offers long-term disability through the basic benefit package and this option, a voluntary LTD is offered through voluntary. So you're getting the same vendor. I would assume that is the rate would be a -- the person would get a better rate through the voluntary option than they would even if that was -- if that was an option that they could -- that they could do because this -- currently the contract is through PEBP. It's not a -- it's a group rated product and so it's not member based. So this is definitely, the voluntary option is essentially what you're proposing and giving those members the ability to do it on their own.

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MEMBER KELLEY: If you don't mind, Chair Freed, I have one more question. I'm sorry.

I'm just looking at the rate table that's been provided in the examples, and I see that in the chart where the benefit is, both benefits are, stop at 65 but we still have rates for people who are 65 to 999, and I hope to be that person. But I'm just wondering when that goes live can they be removed if there's no benefit payable? We don't really want people signing up thinking there would be some benefit payable if they are already 65, right? Am I interpreting, right, at 65 the benefit just stops?

MS. PEERY: That's correct. So we can within the technology prevent based on age for enrollment that is the capability within the technology system. One wouldn't be able to enroll in something they are not eligible for.

MEMBER KELLEY: Thank you. And are you going to get back to us regarding the waiting period and all of that?

MS. PEERY: I will. I was just looking and the waiting period will remain at 180 days for the plan option A or plan option B. But what I do need to get back to you with are some clear examples around the preexisting condition period, up to three months versus 12 months on that and coupled with a 180-day wait period.

MEMBER KELLEY: Thank you. It's extraordinarily CAPITOL REPORTERS (775)882-5322

confusing.

MS. PEERY: Thank you.

CHAIRWOMAN FREED: This is Laura Freed.

Okay. Mr. Proper, you have a laundry list of recommendations for the Board. Board members and hearing what you've heard so far, and I heard some -- some concerns about this gap between the end of this plan year and midway through the next plan year, how would you like to proceed, my friends?

MEMBER KELLEY: It's Michelle here.

I -- I know you're looking for a motion but can I just ask, I'm just wondering regarding that gap, one of the notes I had written to myself was I wonder if PEBP staff could advocate to standard to offer the opportunity to port that for the six-month at the rates they are offering through the package, not as a contract but because your contract is ending I'm just wondering if there's some opportunity or if you already explored that and they said no, just for those people out there who are anxious about, you know, such an important benefit just disappearing.

MS. RICH: For the record, Laura Rich.

I did ask that question as I believe several months ago when this option was -- was explored is, you know, could members that want to keep it continue that through the CAPITOL REPORTERS (775)882-5322

PEBP contracted rate. And unfortunately that is not something that the standard can accommodate because this is not a -- it's a group policy. So it is not priced based on, you know, salary and age and things like that.

And so if you take one person and you have to independently rate it versus group rate it, right. And so it's a much -- it's a whole different product when you're doing that. So there's no ability to do that unfortunately right now.

MEMBER AIELLO: Laura, this is Betsey.

And it may be very very expensive because it would have to be individually rated, but I don't know if the standard would be willing as if I walked off the street into their office at least to provide paperwork. And then I know that looks like PEBP is going towards one company versus another but it would tie the hole being standard here and standard there for the six months so that when the information got sent out it could be couched that PEBP is not recommending standard over other companies but this might fill the gap. This is what standard would offer to you, and I don't even know if standard would offer an individual policy to bridge it for six months.

But if they would then somebody, let's say it's 80 a month, but somebody may be willing to pay that just to CAPITOL REPORTERS (775)882-5322

bridge. I don't know. But -- but it looks -- that's just an idea to throw out, and I don't know if it's able to be done or not, but then somebody would not have to go and cold call someone and ask for a policy for six months.

MS. RICH: Laura Rich.

That's a good idea, Betsey. We can look at that. I believe the standard does not offer coverage for individual policies like this just for, they tend to focus on group products. But I will reach out to them and just confirm and should that not be an option we can look at other options and possibly provide that to, you know, to members.

MEMBER AIELLO: I don't know if it's obsolete now but I carried an individual policy from age 23 to age 65, well, not 65. I'm not there yet, until I retired. Then all of a sudden it occurred to me I'm retired so I shouldn't keep paying for this. It took like a year for that to occur to me. But anyway they used to be out there so maybe we could also look and I know it's very busy. That these four companies offer individual policies, if the standard wouldn't but I betcha they wouldn't sell them for just six months.

MEMBER KELLEY: Well, then the other question,

Betsey, is evidence of insurability. So I think that that's

where you really run into issues when you try to get an

individual policy for a 50-year-old.

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Just one more question and it's more a detail question about the entire sweep of these voluntary benefits. Who owns the contracts? Who's negotiating these contracts on PEBP's behalf now and going forward?

MS. RICH: So for the record Laura Rich.

So Nik touched on this a little bit in his report. Back in the day PEBP had a several voluntary products, and we wanted to offer more voluntary products. However, we have a very limited staff and in holding these contracts ourselves didn't make any sense.

Additionally, there's, in this industry with the enrollment and eligibility vendors they have -- they have leveraged these solutions where they have platforms, multiple products that are -- that can be offered, and they are able to kick down some of the or kick down discounts because what they do is they actually receive commissions off of all of these different products.

And so it's a win-win situation because in the past, and this is what happened several years ago when PEBP went down this direction with Morneau Shepell, is we were able to secure a system at no cost and at a -- a system upgrade. We went from a very very archaic looking system to we got a new product, a new enrollment system, a new face for members to be able to go through the enrollment process, and CAPITOL REPORTERS (775)882-5322

a lot of useful new tools at no cost. And we were also able to offer a whole sweep of voluntary products without having to handle the -- the solicitations and the contracts and things like that.

Now, the Board still has the ability to, you know, to pick the carriers and the products and things like that, but this is all handled on the -- on the level of the, you know, from this other vendor. And so it's a win-win because members also get a lot more products than we would be able to offer in the past. There was only a couple of things that PEBP offered and now they have a whole menu of products they can choose from.

so we're repeating basically the same situation that we did a few years ago with Morneau Shepell. We're doing this with Benefitfocus when we transition to the new platform in January of '22. And the whole reason that these are being presented today is because we want to make sure there's no disruption and people still have that ability to enroll in these products and to carry these products in moving forward. And then in July of -- well, moving towards July of 2022 there will be more options introduced to the Board as well for -- to be able to -- actually, sorry, not July but in May, the open enrollment in May of 2022 so PEBP can offer potentially more voluntary products as well.

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| 1 | MEMBER KELLEY: Great. Thank you. |
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| 2 | CHAIRWOMAN FREED: Well, heck, this is Laura |
| 3 | Freed. |
| 4 | I as Michelle Kelley noted, I am looking for a |
| 5 | motion because we certainly need to open a special enrollment |
| 6 | period and give folks plenty of time to think about their |
| 7 | choices as we change carriers on some of these voluntary |
| 8 | benefits. |
| 9 | So does anybody feel comfortable making that |
| 10 | motion or something different? |
| 11 | MEMBER KELLEY: It's Michelle Kelley for the |
| 12 | record. |
| 13 | CHAIRWOMAN FREED: All right. |
| 14 | MEMBER KELLEY: I'm just looking at the summary |
| 15 | of recommendations and I'm prepared to make a motion that we |
| 16 | accept staff's recommendation recommendations one through |
| 17 | eight on this agenda item. I did want to note that I'm |
| 18 | that we are still waiting on some information on the LTD. So |
| 19 | I'm not sure how that impacts that. |
| 20 | CHAIRWOMAN FREED: Sure, you can absolutely, you |
| 21 | can approve with a note to staff that we would like to get |
| 22 | more information from Benefitfocus. So that's fine. |
| 23 | MEMBER KELLEY: So moved. Thank you. |
| 24 | CHAIRWOMAN FREED: All right. And I'll second CAPITOL REPORTERS (775)882-5322 |

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    that.
                       Board members, all in favor signify by
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    saying aye. Any opposed say no.
                (The vote was unanimously in favor of the
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    motion.)
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                CHAIRWOMAN FREED:
                                    Okay.
                                           Thanks.
                                                    Motion
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    carries.
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                All right. Agenda Item Eight, rate setting for
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    plan year '22. Let's do this.
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                MS. RICH: Let's do this, yes. Laura Rich for
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    the record.
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                This -- this rate setting was interesting to say
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    the least. COVID has really introduced some unique variables
    into PEBP and into the state in general and our budgets.
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    so there -- there was a lot of guesswork that went into this
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    and then we had to go back, and then, you know, there was a
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    lot of anomalies in this plan year getting set for rate
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    setting.
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                We originally submitted a budget last August and
    as I said it's undergone a lot of different versions because
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    of the different versions of budget cuts and things like
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    that. And we -- we had to pivot and adjust to that
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    landscape, not just the budget landscape but also the
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    healthcare environment as well.
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So at this point in the process a lot of those budgetary decisions as we touched on already, those responsibilities lie at or within the legislature. But we're put in a predicament where we have to ensure that the program is prepared for the May 1 open enrollment date. So that means that we have to set rates based on the information that we know today.

So although changes have been made to PEBP's budget during the legislative process, such as deviations to the employer subsidy amounts would have an affect on rates. The legislature again, as I said earlier, is very aware and sensitive to this. And so they have received the information. They have been very -- they have been very well educated on our situation. And, you know, they all -- they understand the evolving situation, you know, that PEBP has been in throughout this plan year.

So PEBP's budget is somewhat unique because our budget has to factor in two years of trend. So we have to guess what trend is what -- what our plan is going to look like two years in advance. This is already difficult doing it one year in advance, but it makes it even more difficult doing it two years in advance. On top of that add in the COVID factor and it makes it almost impossible. We have a CAPITOL REPORTERS (775)882-5322

lot of variables and a lot of unknown, unknowns in the 1 future.

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So as a result, so any trend increases in year two, for those Board members who don't understand or haven't been around to -- to really be a part this process, the budget is approved and really set for two years. And so we guess the trend and we project the trend using the information that we have and budget accordingly.

And so that, when we get into year two, if projections are off which again I just said it is very difficult to project a year in advance let alone two years in advance. So if projections are off there's no way to accommodate for any increases in utilization in the second plan year. So that is borne 100 percent on employees. There's no way to increase the amount that the legislature has approved to increase that employer contribution. everything gets pushed onto the employee in that second year.

So in normal years this is already a challenge and this year it makes it even much more of a challenge because of the situation we're faced with right now. In plan year '21, as was touched on on the budget report, we've had a significant claim suppression, and when I say significant I'm not putting a number to it because, one, it's a moving target. We don't know what we're looking at. CAPITOL REPORTERS (775)882-5322

The amount of excess that we're going to see is, it's very dependent on the utilization and if this claim suppression continues and how long will it continue and when -- when do the tables turn and when do we see utilization start again and not just utilization start again but all of this backlog of delayed here then we're going to start to see it. So all of this claim suppression that has happened could come back and will likely come back as claim cost in future years.

So there's concerns on the industry of these potential spikes moving forward. So we are very considerate right now of this excess cash that we are projecting. And, again, it's projections. It doesn't necessarily exist yet because if the Board recalls back in I think the July Board meeting there was a discussion about excess cash and -- and the constant moving target and volatility of excess cash. And so there was a discussion about when does excess cash actually exist.

And we, the decision was it exists in September when the books have -- when the fiscal year has closed, when we have closed our books and we can then say, okay, here was the revenue in versus expenditures out and this is differential cash that is available. So really those, the excess does not exist until September.

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excess but we also want to be very considerate that that excess may be necessary future years. And when I say future years it could be in '22. It could be in '23. It could be in '24. We don't know. Because what has happened is all of these delays in -- in care and surgeries, you know, all of this that has happened because of COVID is now kind of, it's going to snowball. This is the -- the industry I guess thought is that it's going to snowball and it could eventually lead to the spike in cost in future years.

There's this pent up demand and we're going to see it whether it's in '22, '23, '24, we don't know. So the excess that we've accumulated this year may be necessary next year. So we have to be very considerate of that.

When we were building the budget we knew that there was a potential for issues in '23 and we wanted to make sure to adjust for it. So PEBP staff and the Governor's Finance Office, we worked together to adjust the employer subsidy amounts. So instead of giving the same subsidy in year one, and when I say employer subsidy it's the employer contribution. Instead of giving the same subsidy in year one and year two what we did is we gave, there's a finite subsidy amount, right, because you have to adjust to the budget. So we gave less in '22 and allocated more in '23 so that rates CAPITOL REPORTERS (775)882-5322

would not skyrocket for members in '23.

This is back when, you know, we had less information to work off of, and it was still, you know, we were still early into or, you know, early into the budget building process. And so there was -- there was some thought or some intention to mitigate the '23, potential '23 increases to premiums by doing that. So as more claim information became available and actuaries began applying the standard rate methodology that didn't work out. That plan didn't work out too well.

Plan year '22 resulted in sizable increases to participant premiums. It's not terrible but it is a sizable increase, and I think the goal here was to keep rates relatively flat in '22, and there was an increase.

Additionally we are -- we would be increasing -we would be increasing the rates and ending the plan year
with a sizable excess lump of cash. So if you can think
about it with cut benefits, we're raising premiums and we're
going to end up with this mountain of excess. Optics wise it
doesn't make sense. It doesn't look good, right? Why are we
raising premiums if this is -- if PEBP has all of this money.

So we went back and started looking at, well, what can we do. And so what we did is we looked at what does it look like if we balance the employer contribution between CAPITOL REPORTERS (775)882-5322

the two years and you make it the same between year one and year two. And there was a much less volatility or predicted volatility. Again, we don't know what that '23 is going to look like, but it's our projections as best as we can, and so there was less volatility between the two plan years. It's stable rates and we're looking at a fairly, you know, you're not going up and down, up and down in rates, you know, from plan year to plan year.

We went back to the Governor's Finance Office and said, hey, is there any way to adjust our budget and adjust that -- the employer subsidy between year one and year two, and unfortunately we could not do that. It was too late in the game. FY'22 PEBP budget affects every other agency budget. And so FY'22 just did not -- it didn't have any flexibility to introduce more employer subsidy.

So we went back to the drawing board and thought, okay, well, how can we do this artificially. How can we artificially go and -- and equal out the subsidy so that it has the, ultimately the same effect that we flatten rates. And so that is essentially what option two is. Option one is applying the standard methodology, Board approved methodology that has always been used.

And option two is going back and what we're doing is essentially using about \$4,000,000 of excess to suppress CAPITOL REPORTERS (775)882-5322

the overall rate to the or, sorry, not the overall rate, the participant premium, not the overall rate, that does not change the participant premium to a flat dollar amount so there are no increases to premiums in plan year '21.

This option one would, the standard rate methodology would potentially increase, lead to an increase of, depending on the claim suppression, how long that lasts, there could be a -- this could contribute to the accrual of more excess. So it just doesn't make sense to increase those rates right now.

Typically we would not be providing option two as a, I think Chair Freed will agree with me on this. We would not want to ever provide an option where we are artificially suppressing rates because it has downstream effects in later years where you're using one lump of cash to artificially lower rates. But when that lump of cash is gone in subsequent years, those rates then just skyrocket because you no longer have that. You're starting at a low level and you no longer have that cash to keep it at a low level. And so those -- the trend has since increased and you're now seeing very significant spikes really fast and members can't usually absorb that. They can absorb baby steps but not these large increases. So we would normally not be recommending an option like this.

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But we would also not, you know, this is not a normal situation. This is not, you know, normal condition. We would normally not see access accrue so quickly because of a pandemic. So that is in a nutshell, and I know it's very complex. There's a lot of intricacies to this. There's the budget portion. There's the actuarial rating portion of this, and it's all kind of, you know, kind of blends in I know that this is complex to understand. am happy to take questions, comments. We also have Ms. Messier from Aon on here as well, who can address questions from her actuarial perspective as well. MEMBER VERDUCCI: Yes, Tom Verducci for the record. Under the election two, are we going -- is this going to be requesting spending money from the discretionary Is there a certain amount or excuse me, the excess reserves? that comes out of what we used to call excess reserves we're now calling differential cash. Option two down from differential cash that would be my question. MS. RICH: For the record Laura Rich. Yes, it uses about \$4,000,000 of that, of the projected excess. MEMBER VERDUCCI: Okay. Thank you, Officer Rich. I did have a follow-up. So will that require CAPITOL REPORTERS (775)882-5322

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that we go to the GFO and the Legislative Money Committees to spend down from that particular account?

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MS. RICH: Laura Rich for the record.

Yes, this was -- that's a very good question.

This was a question that we posed to LCB fiscal staff to ensure that we were not violating any of the statutory language that was put into our -- that was added into the budget last year. And there -- there seems to be a consensus that this is -- this is adequate and this option is something that does not violate any of those, the language that was in our budget.

MEMBER VERDUCCI: Wonderful. Thank you. And, you know, I think this question will go to Aon. I believe in the past we had a model for projecting the effects of future COVID plans, and have those been built into the rate assumptions? Is there any particular model because I know we're banking on a lot of members did not have medical procedures last year, and then we're going to see that, you know, as COVID starts going away that perhaps we're going to go back to the doctors and start having these procedures put But, you know, is there a particular model as opposed to just the assumption members are going to start going back to the doctor?

MS. MESSIER: Stephanie Messier from Aon for the CAPITOL REPORTERS (775)882-5322

record.

There are -- so it's a little bit different than the model we shared with you previously, right, where it's really trying to previously modeled the impact of future inflection rates, the amount of severity of those folks, you know, how many hospitalizations are you going to see, and we really changed the models now to try to take in national data on what is happening at facilities. How much have they seen an increase or continued decrease, right, in the amount of claims coming through those systems, as well as national surgery centers, doctor's offices and those kind of things, as well as the impact and I guess the timeline, if you will, of people getting inoculated with the vaccine.

So our models are different than they were previously. Unfortunately because this is still unknown to a lot of folks, you know, the models keep getting re-tooled by the day, right, to take in those up-to-date data and try to incorporate all of that and it very much differs from one region to the next, as well as, you know, people are opening things up and removing mask mandates and those sorts of things.

Some of our guidance say that depending on your clients and the type of work that they are doing, whether they are returning to offices, whether they have been on the CAPITOL REPORTERS (775)882-5322

front lines, you know, some folks may continue to see claim suppression throughout calendar year '21 upwards of two to three percent, right. They will come in two to three percent below a normal year.

Conversely, some client may see as high as a five percent increase over an average year, and it's not just five percent over 2020, right. That's just five percent if 2020 had been normal. And 2020 on average for folks from a medical perspective was a good average is to say ten percent short of a normal year.

Now, that doesn't include your pharmacy. We did not see any decrease really from any client on the pharmacy side. If anything we saw a little bit of an uptick in pharmacy claims, and pharmacy tends to make up about 20 percent of your total spend from a medical and pharmacy perspective. So if you want to think about the overall suppression on average a lot of folks came in about eight percent under where they expected to spend money in 2020.

So for 2022 and 2021 we not only think that trend will reoccur, you may see a little bit of suppression if you're lucky, but you could go the opposite direction. So instead of saying a normal let's say six percent trend year, if you're on the higher side of those estimates you could end up seeing a nine to ten percent trend year. Which we haven't CAPITOL REPORTERS (775)882-5322

really seen, you know, probably in about five to six years in the industry.

Does that help answer your question?

MEMBER VERDUCCI: Yes, it sure does. So, you know, just as a follow-up, it looks like, you know, here we have a mountain of excess that came out ahead. And, you know, my comment would be, you know, state workers did not come out ahead here. I think, and members in the program, they -- they came out behind.

And, you know, if we could urge the Legislative Money Committees to, you know, provide some relief. I know we're keeping premiums flat but, you know, there is a big reduction here in the level of benefits as being provided as we're coming out of the pandemic. It would seem appropriate to provide some relief to the people that are suffering from the cuts. And I know that's a little sidetrack there, but I just wanted to point that out for the record.

MEMBER BAILEY: Madam Chair?

CHAIRWOMAN FREED: Mr. Bailey, go ahead.

MEMBER BAILEY: I would like to go back to Tom a little bit. I agree with Tom because if we have excess revenue, which we know two years ago we did, and maybe three years ago before that we used those reserves, and then we paid a penalty for it because they didn't think we were CAPITOL REPORTERS (775)882-5322

following the right path to use that reserve money.

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I get the state employees out there, they are all suffering and we all understand that. But if we're coming out with more reserve again why can't we go back to the budget people and the Governor's Office, the financial people and see if we can do something for these people? They are just hanging out there and we all get the e-mails from them, and we get the texts, and we hear them verbally, on the So we know that suffering is real. And if this Board phone. can do something to eliminate some of that in any way, shape or form, no matter who we gotta go back to and ask. Can we not have our staff follow-up on some of this and maybe get some relief for these people, I don't know. I don't have all of the answers and I know back, but I'm very concerned about our retirees again. They are out on a limb again and we really, we need to do something for them. Thank you.

MS. RICH: So Laura Rich for the record.

Let me try to address that. We are projecting significant reserves. There's -- there's no doubt that there's going to be an excess when we close out the plan year. However, the concern here is that let's say -- let's say we come out with \$20,000,000 in excess at the end of this plan year. There's a concern that those 20,000,000 will end up coming back to the plan next year, and so it's not that -- CAPITOL REPORTERS (775)882-5322

we only have an excess temporarily because we're going to need that money. Because of the delay in care and -- and those -- those people that have not been utilizing health care, one, will end up scheduling these surgeries that haven't been scheduled and have been delayed.

But then also there's a potential where there's going to be a significant, the diagnosis, the degree of diagnosis and the, for example you might have if someone would have gone to see their doctor last year they would have found stage one cancer. However, they waited. They haven't gone to the doctor. And so now there's a -- they go to the doctor in 2022 and now they are faced with stage three cancer or stage four cancer, and so that severity of the diagnosis is -- is much more -- you know, it's much more severe and it's a lot more costly. So there's a concern in the health care industry.

Now, again, it's -- we don't know if it's going to materialize or not, but there is a concern that these -- this money that we didn't spend this year is just going to be, is delayed. We will need it next year or we will need it in '23 or '24, right. So there's a concern that if we spend it now we are going to be in a bad situation next year. Does that make sense?

MEMBER BAILEY: I guess I go back to the question CAPITOL REPORTERS (775)882-5322

is so what we're saying is the first year budget possibly could affect the second year of the budget drastically in several millions of dollars in more debt I guess. But that's a speculation, isn't it? I'm not going to the budget office so I don't know. I know -- I know when you have money and you're -- you're reserved to use it.

Now I know what we went through several years ago. I mean, it was hell. I share that one because we really got beat up from the legislature on that, no doubt about it. I mean, that's why they changed all of the rules that we have to jump through more hoops than we've ever jumped through just to use that revenue even though it's earned, you know, on our watch.

But, and I understand the reserve about using it, but now it seems like our people are suffering now. And in two years if we don't do something it seems like they are going to be suffering in the second year too. Is that what we're thinking? I don't know.

MEMBER KELLEY: Michelle Kelley here. I guess I have just a follow-up as well to Mr. Bailey.

And so I might be wrong but please correct me. I think through the meeting this morning we kind of talked about PEBP not being able to use the CARES Act money that was like three point something million. It was taken by another CAPITOL REPORTERS (775)882-5322

agency. I think there's reserves that are actually being used for the employer holiday, employer subsidy or share holiday as well. And so I guess I just wanted to express a little bit of frustration that the reserves that are building up are really quick to be taken by the state, if you will, to be used. And I'm not -- you know, this is not about who needs it more, but they are pretty quick to be taken by the state for use in other places that need it.

Meanwhile our employees' plan design has really been impacted and isn't kind of benefitting from those reserves. And so if the reserves are lower, if the -- if the trend is lower than expected then we end up with more and more reserves that just get taken by the state.

And so I guess I'm -- you know, and I'm sure staff and everyone is working real hard on this, but it just seems that the balance always tends to be given to the employer rather than the balance given to the employee. So I don't know what the answer to that is, but I just wanted to put it out there.

And then we've talked a lot about the trend, but I'm not sure we were told what trend was building to the rates by Aon, so what -- what trend has been building to what we're seeing now and I'll end there. Thank you.

MS. RICH: So for the record, Laura Rich. CAPITOL REPORTERS (775)882-5322

I'll start out just with clarifying. We did receive CARES Act funding. We received 5.7 million of CARES Act funding. The comment made this morning in the executive officer report is we're not looking at seeking additional money from CARES Act so that's a finite bucket of money. And, you know, there's a new stimulus. And so if we do get anything it would be from that new stimulus, not from additional CARES Act money because that is dwindling, but we did receive 5.7 million for that.

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The second part of your question was right about the excess. There's -- so we're trying to, I think the goal here from staff is to on one hand be fiduciary responsible and also protect members because should we reinstate -should we recommend -- first of all this is all on the legislature at this point. It's not really on the PEBP This is something that the legislature could do. Board. say we reinstate everything using and we use the projected access -- excess which doesn't necessarily exist yet. let's say that we're instructed to do that, if these costs snowball into '22 and we see higher than projected trends we're going to have to go back to the drawing board and then reduce benefits again or increase -- increase premiums very significantly because in '23 we have no ability to adjust the employer subsidy.

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So what we're trying to do is maybe buy time and in November potentially, depending on what happens with the new stimulus money, depending on how trend looks like when the Board meets in November, I mean my -- my hope is that Christmas is going to come early for PEBP in November because we're going to have a lot more information, and we may have -- we may have a little bit of money to spend, depending on what utilization is looking like. But I think this early in the game it's a risk we're taking. So I think we're trying to level out the risk.

CHAIRWOMAN FREED: This is Laura Freed.

I have some information for the Board members that perhaps will answer Michelle Kelley's question. And Laura Rich, and, Stephanie Messier, correct me if I say the wrong number here please.

Aon's original trend for 2022, as I understand it was four and three quarters percent for medical and eight percent for prescription. After the claims suppression was accounted for I have two and three quarters percent medical trend and seven percent RX. Now, let's compare that to what's built into gov rec. My understanding is that we have 2.35 percent medical trend in both '22 and '23 actually and seven percent RX.

So what I think I hear the staff saying is that CAPITOL REPORTERS (775)882-5322

we are essentially expecting, even though we don't know how long claims suppression will last, and we're guessing maybe towards to the end of the calendar year but who knows, that's going to boomerang back on us in plan year '23, and so we're saving excess cash for a rainy day. Is that it kind of? Without -- I mean, if we're saving excess cash for a rainy day knowing that we kind of run the risk of getting yelled at by the legislature because we have excess cash.

MS. RICH: Laura Rich for the record.

Yes, it's not -- it's not so much for a rainy day. Yes, it is to expect a potential boomerang because if that boomerang does happen, depending on the degree, right, so if it comes back and let's say -- let's say those costs are, again it goes back to the matrix, right, of what is -- what is the -- what is the likelihood of this scenario. So are we going to have all of these claims that didn't happen in plan year '21. Are they all going to materialize in '22 and '23? Are they, only some of them going to materialize or is it that we're going to have that and more because of the delays in care and the more aggressive diagnosis and high cost diagnosis, and so it depends on how -- how this plays out.

And so by recommending that, you know, we have this excess bucket that we know in one way, shape or form is CAPITOL REPORTERS (775)882-5322

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going to boomerang back but we just don't know to what degree
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    to -- to allocate or, you know, to use this all in or to
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    recommend using it when we don't have a plan be in place for
    '23, so '23 trend is the same as '22 trend. It's still, the
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    medical is, you know, that two and a half, and so if we see
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    trend come in at six, seven percent.
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                CHAIRWOMAN FREED: Right.
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                MS. RICH:
                           For 2023.
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                CHAIRWOMAN FREED: Yeah.
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                MS. RICH: That is going to be -- we're going to
    be in a -- in a bad predicament at that point because we will
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    have to cut benefits yet again or raise premiums very
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    significantly.
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                CHAIRWOMAN FREED: Yeah. No, I'm sorry.
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    talked over you. I apologize, but you're absolutely right.
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    This is Laura Freed.
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                If we have 2.35 percent medical trend in FY'23
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    and it's eight -- ten percent higher than that, I think
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    Stephanie may have mentioned, you know, five -- five as in a
    normal world and then another five from, you know,
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    boomeranging claims or demand that equals rate shock in the
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    second year of the biennium.
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                MEMBER URBAN: Marsha Urban. Oh, sorry.
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                CHAIRWOMAN FREED:
                                    Go ahead.
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MEMBER URBAN: Marsha Urban for the record.

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I'm just wondering can we use a portion of that excess cash discretionary, whatever you want to call it so we can maybe make those benefits, and I'm talking about the, and I'm blanking on it now because my dogs were just barking. had to keep them quiet. But, you know, for the -- so that when we go into hospitals they are not spending as much money, can we use some of those funds for that.

You've already said if we get any of the other funds from the CARES Act or, you know, whatever the federal government, it is very easy to put back long-term disability and insurance and HRA, can we use just a portion of it? Let's face it, we're in a state that is a gambling state. Can we just kind of gamble a little bit to help people so that if they go in the hospital they are not in such dire strait?

CHAIRWOMAN FREED: So this is Laura Freed. Ι 18 think you mean out-of-pocket max.

19 MEMBER URBAN: That's it. The dogs are still 20 barking.

MS. RICH: So this is Laura Rich.

That goes back to what I was -- what I alluded to earlier that that's part of plan design built into the rates.

24 If that was something that was done, and I guess on let me CAPITOL REPORTERS (775)882-5322

answer your question. We can do it but by we I would say the legislature can do that, and this is now, you know, on the legislature to consider and decide through the budget process. I would, I think that this late in the game the Board making a decision like this would -- it would be circumventing the legislative process and would probably not at the 11th hour to make changes like this, not only is it not on the agenda today, but it would be very difficult for PEBP and the legislature to then go back to the drawing board and figure out what exactly needs to happen.

So there's -- there's definitely, we can recommend that to the legislature. That can be something like, you know, advocates are very, you know, can provide public comment and things like that. But the Board probably -- we can't take action today, that's for sure. But anything having to do with plan design is going to change rates.

And so there is definitely concerns with that because then, again, you are looking at reducing the open enrollment window and it's just not something that is recommended during this plan year because of just the amount of changes and the chaotic nature, the disruption to the membership.

And I know it's frustrating and I, you know, CAPITOL REPORTERS (775)882-5322

we're dealing with a very, very tight timeline. And so you 1 2 quickly run out of time to make very important decisions, but it is part of the insurance world. This is just how the 3 insurance world works and, you know, it all goes around open 4 enrollment and, you know, building that plan and time for 5 members to be able to enroll in a plan and to rate that plan 6 accurately and price it accurately. So hopefully that makes 7 8 sense, Marsha. 9 MEMBER URBAN: It makes sense but I don't like This is Marsha Urban for the record. 10 it. 11 CHAIRWOMAN FREED: This is Laura Freed. I have a 12 question for the staff, and I think you guys will really not 13 like me for asking this but I feel like I need to. Has PEBP been contacted by anyone in the 14 legislative branch about utilizing excess reserves to make 15 any kind of add-backs in a way that would not disrupt these 16 17 rates? Laura Rich for the record. 18 MS. RICH: 19 PEBP has not been contacted per se. However, we 20

PEBP has not been contacted per se. However, we have received a laundry list of questions from the legislature and as a result of the budget presentations and follow-up questions as well.

CHAIRWOMAN FREED: Okay.

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MS. RICH: And so those questions that came in CAPITOL REPORTERS (775)882-5322

would definitely address some of that. I don't know if the 1 2 legislators --3 CHAIRWOMAN FREED: Okay. MS. RICH: -- are able to, you know, gathering 4 something is, certain things are easier to reinstate than 5 others. But, again, we've been working with the LCB staff 6 7 very closely. 8 CHAIRWOMAN FREED: Right. Right. 9 MS. RICH: So I'm sure that has been communicated. 10 11 CHAIRWOMAN FREED: Understood. I was just trying 12 to get a little bit better sense of the add-backs that they 13 might be contemplating in options, and I know you can't say that, and I'm sure, I might even get e-mails from LCB staff 14 after this, but it's -- I was -- you know, as Board members 15 -- well, I'll just leave it there. Thank you very much. 16 MEMBER VERDUCCI: So Tom Verducci for the record. 17 18 So we have quarterly utilization reports that 19 we've watched trends. The trend has been downward and it could change and, you know, go upward, but don't we have a 20 catastrophic reserve? I mean, we're already in a rainy day. 21 We went through a major rainy day. We've seen a lot of 22 23 changes in the program. And, you know, we're sitting on a 24 lot of excess cash and we have utilization reports coming in

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quarterly. Won't we be able to see the trend if it really does spiral in the wrong direction? Isn't that the purpose of the catastrophic reserves?

MS. RICH: Laura Rich for the record.

It is the purpose of the catastrophic reserves but remember you have to backfill them. If you use them you backfill them. That again affects rates and affects the overall budget because anything you use in catastrophic needs to be refilled. Those are required reserves.

MEMBER KELLEY: Michelle Kelley for the record.

Chair Freed, I actually have a question for you. During public comment we heard several of the advocates ask about or ask the Board to put a statement on the record for the legislature, kind of supporting add-backs. And I'm just wondering do you and staff see value in that. Is that overstepping our bound? I'm trying to understand. That request came from a number of people. I don't know what it would look like. It's just an exploratory question.

CHAIRWOMAN FREED: This is Laura Freed.

Do I see value in this. I think the legislature would certainly listen to the Board if the Board spoke with one voice about -- about plan design that it felt strongly about. But I also know that the legislature listens carefully to advocates and helps those folks, you know, CAPITOL REPORTERS (775)882-5322

whether they are union folks or they are retiree organizations are very or faculty alliance folks are very capable of -- of speaking for themselves.

And, you know, I also think that, you know, the Board's decision last fall or last late summer on plan design also sort of speaks for itself, you know. I mean, the example everyone continues to cite is, you know, when we were, you know, faced with some terrible choices last July, August to have to cut up to 12 percent in subsidy dollars, we reduced the long-term disability from 60 percent to 50 percent and then in gov rec it was eliminated.

I -- you know, I feel pretty confident that LCB fiscal staff has noted all of those things and would explain them to the members of the money committees. So I -- I think it -- I think it might have some value again if we spoke with one voice about things.

But and to your question about process, you know, I suppose it could be part of a motion. I -- I don't recall that the Board has ever sent the legislature any formal letters or anything like that. But I do recall that Board members, past Board Chairs have gone to legislative hearings to sort of support the executive officer but, you know, that usually in my recollection entailed going to support the Governor's recommended budget essentially. So I hope that CAPITOL REPORTERS (775)882-5322

It was a bit rambling unfortunately. 1 helps. MS. RICH: Chair Freed, Ms. Mooneyhan may want to 2 3 weigh in on that too. CHAIRWOMAN FREED: Oh, yeah. 4 MS. RICH: I think --5 CHAIRWOMAN FREED: Thank you for --6 7 MS. MOONEYHAN: Brandee Mooneyhan for the record. 8 I just unmuted myself for that exact reason. 9 I would be concerned if any motion went beyond what is contemplated by the agenda. I do not think the 10 11 agenda contemplates Board action making a statement like 12 that. Obviously individual Board members who participate in 13 the legislative process and this could be agendized in the future agenda, but I do not think it's contemplated by 14 15 today's agenda. 16 CHAIRWOMAN FREED: Okay. Thank you very much. You know, every time I think I've dialed in my open meeting 17 law compliance I haven't. 18 Thank you. 19 Well, this is Laura Freed for the record. 20 Well, so option two gets us to, I was just doing a little bit of arithmetic here for, and I'm looking at the 21 22 CDHP gets us to just a 1.6 percent increase over FY'21 and 23 FY'22 for the participant premium. It's a 0.3 percent

increase for employee plus child and a 4.4 percent increase

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for employee plus family.
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                And for the non Medicare retirees it's a
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    0.3 percent increase over the current plan year. And for
    retiree plus spouse it's a 3.1 percent increase. So not bad
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    overall. I don't -- you know, I don't feel great about using
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    what is essentially one time money for something that's
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    ongoing but, you know, I'm -- I never have, but I do support
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    option two. I'll just say that.
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                MEMBER URBAN: Marsha Urban for the record.
                I just want to clarify one point. What we're
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    voting on today is for the rate and that's it. We're not
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    looking at what has been cut or what the -- you know,
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    anything about benefits. All we're looking at is a monthly
           Is that it? Okay. I just want to clarify.
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    rate.
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                MEMBER KELLEY: It's Michelle Kelley here.
                If, Chair Freed, if you're looking for a motion,
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    I'll make the motion that we accept staff's recommendation --
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                CHAIRWOMAN FREED:
                                   Okay.
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                MEMBER KELLEY: -- on the setting of the rates
    for '21-22.
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                CHAIRWOMAN FREED: Okay. Do we have a second for
    that motion?
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                MEMBER AIELLO: This is Betsey. And that's for
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    option two, correct?
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| 1 | CHAIRWOMAN FREED: Yes. |
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| 2 | MEMBER AIELLO: I second. |
| 3 | CHAIRWOMAN FREED: Okay. Thank you. |
| 4 | All right. So the motion is to accept the rate |
| 5 | table for plan year 2022 as portrayed in option two. That's |
| 6 | page three and page four of the staff report. All those in |
| 7 | favor say aye. Any opposed say no. |
| 8 | (The vote was unanimously in favor of the |
| 9 | motion.) |
| 10 | CHAIRWOMAN FREED: Okay. Motion carried. |
| 11 | Whoops, I unmuted myself. The motion carries. Thank you. |
| 12 | And I think we can see on April 6th how the |
| 13 | legislature might change the plan design. I think we'll all |
| 14 | be watching with great interest if they do. |
| 15 | With that, let us go to Agenda Item Nine, public |
| 16 | comment. This is the second public comment period, and I |
| 17 | will return to staff. |
| 18 | MR. MARTIN: For those who have joined for public |
| 19 | comment, your name or the last four digits of your phone |
| 20 | number will be announced, and you will be advised that you |
| 21 | may now make your comments. If you are calling in via |
| 22 | telephone please be sure to press star six to unmute. |
| 23 | Caller with the last four digits of 3048, please |
| 24 | press star six to unmute and make your comment. CAPITOL REPORTERS (775)882-5322 |

Caller with the last four digits of 7832, please press star six to unmute and please slowly state and spell your name for the record.

Caller Kent Ervin, please state and spell your name for the record, and make your comment.

MR. ERVIN: Good afternoon, Chair Freed,
Executive Officer Rich and committee members. This is Kent
Ervin, K-e-n-t E-r-v-i-n for the Nevada Faculty Alliance.
Thank you all for the detailed discussion today and your
work. The outcome, of course, is what we expected from the
agenda.

I would like to comment on just one thing. It was stated earlier there was no plan B for the second year this biennium. Well, this biennium in this year has been different in a lot of ways. And a big difference is that the state has 2.59 billion funds coming in which is greater than the loss of revenue because of COVID, and so there is a plan B. It's to backfill various budget holds with those federal funds which we believe will largely be flexible for this kind of use.

Now, the PEBP Board can't do that obviously, I understand that. But what PEBP can do, instruction of the legislature is to anticipate those funds that at least some of them will come in, excuse the excess reserves now to CAPITOL REPORTERS (775)882-5322

restore the benefits that can be restored as late as June is what I heard and then backfill later when the American Rescue Plan Act funds do come in, if they are even needed. The range we heard of hospital trend next year is from a negative two or three percent up to a positive nine to ten percent, and Aon went right in the middle pretty much at, I didn't get a composite number but 2.4 for medical and seven for prescription. So that probably averages out to three or four percent, so right in the middle that range.

We could end up given Aon's predictions with more excess reserves next year or we could be a few percentage points, maybe up to five at the high end of that range on the other hand.

But either way, the American Rescue Plan funds are coming in. They will come to the state in some form, and this is really a very small portion of those funds that could be used for this purpose. Thank you very much.

MR. MARTIN: Caller with the last four digits of 3048, please slowly speak and spell your name for the record and press star six to unmute.

Caller with the last four digits of 4404, please slowly speak and spell your name for the record and press star six to unmute.

MR. RANFT: Good afternoon. Can you hear me? CAPITOL REPORTERS (775)882-5322

MR. MARTIN: Yes, we can.

MR. RANFT: Good afternoon. I would like to thank Chair and respective committee members and Laura Freed, and I'm sorry, Laura Rich and her staff as well. This is Kevin Ranft representing AFSCME Local 4041 on behalf of active state employees.

Again, we would appreciate everybody that had discussion today in regards to trying to restore the benefits and thinking outside the box and coming up with various ideas that PEBP could eventually call back a meeting based off of the legislative response.

I do think it's a good idea for every single

Board member to reach out individually or as a group. I know
that wasn't part of the agenda but that can be done. I think
that that's also the responsibility of Board members to do
whatever they can to ensure that the state employees are well
taken care of, especially during a time of crisis which we
are in.

The concern was going into this with the pandemic that we would have all of these shortfalls. That is no longer the case. The money is going to be there. Let's get this money set aside for PEBP. Let's advocate it through the advocacy groups, but the PEBP Board, we need to do it all together. This is team effort to get the state employees CAPITOL REPORTERS (775)882-5322

restored rates and restored benefits.

We appreciate everything that you guys have done and all of the hard work. But, again, this is not over, and there's a lot of other groups competing for those funds. So we want to make sure that PEBP Board members could reach out. I strongly encourage that, even if you want to do it individually. This is an opportunity to get those funds and to start restoring some of these cuts going into the next plan year and beyond.

So with that being said, there's a few items or few options, even if they don't, let's take a look at some of these, you know, these excess reserves. We have great opportunity here. We just need to set up the meeting. Make sure it's agendized properly and make some decisions to give the state employees back what they deserve. Thank you for your time.

MR. MARTIN: Caller with the last four digits 5227, please slowly speak and spell your name for the record and press star six to unmute.

Greetings, Chair Freed, members of PEBP Board and Executive Director Laura Rich. My name is Sheila Salehian, S-h-e-i-l-a. Salehian S-a-l-e-h-i-a-n and I'm a prior Nevada state employee.

I would like to comment on two items related to CAPITOL REPORTERS (775)882-5322

pre Medicare proposed retiree rates for the upcoming fiscal years. The first is a premium cost as outlined in the Board packet. Second concern is with the interpretation of statutes by PEBP staff or retiree premium subsidy qualification.

The personal impact on myself and other unknowing public servants who moved from one Nevada public service employer to the state in 2012 or after, not realizing they will be giving up healthcare subsidies and retirement in the future.

I'll start with the pre Medicare unsubsidized healthcare cost concern. I'm a single mother and now looking at almost \$900 a month to cover myself and my two children after working as a Nevada public servant for ten years and having to take an unplanned early retirement. That is not sustainable given my pension.

Unrelated but relevant to my point, I have already been paying almost 900 a month for COBRA for the past 16 months as I was unexpectedly terminated from an unclassified position right before the pandemic hit. Please note that the Healthcare Exchange did not work for me which is why I chose this PEBP coverage.

The reason COBRA payments are related to my concern is because my 18-month COBRA coverage is ending and CAPITOL REPORTERS (775)882-5322

I'm being forced to take an early retirement to keep my healthcare coverage. After dealing with breast cancer last year, like the pandemic and unemployment wasn't bad enough, I paid over \$24,000 in healthcare between my premiums and co-insurance. I fully expected my premiums to go down in retirement.

My second concern which is the crux of the issue for me and possibly impacts other state employees is the PEBP staff statutory interpretation that my continuation years of service, of public service in Clark County do not count for the subsidy because of my state hire date.

I've been very involved in watching PEBP's activity through the years and did not interpret the PEBP pre-retiree package, which I always read, to be interpreted in the way they apparently were meant to be read. My original hire date with Clark County was before January 1st, 2010, leading me to believe that I did qualify for subsidy as it aligns to PERS changes since the 2009 Legislative Session and beyond which PEBP had aligned with for many years.

In summary, I started with Clark County in 2009 and moved to the State of Nevada to an unclassified deputy treasury position under then Treasurer Kate Marshall. I was asked to start with a new pay period which was January 9th, 2012. I literally left the county on Friday and started with CAPITOL REPORTERS (775)882-5322

the state the following Monday.

As noted earlier, I worked until 2019 where there was change in administration. As you can imagine, finding a job in this pandemic has been extremely difficult. I did not have a break in service, and I was a member of PERS and PEBP. Now I'm being told I won't qualify. This is a personal impact of over \$20,000 in premiums to me over the next five years.

I do not plan on retiring but I find myself in this position now. I don't think that was the intent of the legislature when the various bills were entered throughout the years. Specifically, the employees move from county or other public service employers to the state regardless of the numbers of years they serve at the state they are still told they don't qualify for subsidy.

I can assure you that I called PEBP even before it started in 2012 to inquire about the health insurance and the impact of public service change in employment and was not told of this.

In summary, PEBP policy changes are not clearly communicated to impact employee as required by statute. One such change was a 2016 math change to require employees to be vested to qualify for years of service subsidy consideration from when they came from other public employers. At this CAPITOL REPORTERS (775)882-5322

time I would like the Board to know I'm asking the PEBP Board for a declaratory order concerning the applicability of this provision, interpretation under NAP 287. I took the time to write a multiple page submission outlining my concerns of the PEBP communication and why I interpreted these changes through the years to not impact me as I was initially hired prior to January 1st, 2010 by the county. Executive Director Laura Rich has this outlined.

I'm asking the Board to renew my detailed position and concern with the statutorily required employee communication which I do not think happened. I personally know a few state employees who do not understand that this is going to impact them in the same way it impacted me.

I know from working for the state and supporting the college savings board that it's a lot work, and interpreting statutory implications of bills is not an easy job and sometimes requires LCB consultation to understand the intent of the law. Therefore, I thank you for your time and future consideration of my appeal and complication with LCB, if that's what it takes to understand the changes that impacted employees after January 1st, 2012, if they came from the county or any other public service employer without a break in service. Thank you.

MR. MARTIN: Caller Doug Unger, please slowly CAPITOL REPORTERS (775)882-5322

speak and spell your name for the record and make your comment.

MR. UNGER: Doug Unger, D-o-u-g U-n-g-e-r,
President UNLV Chapter Nevada Faculty Alliance and
Governmental Affairs representative for Southern Nevada
Faculty for the Alliance.

I would like to thank Chair Freed, Executive
Officer Rich and everyone on the Board and PEBP staff for all
of the work you put in over this past very stressful year and
especially for the constructive discussion and tone of the
discussion of today's Board meeting.

I just want to for the record enter an interpretation of the American Rescue Plan funding and pensions so that we're all clear about what this money is for and how, and this is coming from the JD Supra website which is a group of attorneys who interpret federal case law and is a highly respected venue.

Point one, to respond to the public health emergency with respect to COVID-19 or its negative economic impact, including assistance to households, small businesses and non profits or aid to impact the industry such as tourism, travel and hospitality.

Point two, to provide premium pay to eligible workers of the state, territory or tribal government, CAPITOL REPORTERS (775)882-5322

metropolitan city, non-entitlement unit of local government or county that are performing such essential work or to provide grants to eligible employers that have eligible workers who perform essential work.

Point three, for the provision of government services to the extent of the reduction and revenue of such state, territory or tribal government, metropolitan city, non-entitlement unit of local government or county due to the COVID-19 public health emergency.

Point four, to make necessary investments in water, sewer broadband infrastructure. Clearly Nevada state employees fit point two and point three of the legal interpretation of the American Rescue Plan funding intentions.

In fact, we should be first in the interpretation of this law, and restoration of PEBP benefits should be a priority in the allocation of American Rescue Plan funds based on the intention and legal reading of the plan and of the federal legislation.

So thank you very much. That we should all keep this in mind and do what we can to convince our legislature to really keep us in line for restoring our benefits as practically as possible in the future. Thank you.

MR. MARTIN: Caller with the name Patillo, please CAPITOL REPORTERS (775)882-5322

slowly speak and spell your full name and press star six to unmute.

Caller with the last four digits 2237, please slowly speak and spell your name for the record and press star six to unmute.

MS. LOCKARD: Hello members of the committee. My name is Marlene Lockard, L-o-c-k-a-r-d, representing RPEN, Retired Public Employees of Nevada.

I listened very carefully today with your discussion around excess reserves and many of you know that this has been a topic of special interest to me since 2011. The -- the question that I would like to put to staff is what if there were no excess reserves as you originally predicted this year, if we did not have those excess reserves, PEBP would be required to go to the catastrophic reserves that are put in place for just this kind of emergency if we have the suppressed claims come in as anticipated.

The excess reserves since 2011 are outside of the statutory required reserves and so it seems to me that we're not using the proper safeguard that were put in place and required by law to meet this anticipated claim filing.

With the other revenues coming in, the short-term use of excess reserves to prevent any hardship to the employees seems like a golden opportunity to prevent this CAPITOL REPORTERS (775)882-5322

interim heard to those employees. So I would hope the Board and the staff would revisit along with the legislature on the use of the excess reserves.

And then I also had a question that staff indicated that they decided not to apply for additional CARES fund, funding. And my question is why. We -- we know the issues facing the Board and the budget and just curious why you would not have pursued that opportunity to defray some of the again detrimental changes in the budget. Thank you.

MR. MARTIN: Caller with the last four digits 7947, please slowly speak and spell your name for the record and press star six to unmute.

MS. ZECENA: Hi. Name is Claribel and it's spelled C as in cat, l as lion, a as in apple, r as in rabbit, i as in ice cream, b as in boy, e as in elephant l as in lion. Z -- Zecena, Z as in zebra, e as in elephant, c as in cat, e as in elephant n as in Nancy, a as in apple.

And I'm calling to support PEBP doing what's necessary to be able to do an emergency meeting again if necessary, and also the AFSCME Local 4041 cochair, and I have been working in Reno for 11 years for the state, going on ten years as a state employee.

So I really am very invested in seeing this because as I've come in, you know, comparatively we have not CAPITOL REPORTERS (775)882-5322

kept up with our benefits when we're looking across other public services like the county, the city and it's just sad that we keep chiseling away at our benefits. So trying to keep the rates flat as the Governor intended is super important doing what we can to have an emergency meeting so that we in the middle of a pandemic as state employees who have been working hard throughout this whole period are not always the ones carrying the burden for the state.

It's the risk we take as state employees. We realize we are dependent on the funding that the state gets, and so we appreciate that. This is a hard time for the state, especially since we depend so much on tourism, but we have to do better for our employees. We -- this Board has to do better for its members.

So I just urge you to continue doing what's possible in your -- in your powers to setup a better system for the members that you represent. I appreciate all you do because I know it's not easy to make the decisions that you make and the time you contribute to this. And I -- you know, I appreciate that many of you are also state employees as I am. So I appreciate you taking your time out of your day and participating because it's not easy to make some of these decisions.

So I just want to thank you for everything that CAPITOL REPORTERS (775)882-5322

| 1 | you are doing. And I appreciate the hard decisions you have |
|----|--|
| 2 | to make, but keep helping state employees. Thank you for |
| 3 | your time. |
| 4 | MR. MARTIN: Caller with the last four digits |
| 5 | 7832, please slowly speak and spell your name for the record |
| 6 | and press star six to unmute. |
| 7 | Madam Chair, that concludes our public comment. |
| 8 | CHAIRWOMAN FREED: Okay. Thank you very much. |
| 9 | With that we have come to the end of our |
| 10 | business. I want to thank the Board members for their |
| 11 | participation today. I want to thank the public for their |
| 12 | participation and, of course, thank the PEBP staff for their |
| 13 | continued hard work. |
| 14 | It is 12:44 p.m. and with that we are adjourned. |
| 15 | Thank you. |
| 16 | |
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| 24 | CAPITOL REPORTERS (775)882-5322 |

| 1 | STATE OF NEVADA,) |
|------------|---|
| 2 | CARSON CITY.) |
| 3 | |
| 4 | I, KATHY JACKSON, Official Court Reporter for the |
| 5 | State of Nevada, Public Employees' Benefits Program Board, do |
| 6 | hereby certify: |
| 7 | That on Thursday, the 25th day of March, 2021, I was |
| 8 | present on a teleconference for the Public Employees' |
| 9 | Benefits Program, Carson City, Nevada, for the purpose of |
| LO | reporting in verbatim stenotype notes the within-entitled |
| L1 | <pre>public meeting;</pre> |
| L2 | That the foregoing transcript, consisting of pages 1 |
| L3 | through 138, is a full, true and correct transcription of my |
| L 4 | stenotype notes of said public meeting. |
| L5 | |
| L6 | Dated at Carson City, Nevada, this 5th day |
| L7 | of April, 2021. |
| L8 | |
| L9 | |
| 20 | KATHY JACKSON, CCR |
| 21 | Nevada CCR #402 |
| 22 | |
| 23 | |
| 24 | CAPITOL REPORTERS (775)882-5322 |

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