

Quarterly Update – 4th Quarter Plan Year 2023

Executive Summary

Plan Enrollment:

- At the end of FY Q4 2023, PEBP's total enrollment into Medicare policies through WTW's Individual Marketplace decreased to 11,332. Since inception, 119 carriers have been selected by PEBP's retirees with current enrollment in 1,905 different plans.
- Medicare Supplement (MS) plan selection remained consistent at 87% of the total population with the majority of participants selecting AARP and Anthem BCBS of Nevada as their insurer; each carrier holds plans for 6,184 and 1,847 enrollees respectively. The average monthly premium cost for MS plans remained consistent at \$146.
- The percentage of Medicare Advantage (MA or MAPD) plans selected remained consistent at 13%. Top MA carriers include Aetna with 590 individual plan selections and Humana with 281 individual plan selections. The average monthly premium cost to PEBP participants decreased to \$10.

Customer Satisfaction:

- In Q4 2023, PEBP participant satisfaction with Enrollment Calls had an average satisfaction score result of 4.0 out of 5.0 based on twenty surveys returned.
- For Q4 2023, the average satisfaction score for Service Calls was 4.4 out of 5.0 based on 211surveys returned.
- The combined average satisfaction score for Enrollment Calls and Service Calls was 4.4 out of 5.0 for Q42023.

Health Reimbursement Arrangement:

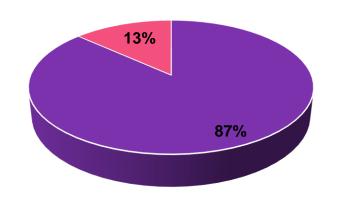
- At the end of Q4 2023 there were 13,469 Health Reimbursement Arrangement (HRA) accounts for PEBP participants.
- There were 97,996 claims processed in Q4, with 88% being submitted via Auto-Reimbursement, meaning that participants did not have to manually submit 85,828 claims for Premium Reimbursement.
- The total reimbursement amount processed for Q3 was \$8,213,025.

Summary of Retiree Decisions and Costs

Retiree Plan Selection Through 06/30/2023		Previous Qtr.
Total enrolled through individual marketplace	11,332	11,333
Number of carriers**	119	119
Number of plans**	1,905	1,892

Plan Type Selection Through 06/30/2023		Previous Qtr.
Medicare Advantage (MA, MAPD)	1,515	1,505
Medicare Supplement (MS)	9,816	9,838

Medical Enrollment



"The percentage of Medicare Advantage plans selected by PEBP's retiree population is now slightly below the average for WTW's Book of Business.

■ MS ■ MA

Plan Type	Number Enrolled	Average Premium
Medicare Supplement (MS)	9,916	\$146
Medicare Advantage (MA,MAPD)	1,515	\$0 / \$10
Part D drug coverage	6,632	\$23
Dental coverage	886	\$38
Vision coverage	1,614	\$9

** Reflects total carriers and plans that PEBP participants have enrolled in nationwide, since inception.



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Summary of Retiree Carrier Choice

Top Medicare Supplement Plans	Total
AARP	6,184
Anthem BCBS of NV	1,847
Cigna Total Choice	332
Humana	358
United of Omaha	254

8%	■ AARP
3%	Anthem BCBS of NV
19%	Cigna Total Choice
63%	Humana
	United of Omaha
	All others

Medicare Supplement Carrier Choice

Cost
\$22
\$146
\$140
\$481

Top Medicare Advantage Plans	Total
AARP Medicare Advantage	213
Aetna	590
Anthem BCBS	81
Hometown Health Plan	139
Humana	281

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	4
1	9%
	9%

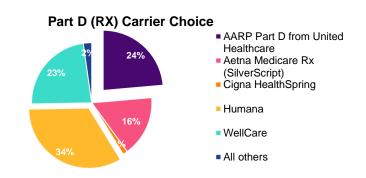
Medicare Advantage Carrier Choice



- AARP Medicare Advantage Aetna
- Anthem BCBS
- Hometown Health Plan
- Humana
- All others

Cost Data For MA Plans	Cost
Minimum	\$0
Average	\$10
Median	\$0
Maximum	\$194

Top Medicare Part D (RX)	Total
AARP Part D from United Healthcare	1,540
Aetna Medicare Rx (SilverScript)	1,079
Cigna HealthSpring	83
Humana	2,199
WellCare	1,561



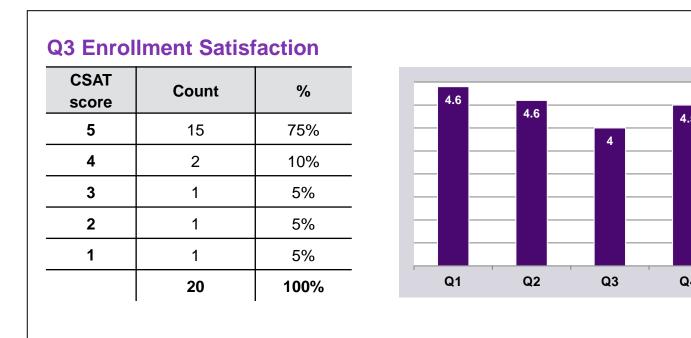
Cost Data For Part D (RX)	Cost
Minimum	\$4
Average	\$23
Median	\$16
Maximum	\$118
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Customer Service – Voice of the Customer (VoC)

Individual Marketplace conducts phone and email surveys of all participant transactions. Each survey contains approximately 12-16 questions. Responses are scanned by IBM Mindshare Analytics which expose trends within an hour, alerting Individual Marketplace of issues and allowing for real-time feedback and adjustments



Q3 Servi			
CSAT score	Count	%	
5	145	69%	4.3
4	32	15%	
3	14	7%	
2	9	4%	
1	11	5%	
	211	100%	Q1

Q3 Enrollment & Service Combined CSAT Count % score 5 160 69% 4 34 15% 3 15 6% 2 10 4% 12 5% 231 100%



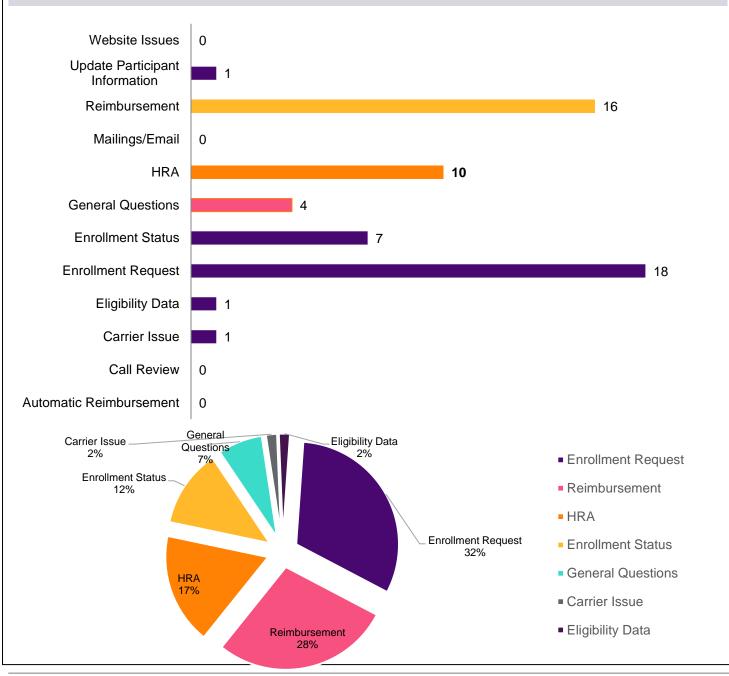
Q2

Q3

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Customer Service – Issues Log Resolution

Each quarter a certain number of participant inquiries are received by both PEBP and WTW that require escalation to Individual Marketplace Issues Log. Items on the Issues Log are carefully evaluated and continuously monitored by seasoned WTW staff until resolution is reached. The total number of inquiries reviewed during Q4-PY23 is 57 and are associated with the following categories:



Health Reimbursement Account (HRA)

Claim Activity for the Qtr.	Total
HRA accounts	13,469
Number of payments	50,589
Accounts with no balance	7,925
Claims paid amount	\$8,213,025

Claims By Source	Total
A/R file	85,828
Mail	4,908
Web	4,831
Mobile App	2,429



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Performance Guarantees*

Category	Commitment	Outcome	PG MET
Claims Turnaround Time	≤ 2 days	0.19 Days	Yes
Claim Financial Accuracy	≥ 98%	99.58%	Yes
Reports	≤ 15 business days	Met	Yes
HRA Web Services	≥ 99%	99.98%	Yes
Benefits Administration Customer Service Avg. Speed to Answer	≤ 2 min. in Q1 ≤ 90 sec in Q4 and Q4 ≤ 5 minutes in Q4 Note - Quarters listed are based on calendar year.	10 Seconds	Yes
Benefits Administration Customer Service Abandonment Rate Annual	≤ 5%	Annual	Yes
Customer Satisfaction	≥ 80%	90.48%	Yes
Disclosure of Subcontractors	100%	100%	Yes
Unauthorized Transfer of PEBP Data	100%	100%	Yes

*Please note that the performance guarantees are ultimately measured based on the annual audit period.



Quarterly Update – 2nd Quarter Plan Year 2023

Operations Report

HRA Available Balance Cap of \$8,000:

Effective May 31, 2023, the annual \$8,000 HRA Available Balance Cap reduction was processed on accounts with a balance of more then \$8,000. Nevada PEBP sent a communication related to this Cap to participants with balances of \$7,000 or greater as they are expected to be the ones who will potentially be impacted by the Cap this year. The goal of the communication was to remind participants to submit claims against their balance to reduce it below the \$8,000 threshold so they do not lose any of their HRA balance. Once funds are removed because they are over the \$8,000 cap, they cannot be added back. This year there we 598 account impacted for adjustment amounts totaling ~\$1.031,309.

Communications:

Below is information on communications that were mailed or will be coming up.

- Fall "The Groove" Newsletter
 - "The Groove", is our digital newsletter communication that is normally sent bi-monthly. The version that will be sent in mid/late September will focus on educating participants on Medicare and the upcoming Medicare Open Enrollment Period that is from October 15 December 7.
- HRA Qualification Reminder Notification
 - This communication reminds retirees that have a funding qualification requirement to contact Via Benefits during Medicare Open Enrollment if
 they want to change plans so they do not negatively impact their HRA qualification. This communication is targeted to mail in mid/late
 September.
- Fall Balance Reminder
 - This communication is mailed to participants who have not had any payment activity in their HRA in the prior 90 days. It is designed to remind them of their HRA balance so they can take action and submit new claims for reimbursement from their account. The Balance Reminder is targeted to be mailed in mid/late September.







