L. Joseph Belingheri
[redacted]

[redacted]

TO: PEBP

I am a state of Nevada retiree since 2008. My wife, Shelley, and I are enrolled in your dental insurance through UMR.

Today I received this message from our dentist, Dr. Bradley Stoker who, along with his father, has been our dentist for over 33 years.

As soon as possible, I would appreciate the courtesy of speaking with a PEBP officer concerning this. I am hoping we retirees have more choices for dental coverage other than UMR.

Your prompt response will be greatly appreciated.

Dear friends and patients,

Many of you have been my patients for a long time, and you understand my sincere, personal commitment to caring for your oral health. My team and I are dedicated to offering all of you the finest dental care with no shortcuts or compromises.

To provide the level of care you have come to expect from us, reimbursement for treatment needs to cover the expenses of that treatment. ***Your dental insurance has not increased reimbursement for your treatment in several years****. At the beginning of this year, we attempted to negotiate with your dental insurance administrator to continue our participation in their network. Unfortunately, despite our best efforts, we were unsuccessful in reaching an agreement and* ***in the process of requesting an increased reimbursement the administrator of your insurance instead proposed a decrease in the reimbursement we receive.***

In March of this year, I was able to make a change to an administrator that I have been contracted with for several years. ***We were told that my office would remain in network and that our patients would see no difference in their insurance coverage. In the last couple weeks, we have discovered that sometime in July our status with your insurance changed from in network to out of network. I was advised by the administrator that my status could change to in network any time but that they cannot make any promises.***

As a result, effective August 2024, my dental practice is out of network with UMR Nevada Public Employee Benefit.

This change does not mean you need to leave my practice. We understand that dental insurance plays a crucial role in managing the cost of dental care, and we are committed to assisting you in fully maximizing your benefits. We have been advised by your insurance company that they pay a specific dollar amount for out of network treatment including cleanings, exams, x-rays, fillings etc. We have been able to determine your coverage and out of pocket expenses for routine cleaning appointments. For any additional treatment you may need we will pre-authorize your treatment with your insurance to determine benefits for treatment. We will also continue to submit your insurance claims for you and will help you get the maximum possible reimbursement from your dental insurance.

Please keep in mind that going out of network does not affect your ability to receive dental care at my practice. We remain dedicated to delivering the same high-quality dental services that you have come to expect from us. Our focus is and will always be on your oral health and well-being.

If you have any questions or concerns about this change or need assistance with insurance-related matters, our knowledgeable team is here to help.

We understand that changes in insurance coverage can be frustrating, and we apologize for any inconvenience this may cause. Our primary goal is to continue providing you with excellent dental care, and we appreciate your understanding and support during this transition.

If you would like to find out what this means for you and your dental coverage don't hesitate to call us. I appreciate the trust you've placed in me to provide you with the best possible dental care.

Sincerely,
Bradley C. Stoker, D.M.D.
Stoker Family Dental
[redacted]

August 14, 2024

Dear Fellow Community Member,

Carson Tahoe Health (CTH) has been honored to serve as your not-for-profit, independent community hospital since 1949. For a significant part of our shared history, we have grown from a small hospital into a health system, operating a regional medical center, physician clinics, and other facilities. Over many of these years, we have partnered with United Healthcare and gratefully provided you with nearby care that is easily accessed.

Increasingly however, we are reliant upon the decisions of insurance companies for care and livelihood. The complexities of navigating insurance claims is growing, reimbursements are declining, and every day on the front lines this translates into increasing insurance authorization denials and possible delays in physician-directed treatments, as well as payment barriers making an ongoing relationship insurmountable.

CTH is committed to remaining your independent local provider of quality healthcare. To do so, we have been forced to make an extremely difficult decision. **When our contract with United sunsets on May 30, 2025, we will not renew it and CTH will no longer remain in contract as an "in-network" provider for United.**

What does this mean?

- As of May 31, 2025, services provided by CTH and its providers will be considered out-of-network under United's insurance plans. Services provided prior to May 30, 2025 will not be impacted.
- After May 31, 2025, community members insured by United may still choose to see CTH providers and seek care at a CTH facilities, but it may be at a greater cost based on the coverage provided by their United insurance plan.
- Rest assured that if you visit CTH for emergency services, federal law requires services be provided and reimbursed at the in-network rate for those with health insurance through an employer, the federal health insurance marketplace, a state-based marketplace or other individual market coverage.

What can you do to remain in-network with CTH medical group physicians and your local community hospital?

- Our hope is that with this advance notice, employers and individuals will have time to explore and choose from a variety of insurance options that remain in-network with CTH and continue to operate with us as partners in care.
- You can speak with your workplace benefits administrator or your broker. If you are a member of a Medicare Advantage plan or shopping for Medicare supplements, the upcoming open enrollment period offers the time to make choices.
- Carson Tahoe is open to work with all employers and individuals impacted. Visit our website to get more information https://www.carsontahoe.com/unitedmembershipupdate or call CTH Customer Service at (775) 445-8993.

We understand that making decisions on healthcare and insurance for you and your family can be extremely challenging. Please know that CTH truly regrets the decision to forgo renewal of its contracts with United. However, our long-term sustainability and ability to remain an independent community provider has forced this decision. That said, we are holding every hope that we can find a sustainable path forward, together.

Thank you for your many years of support.

Sincerely,

Michelle Joy
President and CEO
Carson Tahoe Health

It has come to my attention while looking for a new Care Provided that a majority of the medical specialist in Carson City Nevada do not accept UMR (Nevada insurance). It is very concerning that now even the regular doctors at Carson Tahoe Health are refusing to accept UMR. I am expressing concern at this time since I do not believe it should be this challenging to get basic treatment from doctors that have in the past taken the insurance the state provides.

Does the state have a plan on how to remedy this situation; why do we pay such high cost for insurance when no doctors locally even take it. I feel I am wasting my money and time since it will require me to go long distances to locate a Doctor. These Doctors also have questionable reviews that cause me to potentially look into private insurances. Especially since private insurances cost similarly to what I am being charged monthly. I am growing more concerned with the upcoming changes due to it already being near impossible to get medical treatment currently.

What is the money I am paying monthly going towards? Is UMR correctly negotiating contracts with these doctors? It is deeply concerning so many Doctor's office and medical providers are no longer taking or willing to work with our insurance company. This is a huge red-flag and indicates that UMR is not paying the negotiated costs and ruining relationships causing this large of a fall-out. We as a state should take this into consideration and proceed with getting a new vendor and/or offering employees alternatives. As we have learned with working with vendors ourselves, the cheapest does not always mean the best quality and leaves a lot to be desired.

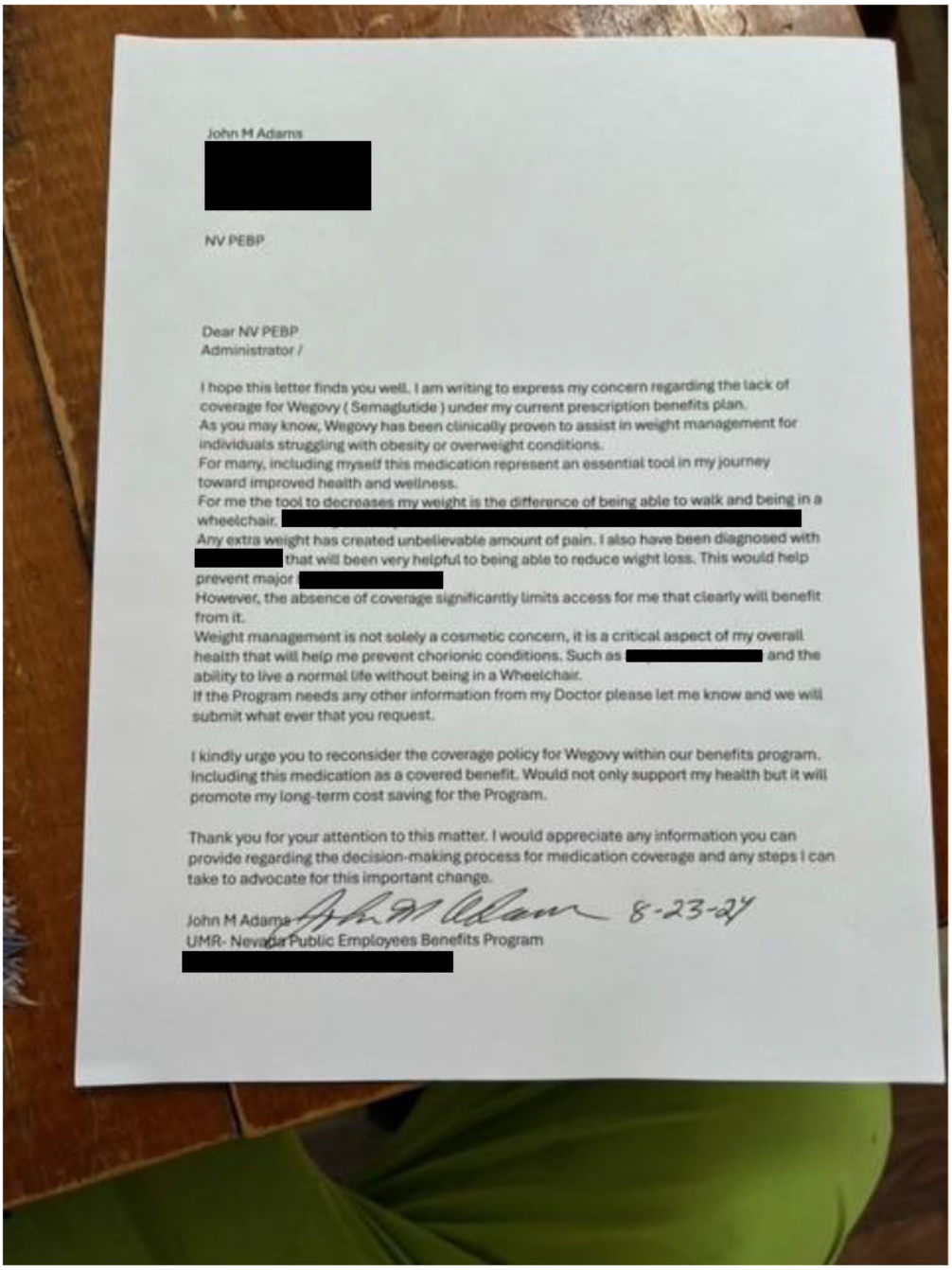
Dear PEBP Board,

I am writing to express my frustration and dissatisfaction with the ongoing issues I have encountered regarding the use of my UMR insurance. Specifically, I have faced repeated problems with finding providers listed on PEBP "Find a Provider" tool who actually accept UMR insurance.

On multiple occasions, I have scheduled appointments with doctors listed in UMR's provider directory, only to be informed upon arrival that these providers are no longer accepting UMR insurance. I was told this is due to UMR's history of not paying claims or underpaying providers, forcing them to stop accepting UMR altogether. This situation has caused significant inconvenience, wasted time, and added stress in trying to find alternative care.

Additionally, my dentist recently informed me that UMR underpaid a claim, leaving me to cover the remaining balance. This is unacceptable, as I rely on my insurance to cover the agreed-upon rates for services provided, and I should not be penalized for discrepancies between UMR and its network providers.

These issues suggest a pattern of poor communication and payment practices, which are directly impacting the quality of care I receive. As a policyholder, I expect UMR to ensure that the providers listed in your directory accept UMR insurance and that claims are paid in full and in a timely manner. Anything less undermines the value of the insurance and places an unfair burden on beneficiaries.



John M Adams
[redacted]

NV PEBP

Dear NV PEBP
Administrator /

I hope this letter finds you well. I am writing to express my concern regarding the lack of coverage for Wegovy (Semaglutide) under my current prescription benefits plan.
As you may know, Wegovy has been clinically proven to assist in weight management for individuals struggling with obesity or overweight conditions.
For many, including myself this medication represent an essential tool in my journey toward improved health and wellness.
For me the tool to decreases my weight is the difference of being able to walk and being in a wheelchair. [redacted]
Any extra weight has created unbelievable amount of pain. I also have been diagnosed with [redacted] that will been very helpful to being able to reduce wight loss. This would help prevent major [redacted]
However, the absence of coverage significantly limits access for me that clearly will benefit from it.
Weight management is not solely a cosmetic concern, it is a critical aspect of my overall health that will help me prevent chorionic conditions. Such as [redacted] and the ability to live a normal life without being in a Wheelchair.
If the Program needs any other information from my Doctor please let me know and we will submit what ever that you request.

I kindly urge you to reconsider the coverage policy for Wegovy within our benefits program. Including this medication as a covered benefit. Would not only support my health but it will promote my long-term cost saving for the Program.

Thank you for your attention to this matter. I would appreciate any information you can provide regarding the decision-making process for medication coverage and any steps I can take to advocate for this important change.

John M Adams John M Adams 8-23-24
UMR- Nevada Public Employees Benefits Program
[redacted]

From: Prof. Flora E. Rudacille

Public Employees Benefit Program Board
3427 Goni Road, Suite 10
Carson City, NV 89706

September 23, 2024

Dear PEBP Board Members,

My name is Flora Rudacille and I am a full-time, tenured Professor of Sociology at the College of Southern Nevada. I am writing this letter today because I just learned that you are considering ending the HMO program! **This news has sent me into a total panic, and that is no exaggeration!!** I have had an HMO for my health care here in Nevada and, before that, back in Pennsylvania, for over 40 years. I am panicking for several reasons.

First and most importantly, my physicians. I do not want to be in a position to have try to look for new providers. You see, I am now [redacted] years old, still working full-time. I have multiple health conditions including [redacted] (and this isn't a complete list, only those that cause me the most problems). I have a pulmonologist, an orthopedist, physical therapists, in addition to my primary care physician and gynecologist for regular checkups, etc. I have been with some of these doctors for <u>many</u> years. It would be completely overwhelming to have to try to find all new doctors. It has taken a long time to create the rapport I have with my current doctors, and an even longer time to find them before that.

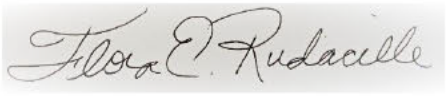
Secondly, I would not be able to afford any of the other health plans PEBP currently offers with my health conditions. The high co-pays would completely wipe me out. Cost effectiveness and predictability is the primary reason I started with HMOs 40+ years ago and it wouldn't be fair (on any level) to expect me to, now at [redacted], have to go with something else.

I am imploring you to PLEASE continue the HMO option for PEBP employees. I cannot tell you how upsetting this is for me. It never

occurred to me that PEBP might do something like this… Please don't prove me wrong! I need my doctors; I need my HMO!

Thank you for your time and consideration.

Sincerely,



Flora E. Rudacille (she, her)
Professor of Sociology
Sociology Lead
EBSS Faculty Senate Representative
CSN Women's Alliance Immediate Past-Chair
Social Justice League Co-Coordinator
Nevada Promise Mentor
Quality Matters - Teaching Online Certified (QM)
Mental Health First Aid Instructor
[redacted]
College of Southern Nevada
Human Behavior Department
www.csn.edu
Henderson Campus
700 College Drive C-100F
Henderson, NV 89002

Cc: Northern NSHE representative, Jennifer McClendon, [redacted]
Southern NSHE representative, Michelle Kelley, [redacted]

To: State of Nevada PEBP Board

From: Mike Zierten, NSHE Employee

Re: HMO/EPO health plans for State of Nevada Employees

Please continue to provide the HMO and EPO health plan options for State of Nevada employees. I have been a subscriber for myself and my family to the EPO plan and the Hometown Health HMO plan before that for 20 years. My children have special medical needs, and the deductible plans would have cost me significantly more money than the HMO/EPO plan has.

Sincerely,

Mike Zierten, University of Nevada, Reno.

Re: Agenda Item 6 – PEPB Board meeting on 9/26/2024

Laura Naumann, for the record

I am writing to express my **opposition** to the proposed removal of the **Health Plan of Nevada HMO** as a health insurance option from PEBP. I have belonged to the HMO plan for over a decade as an NSHE employee. I was purposeful in selecting this option because I grew up without health insurance and could not seek care because my family could not afford it. As an adult, I never wanted to be in a position where I was debating on whether to go to the doctor because I was unsure if I could afford the bill. I elect to pay a higher premium monthly so that I have the benefit of consistent and transparent pricing in co-pays and lower out-of-pocket costs at the time of care. I also value that all of my health records are in one place and that there is a focus on preventative care, screenings, and annual checkups that require no co-pay. While I have considered switching to the Low-Deductible PPO (LD-PPO), I never switch because the process would be too onerous to have to find new providers and have my medical records transferred.

Unfortunately, I presume the elimination of the HMO is a foregone conclusion. I would ask the PEBP board to IMPROVE the benefits on the LD-PPO plan. This includes expanding the network of allowable providers (including more multi-specialty health care groups like Southwest Medical Associates), especially those that support mental/behavioral health. Finding quality care providers who are accepting new patients is very difficult in our State. I am very worried about the availability of providers if we're moved into the PPO plan. I also hope that the PEPB board could prioritize lowering co-pay rates, especially for the urgent care option ($80 vs. $50 HMO (which used to be $25!). As any parent can attest, most health care incidents are trips to urgent care. Finally, the PEPB Board should prioritize communication of the impact of these changes at a granular level. Those of us who have been on the HMO will be in for a rude awakening when we begin to receive health care bills that are only covered 80%. It would be helpful to have examples of common medical events with estimated out of pocket costs (e.g., birth; colonoscopy; lab screening/testing fees) as well as clear instruction on how to identify new providers.

The HMO plan is a benefit to long-standing employees of NSHE. Removing it will hinder those whose health needs are such that they need consistent care. The cost of living adjustment does little to affect increase health costs. I encourage you to not remove the HMO plan.

Sierra Adare-Tasiwoopa api
Nevada State University

Dear PEBP Board:

Please do not eliminate the HMO/EPO plan option. Both my husband and I had to have surgery last year and more surgery this year. Without the Health Plan of Nevada HMO, we would not have been able to afford these surgeries and our quality of life would be very much diminished. Furthermore, my surgeries were necessary for me to be able to properly perform my job. Unfortunately, I also have two chronic medical conditions. With the Health Plan of Nevada HMO I can afford to get the medical care and expensive medical prescriptions I need to treat these chronic conditions. If you eliminate the HMO/EPO plan, I will be unable to afford this medical care that I need. Please reconsider your position to eliminate the HMO/EPO plan option. I depend on the Health Plan of Nevada HMO.

Sierra Adare-Tasiwoopa api
[redacted]

Dear members of the PEBP board,

I am submitting this public comment today to express concern over the choice of United Healthcare (UMR) as the administrator of health benefits for your hardworking public employees for the great state of Nevada.

As I'm sure you are aware, Carson Tahoe Health has publicly announced they will no longer accept UMR and will consider them to be out of network. In case you weren't aware of this, Carson Tahoe Health is the largest healthcare provider in the Carson City area, where believe it or not, public employees make up a large portion of the population. In essence, they have made the decision to deny in network coverage to one of their largest demographics. At first, I was angry with them. I thought it was nothing more than greed. However, as the dust has settled and more information has come to light, I now understand they made the hard choice to not accept UMR because UMR is a terrible administrator of health benefits. They are unpleasant to work with, so much so that Carson Tahoe Health is willing to deny coverage to basically all state workers because they are so bad.

I understand there is a very mechanical and emotionless process that occurs when you choose to contract with a new benefits administrator. You want to save as much money as possible, and it's easy to overlook how that effects people on a personal level. This might fall on deaf ears, but I will have my moment here to illustrate the very human cost of your emotional negligence.

It is not just Carson Tahoe Health that will not work with UMR. My mental health therapist dropped me because he won't accept UMR. The only other mental health therapist I have found in the area that accepts UMR, has a wait list that has kept me waiting since May of this year (2024). For the record, it is now September 24, 2024. I have had to find new dentists and optometrists for my children because many refuse to work with UMR. When Carson Tahoe Health drops them, I will have to find new pediatricians for my three kids, and a new primary care provider for myself. The closest providers in network after the change, will be in Reno, which isn't as close as you might think. Living in Douglas County, I will have to basically pull them out of school for an entire day if they ever need any medical care. Nevada already struggles with K-12 education, this does not help that.

Public employees face numerous challenges in their careers. We are underpaid compared to our private sector cohorts. We are generally despised by the public, seen as lazy, inefficient leeches sucking tax dollars out of the public's coffers. Hell, some of you board members may feel the same way. It used to be the benefits made up for the downsides of public employment. Good healthcare and a defined pension are great reasons to work as a public employee. However, since I began my career with the state back in 2012, PEBP has continuously chipped

away at my benefits, and with every legislative session, PERS gets a little worse for new hires as well. At what point do qualified and motivated individuals stop pursuing careers in public employment because there are no more benefits left? There is already a massive need for more workers, the number of job postings on NEATS proves that. If I knew how crappy the PEPB benefits were going to become later in my career, I would have gone into private industry. Hell, if you're going to continue this relationship with UMR I might do that anyway.

I know there are many factors you consider when choosing a healthcare administrator. I also am willing to admit I don't understand a fraction of what takes place when deciding on who to go with. But UMR is universally reviled for a reason, and our state's public employees deserve better. There are real humans affected by your actions. If I lose in-network access to Carson Tahoe Health, it will be catastrophic for my family, and I know I am far from alone on this. So please, do the right thing, the human thing, and get rid of UMR and get us back with an administrator that actually gives a damn about people.

Not Aetna, they're awful too.

Dr. Jennifer Edmonds, Nevada State University

My family has been enrolled in the HMO for the last ten years. We have multiple health conditions that require frequent trips to our doctor's office, the HMO keeps our costs down and allows us to visit at the intervals the medical community suggests in their best practice guidelines.

Eliminating the HMO would prevent my family members from continuing with the provider they have developed a trusted relationship with, lowering our standard of care. Losing our HMO would also mean a delay in seeing a doctor for routine visits as we find new providers, a process that can take well over a year. The HMO was keeping the costs low for our family, which would change with the loss of this program, hurting our financial stability.

Yuko Shinozaki
9/24/2024

Public Employees' Benefits Program (PEBP) Board

Dear Members of the PEBP Board,

I am writing to express my strong opposition to the proposed elimination of the Health Maintenance Organization (HMO) plan in Southern Nevada for the fiscal year 2026. This decision, if enacted, would significantly impact public employees and their families, undermining access to essential healthcare services and diminishing the overall well-being of our workforce. Although it is 20% of its members signed up for HMO, they are most vulnerable members.

First and foremost, the availability of diverse health plan options is crucial for addressing the varied healthcare needs of public employees across the state. The HMO and EPO plans currently provide valuable choices that cater to different preferences, including cost, provider access, and care management. Removing these options would restrict employees' ability to select a plan that best fits their individual circumstances, potentially leading to increased financial burdens and reduced access to necessary care. As a PPO member, I recently paid $200 for a Quest lab exam. This was a one-time test for a rare circumstance, so I was able to observe the cost. I can't imagine how challenging it must be for my fellow members who have to face this on a regular basis.

Furthermore, the loss of these plans may disproportionately affect certain groups of public employees, including those with specific health needs or those who rely on particular providers. It is essential to consider the impact on the diverse workforce that these plans currently serve. Ensuring equitable access to healthcare is a critical responsibility of the PEBP Board, and the proposed elimination could create significant disparities in care.

In conclusion, I urge the PEBP Board to reconsider this proposal. Maintaining HMO options is not only beneficial for public employees but also a necessary step toward fostering a healthier and more productive workforce in Nevada. I appreciate your attention to this matter and hope you will prioritize the health and well-being of our public employees.

Thank you for your consideration.

Sincerely,

Yuko Shinozaki

Dear PEBP Board Members,

I am writing to express my strong support for the continuation of the Exclusive Provider Organization (EPO) plan option for the upcoming Fiscal Year 2026. As a member of the PEBP, I understand the importance of providing varied healthcare options to meet the diverse needs of the participants, and the EPO plan is an essential choice that I believe should remain available.

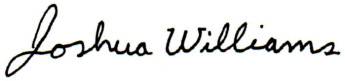
The EPO plan has played a significant role in my healthcare experience. It offers me access to a network of quality providers, many of whom are not available through the traditional high-deductible and low-deductible plans. This access is vital, especially considering the specialized care needs. The ability to select from a variety of providers ensures that I receive the most appropriate and effective care tailored to my unique health needs.

Moreover, the flexibility provided by the EPO plan – which combines affordability with accessible care – has made managing my healthcare both feasible and effective. Eliminating this option would not only restrict choices for myself but would also impact the 20% of members who currently rely on this plan, placing undue stress on individuals who may already be navigating complex health issues.

I urge the PEBP Board to consider the diverse needs of all participants and the positive impact that the EPO plan has on our healthcare experiences. Maintaining this option aligns with the fundamental goal of PEBP: to provide members with comprehensive and meaningful healthcare choices.

Thank you for taking the time to consider my request. I hope the Board decides to retain the EPO plan for FY2026 so that participants can continue to benefit from the vital access it provides.

Sincerely,



Dr. Joshua Williams

To whom it may concern,

I believe the HMO/EPO options for PEBP are essential. Every time something changes with the insurance options, providers are lost which causes considerable disruption. Especially now, with difficulty finding providers of any kind, to have to scramble to continue care for health-related issues, could be a daunting task. I have had to rely heavily on providers in my area for [redacted] treatment. My husband has had to have multiple surgeries [redacted]. My son is currently being treated for [redacted]. Please consider not trying to fix something that is not broken.

Thank you for your consideration.

Linda McGillicuddy, Professor of Dental Assisting, TMCC

Hello,

I am asking that the PEBP Board continue giving participants the choice of an HMO/EPO plan option for NSHE employees. This option is essential for many people that cannot afford the high deductible and copay options that are the alternative to these plans. The other plans are too expensive for most people whether they are on a single or family plan. Healthcare costs are on the rise in general, please don't take away our affordable option for health insurance.

Please do not eliminate the Health Maintenance Organization (HMO) and Exclusive Provider Organization (EPO) plan options for FY2026. About 20% of PEBP members are enrolled in the HMO/EPO plan option. We shouldn't be eliminating an option that 1/5 of PEBP members utilize.

First name: Vanessa
Last name: Rodriguez Barrera

Hello, I am a faculty member at NSU and have been on the HMO plan for the last 5 years. I am very concerned to hear the possibility of the complete removal of this plan is being considered. The main reason why my entire family of 4 is on the plan is because it provides assurances for coverage that the other plans do not. Importantly, the coverage of in-patient hospital stays (which I've had two of in the last 3 years) are a set at a $600 copay under the HMO and this would be a significant impact on my family, if removed. The other plans would make our family responsible for 20% of the total cost after deductible. This might not mean anything to someone who has not been admitted to a hospital. Let me give you a quick example, I've had a child in the NICU for just a few weeks, the total bill of these few weeks with no invasive or major procedures came to over $130,000. This was separate from the cost of my own hospital admission [redacted]. Imagine my family of four, responsible for at least $26,000 for this child's stay plus thousands more for my own stay. There is no comparison between being responsible for tens of thousands of dollars versus $600 that we know and expect to pay. There is a similar issue with ER visits. The removal of the HMO plan is simply punitive to all the employees with even a small hospital stay or anyone having a child. We all know how quickly medical bills add up, even for minor procedures or ER visits. There is NO way my family would financially survive with those kinds of hospital bills. I am dismayed in thinking my job no longer has the capacity to keep our necessities paid for, even when combining my partner's income. I implore you to keep the HMO plan, even if that means raising the premium by 20%, this would be the lesser of the two evils.

Do not get rid of HMO plans. It is very beneficial to the people who depend on it.

The HMO plan is vital to my survival as I cannot afford the out-of-pocket cost for the other plans available to PEBP employees I am paraplegic and my monthly expenses without the HMO would leave my ability to afford my monthly rent at risk while waiting to reach my out of pocket deductible, the monthly average out of pocket for just a few of my necessities on the PPO plan is nearly $500 that doesn't include emergency expenses or my specialists I see once a year for various aspects of my health and disability out of pocket.

To Whom This May Concern:

I am a Classified staff member at UNLV who has HMO. Reading the email stating that the PEBP Board is considering on eliminating Health Plan of Nevada's HMO plan, I became extremely concerned because without this plan, my monthly medications that currently cost me $50, would cost me upwards of $2,000 a month. I have multiple preexisting conditions that I have been seeing the same doctors for years for treatment, and if my insurance were to change, that would make things extremely difficult for me.

The fact that the Board is thinking about only offering one insurance option to Classified staff members seems to be extreme when other staff members have options. If I am forced to only have PPO, I will then have to pay out of pocket for a secondary insurance to cover my medical care.

I think that this idea is extremely reckless to mess with peoples' heath care options. If we are willing to pay more money for the HMO, let us keep our insurance. If we did not NEED it, we would not be paying much more than our coworkers who are paying a fraction of it.

DO NOT ELIMINATE HMO/EPO PLAN OPTION!

Regards,

Callie Vaughn

UNLV Classified Staff

Minnie Wood - Public Comment to Public Employees' Benefit Program Board, September 26, 2024

My name is Minnie Wood and I am a faculty member at the University of Nevada, Las Vegas. [redacted] I have the PEBP HMO insurance plan which covers myself and my two children. I am commenting today to urge the board to *not proceed* with elimination of the HMO insurance plan, leaving people like me with only a PPO option. HMO plans keep out-of-pocket costs both predictable and manageable for the people who depend on them. This is especially essential when Nevada's faculty and staff salaries still lag behind the rest of the country and when our housing costs continue to soar. Having a stable HMO plan, with clear and reasonable out-of-pocket costs is one of my most valued benefits as a faculty member. I fear losing it and the impact it will have on both my finances and the quality of the care I receive in our community based on what I can afford. Please do everything in your power to keep an HMO among the health insurance options that public employees in the state of Nevada can choose from. Thank you.

Public Comment regarding elimination of HMO

Anna Drury

I wish you would reconsider. Before working for UNLV, I had worked in the medical field for 20 years and then I started, a new chapter, when I started working for the State of Nevada in 1996. When I worked in the medical field an HMO was not considered good insurance, so I was happy to have the PPO with the state. I transferred to UNLV in 2007 and during the recession the cost of my one medication went from $60 per month to $1250.00 per month with the PPO. During our election period that year, I spoke with benefits and, since I really needed this medication, I asked for the cost in the HMO. Benefits called me back and said it would be $60 per month with the HMO plan. I have been on the HMO ever since and have received excellent care. The HMO also found me co-pay assistance. It is so hard to get this type of help anymore from benefits – you are referred to the insurance company and the insurance company usually refers you back to your benefits department. I have established a relationship with my Primary Care Provider for over 10 years, and have an excellent neurologist. Please do not make me start over!

Please do not remove the HMO as an option. It is the most cost effective way for me to pay for my healthcare needs. It is the essential health plan for me.

I use the HMO insurance plan and do not want the PPO. I have used the PPO in the past and was rather unhappy about the hidden costs to me and my family. I recently had surgery and I knew exactly what my costs were going to be, no surprises. My family and I are established with doctors that we know and trust, changing insurance plans may result in us looking for new practitioners, many are not accepting new patients. Why were employees not given more time alerting us to these changes?

Hello PEBP,

Please DO NOT eliminate the Health Maintenance Organization (southern Nevada) and Exclusive Provider Organization (northern Nevada) plan options for FY2026. I have the HMO plan and this plan works well for me and my family. Please reconsider.

Verena McFadden

RE: Reasons to keep HMO/EPO Insurance Plans as an Option for Classified Employees in Nevada

FROM: Jessie Herrero, AAII - A Classified Employee with NSHE at the Kirk Kerkorian School of Medicine at UNLV, Department of Family and Community Medicine

DATE: 09/24/2024 at 2:10PM Pacific time.

To whom it may concern,

My name is Jessie Herrero, AAII a classified employee of NSHE at the Kirk Kerkorian School of Medicine at UNLV, in the Department of Family and Community Medicine. I am writing you today per the information just received via email regarding possible elimination of the HMO/EPO plan.

I have the HMO plan because I could not afford the PPO plan. I tried PPO but had to put out too much money up front so I had to revert back to HMO.

I am a single woman renting a condo and have a car payment and lots of other bills, etc… and may not be able to afford the healthcare if I have to pay full price for my healthcare visits until my deductible and out of pocket are met on the PPO plan.

Feel free to contact me on my cell at [redacted] or my work email is [redacted], with any questions.

Thank you in advance for your consideration to this request and very important matter regarding keeping HMO/EPO as future healthcare options provided by PEBP.

Best regards,

Jessie Herrero

Jessie Herrero
Administrative Assistant II
Family and Community Medicine

KIRK KERKORIAN SCHOOL OF MEDICINE
UNLV

[redacted]

From: CHRISTINE CAM LUU

Date: 9/24/2024

Please do not remove Health Plan of Nevada (Southern Nevada)

I work for the University of Nevada Las Vegas

I have HMO for the last 20 years

I find it easy to use, helpful, convenient medical locations.

Most of all, HMO has a simple billing method. No hidden or tricky charges, so I have a peace of mind when going to the doctors.

Please keep Health Plan of Nevada HMO Southern Nevada

Thank you

Chad Curtis

Dear members of the PEBP Board,

I am a Nevada State University employee, and my family relies on the availability of the low-deductible PPO plan. When I first came to Nevada State, we were glad to have a range of options available to balance the needs of employees and their families. We selected the LDPPO plan, due to significant health challenges in my family. The LDPPO helps manage those costs more predictable and manageable, especially in times of uncertainty when it comes to my family's health. Please don't eliminate this option. And regardless of what the outcome is, please make sure to maintain a wide variety of options for Nevada State employees.

Best,

Chad Curtis

I was under the impression that the HMO plan is the only plan offered that meets the government's definition of health insurance – the high deductible plans do not. Isn't that a problem? Does the new low deductible plan meet it?

September 24, 2024

Hello PEBP Board,

On behalf of faculty and staff at Nevada State University (NSU) I am asking you to keep the HMO option for health care insurance, and the Exclusive Provider Organization option available in northern Nevada.

Employees need choices. As I have worked at NSU over the past 13 years, my health needs have changed over time. People need to have options depending on their individual families, finances, and healthcare situations.

Furthermore, as a healthcare professional I believe that patients are more prone to seek healthcare and preventable health services when the options are accessible and within their budget. Keeping these options available is beneficial the health of the workforce.

Please reconsider whether this potential elimination of healthcare choices is fair and the best option.

Pamela Call (she/hers)
Distinguished Lecturer, MSN, APRN, FNP-C, CNE
School of Nursing
Nevada State University

Phone: [redacted]
Mobile: [redacted]
Website:
nevadastate.edu
Social:
@NevadaStateU

Be bold. Be great. Be State.

September 24, 2024

From: Yolanda “Marie” Arroyo

Dear PEBP Board,

My name is Marie Arroyo, and I have been an employee of NSHE for over 17 years. Throughout my time with NSHE, I have consistently been enrolled in the HMO medical plan. I strongly believe it is crucial for the PEBP Board to retain the HMO option. It allows me to continue seeing the same doctors I trust and appreciate the simplicity of co-pays without the burden of deductibles. My husband has to pay deductibles under his non-HMO plan and it is financial burdensome to us. I do not want to have to pay deductibles under a new plan at UNLV. I urge you to reconsider removing the HMO plan, which serves the 20% of employees currently enrolled.

Sincerely,

Marie Arroyo

September 24, 2024

Re: PEBP options

To Whom It May Concern:

I am an adjunct instructor working for NSHE. I am deeply concerned about the plan to eliminate the HMO option from my choices. If you do I will not be able to afford any kind of health care. This includes maintenance options, yearly wellness, dental and medical check-ups necessary for me to maintain my health.

As for if I need to address health issues once I become sick, without the HMO option I will be forced to do without. HMO is not a choice, it is my only option for healthcare.

Please do not eliminate it.

Sincerely,

Kim Idol

Doris Blackwell for the record.

September 24, 2024

Today we were notified that the Heath Plan of Nevada (HMO) is up for elimination. No other option was made clear, nor the cost for an alternative plan. This is quite disturbing.

As a classified employee, the HMO is a great option for me. Before deciding to eliminate the HMO plan outright, I would hope a suitable affordable option remains available.

September 24, 2024

Annette Hearn

College of Southern Nevada

10-year NSHE Employee

Re: Public Comment – Health Plan of Nevada (HMO Plan)

This is very upsetting reading the recommendation to eliminate the PEBP HPN HMO plan. I'm a single parent (one income household) and a [redacted]. At the age of [redacted] was diagnosed with [redacted] and at the time a UNLV employee with HPN HMO. Having HPN HMO saved me in knowing I have coverage and not huge financial cost. This plan allowed me to make decisions for me to survive to be there for my family. I just wouldn't have been able to make decisions best for my health and survival under a PPO plan due to large out of pocket cost. As a [redacted] I had 11 surgeries, 4 months of [redacted], 5 week- 25 treatments [redacted] and lifelong [redacted] appointments, blood work, medications, and testing to monitor reoccurring [redacted] risk. A PPO might have a lower premium; however, a much higher out of pocket cost during the time you are dealing with a health crisis and now you are forced in making decisions based on financial and not survival.

Please put yourself in my shoes and others dealing with health issues. I ask you do you want to be in a doctor's office saying NO to treatments to survive, to maintain your health based on out-of-pocket cost!!!!! I beg you do not eliminate an HMO plan option.

Thank you for listening.

Regarding Item 6 on the PEBP September Board Meeting Agenda: “Plan Design Report”

Name of commenter: Aaron Wong

1) I am concerned about the removal of the HMO plan from the list of health insurance plans. A few years ago, I switched into the HMO plan because the coverage it provided was more predictable with smaller out of pocket expenses. My family has some complex medical concerns, which have at times required significant lab work. On my previous plan (which I believe was the CDHP), it was difficult to know what the cost of the next set of labs would cost, but under the HMO plan, I know that the majority of tests will be covered.

   The HMO plan has also reduced the challenge of anticipating bills that come in months after the procedure.

   The financial strain that my family experienced was significantly reduced, and I’m willing to pay the slightly higher fees for that stability and predictability.

2) I would also like to challenge a particular aspect of the analysis. It seems to prefer to lump the HMO plan with the EPO plan, despite them being completely different programs. In particular, on Page 4 of “Item 6 Plan Design Report” (“the Report”) the cost of the two plans are blended together, which seems to mask the fact that the HMO plan ($614) is nearly 40% cheaper than the EPO plan ($933, a difference of $319) and is not significantly more expensive than the CDHP plan ($536, a difference of $78). It seems to strain common sense to analyze the plans as a unit when they are plainly very different from each other.

   Page 6 does something similar, where the cost projection of the HMO appears to be lumped into the 5-year projection with the EPO, leading to a single price point for the two programs. It doesn’t make sense to do that. They are two different plans covering two different regions.

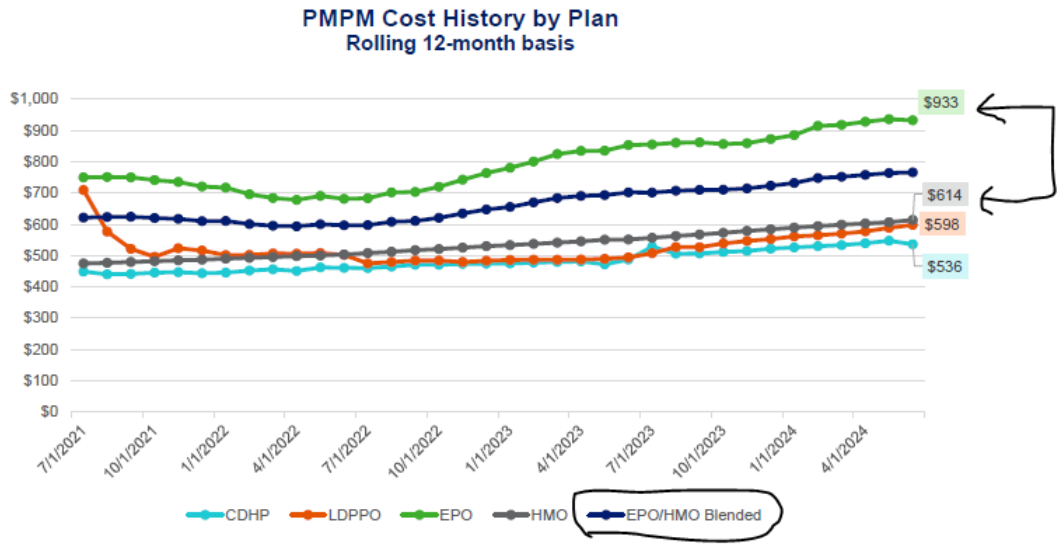
3) I would further point to Page 8 of the Report that claims “Members are migrating to the LDPPO from both the EPO/HMO and the CDHP” as another example of strangely lumping the two programs together. While the precise values are not given, the HMO plan enrollment seems to be holding fairly stable while the EPO plan enrollment seems to start above the HMO in 7/21 and falls below it in 7/24. If anything, the graph seems to indicate that the bulk of the growth of the LDPPO plan is mostly from the CDHP plan.

   It would be good to see those values in chart, and preferably one that shows the counts of people switching plans as opposed to total enrollment. Based on just the visual of the graph, it seems that the movement towards the LDPPO plan from the HMO plan is being fundamentally misrepresented.

4) Why was the HMO not included in the Plan Efficiency calculation on Page 3 of the Report? This adds to a sense that the analysis is potentially flawed.

Historical PMPMs

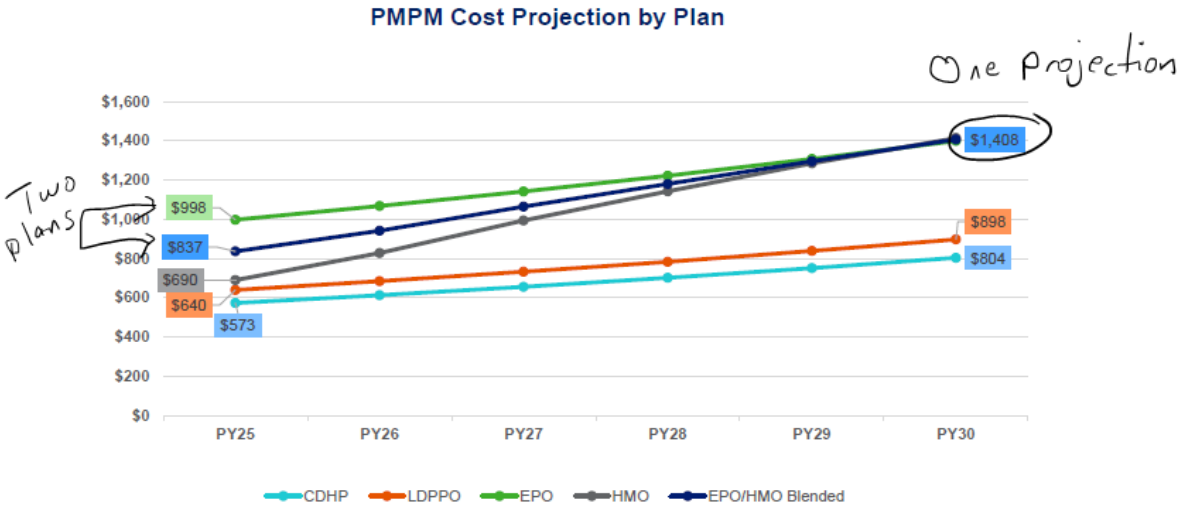
- **Lower HMO premiums have subsidized the higher total costs for the EPO**
- **CDHP is the lowest cost plan on a PMPM basis**



1. Self-insured plan costs include medical and Rx claims net of rebates, ASO fees, HRA claims and HSA funding.
2. Fully insured HMO costs include premiums and HRA claims.
3. Prior to 7/1/2023, only the CDHP plan included HSA funding and HRA claims. In PY2024, all participants in all four plans received additional HRA funding.

Projected PMPMs

- HMO premiums expected to trend at higher rate to catch up to claims
- Blended EPO/HMO costs expected to increase at higher rate, widening the gap in costs
- Benefit difference between EPO/HMO and LDPPO remains at 3% (EPO) and 6% (HMO)

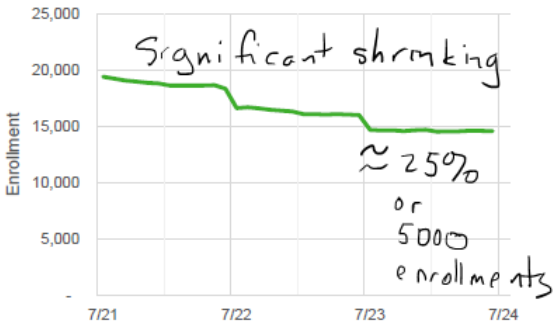


1. Self-insured plan costs include medical and Rx claims net of rebates, ASO fees, HRA claims and HSA funding.
2. Fully insured HMO costs include premiums and HRA claims.
3. Prior to 7/1/2023, only the CDHP plan included HSA funding and HRA claims. In PY2024, all participants in all four plans received additional HRA funding.
4. Trend assumptions: 7% for EPO, CDHP and LDPPO; 20% and graded down to 10% for the HMO

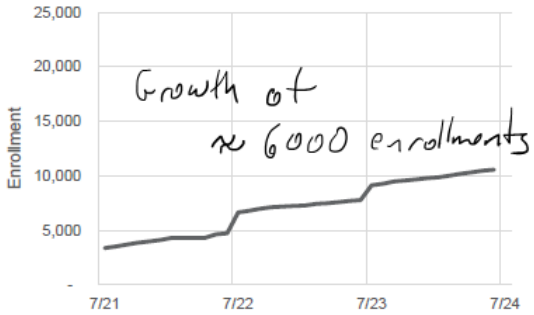
Migration to the LDPPO

Members are migrating to the LDPPO from both the EPO/HMO and the CDHP

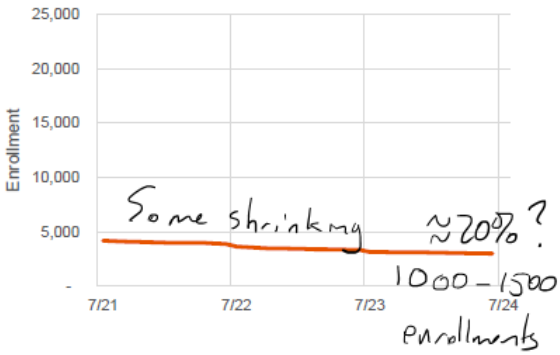
CDHP



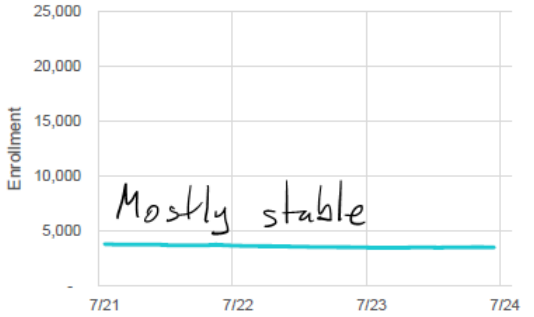
LDPPO



EPO



HMO



Public Comment for PEBP

Hello,

Thank you for the opportunity to speak today. My name is Stephanie Fisher, and I am a proud NSHE employee in Student Services. I want to address the proposed changes to our health care options.

Health care is so much more than a service; it's a vital part of our lives that impacts our well-being, financial stability, and overall quality of life. As you consider these proposed changes, I urge you to prioritize accessibility, affordability, pricing clarity, and comprehensiveness in our health care options.

So many of us, myself included, rely on the availability of options to design our care and accessibility to preventive and long term care. Allowing members to know what the projected adjustment to the cost of having the HMO option available at least empowers us enough to know our choices and contributions matter. Somewhere the human beings seeking care need to be as important in this process and the fiscal impacts.

Thank you.

Public Comment on the Proposed Elimination of the HMO Plan

Dear Members of the Nevada Public Employees' Benefits Program Board,

I would like to express my concerns regarding the proposal to eliminate the HMO plan. This change would significantly impact many employees who rely on the HMO for its simplicity and ease of access to healthcare. For those of us who value straightforward healthcare options, the HMO has provided a reliable and uncomplicated method for managing our health needs. It allows participants to access care without the burden of navigating complex administrative systems, something that is not as easily achievable in other plan options.

Additionally, the current proposal leaves many unanswered questions regarding the financial implications of eliminating the HMO. The absence of clear information about how much more we will have to pay under the remaining options creates uncertainty and makes it difficult for us to prepare for potential increases in healthcare costs. Knowing the cost impact is essential for employees to make informed decisions about their healthcare coverage.

Moreover, eliminating the HMO would reduce the variety of plan options available to employees. This plan is particularly valuable to those who prefer the managed care model that it offers. By removing this option, the diversity in healthcare choices will diminish, forcing employees into plans that may not best suit their personal healthcare preferences and needs.

In light of these concerns, I urge the Board to reconsider the elimination of the HMO. If the plan must be discontinued, I respectfully ask that more detailed information about the cost impacts be provided to all affected participants before a final decision is made.

Thank you for taking the time to consider this feedback.

Sincerely,

Terra Barnes

Financial Aid Technical Systems Analyst

[redacted]

Dear Nevada Public Employees' Benefits Program Board,

I am concerned about the potential elimination of the HMO plan, specifically the lack of clarity around the cost impact for employees. The current proposal does not provide sufficient details about how much more we would need to pay under the remaining plan options. Without this information, it's impossible to make informed decisions regarding healthcare coverage, which is a critical concern for many of us.

I urge the Board to reconsider the elimination of the HMO or at least provide transparent cost comparisons so that employees can fully understand the financial implications of the proposed change.

Thank you for your attention.

Sincerely,

Anthony Morrone
Associate Vice President
Student Financial Services
Nevada State University

This comment is written to urge the PEBP Board to continue giving participants the choice of an HMO/EPO plan option in southern Nevada. My family has been using it over nine years and it is essential in our lives. I do not want to go into details of all our family health issues; however, not having this option would be devastating for us.
Thank you for your consideration.
Sincerely,
Daniela Mihal

Timothy Hoft
Professor, School of Music
UNLV

It has come to my attention that the PEBP Board is planning to eliminate the HMO plan for Nevada employees. This is completely unacceptable. I have a very serious chronic illness and the medicine that I take costs over $5,000 every eight weeks, if I were to pay it out-of-pocket.

I have been teaching at UNLV for over 12 years now, and I have been on the HMO plan every year because the cost of my health care is so high. If I am forced to switch to a PPO plan, I will be losing thousands of dollars (my guess is anywhere from $5,000-$10,000, plus the deductible) per year, since a PPO plan does not cover the full cost of the medicine that I need to live.

It is extremely important to my health and my career that I stay on an affordable health care plan. I have been a loyal faculty member at UNLV for over a decade, and it angers me that UNLV may not be able to adequately support my health care needs.

TO: Joy Grimmer, Chair; and Public Employee Benefits Program Board

FROM: Douglas Unger, President, UNLV Chapter, and Chair, Government Affairs Committee, Nevada Faculty Alliance; & Member, UNLV Employee Benefits Advisory Committee
E-mail: [redacted] Ph: [redacted]

PEBP BOARD MEETING – 9-26-2024 -- PUBLIC COMMENT

Doug Unger, President, UNLV Chapter, Nevada Faculty Alliance, and Chair, Government Affairs Committee. First, a warm welcome to Director Joy Grimmer, and thanks to you and the PEBP Board for your service and consideration.

Regarding Agenda Item #6, the proposed Plan Design for next fiscal year, faculty and staff at UNLV are only just now getting the news that the HMO plan in the South may be eliminated, so full feedback is not yet available. Though only approximately 18% of our faculty and staff are enrolled in the HMO, this plan has been a welcome option for employees whose income security depends on predictable health care costs that the HMO plan satisfies. Not everyone is able to lay out high copays or deductibles in case of emergencies. The HMO balances out costs over the plan year. As well, the greater Las Vegas area suffers from a severe shortage of certain health care provider specialties that are more available through the HMO than the PPO or CDHP plans, most urgently needed among them behavioral healthcare specialists. I am hearing from faculty who are most concerned about losing trusted therapists for themselves and their families should the HMO be eliminated. Speaking now only from the point of view of employees of the Nevada System of Higher Education, the Board should understand that universities and/or university systems in all surrounding states in the region offer at least three or more plan options, including an HMO or an EPO. Some of these are, admittedly, HMO or EPO plans organized and offered through university medical schools, so they function as nonprofits instead of for profit plans offered by large insurance corporations. Nevertheless, the choice is there. Faculty research health coverage options when deciding to stay in or to accept a position at a university or college, so cutting the HMO plan in the South could at least somewhat affect retention as well as future hiring. We deserve a third choice. We ask the Board at least to postpone the elimination of the HMO and EPO until results of the RFP for either or both is known in the coming months. Please consider this potentially very disruptive decision most cautiously. Thank you.

April Reckling

I have been using the HMO plan for over 20 years. All my doctors, in which I have many, all fall under the care of the HMO. I can only afford the co-pays for the HMO and prescriptions are lower cost as well. I would have to start all over again finding a variety of doctors and keep the same medications. These doctors take good care of me. For my physical and mental health, please do not take away the HMO plan.

Please keep the HMO option for Southern Nevada. I have drugs that I require every single day and they are expensive to refill. I do not want either the high or low deductible PPO options. I like my doctors that I have through the HMO and I really want to keep them. It is critical that this remains an option for me and many others like me.

Maggie Hierro

I have had Health Plan of Nevada HMO since I started with the state 24 years ago. I have established relationships with my current doctors who have my entire medical history from that time. I am happy and comfortable with the plan that I have and would be distressed to see it eliminated.

My budget does not allow for unknown medical costs based on deductibles and percentages. I need to know what copays I will have for my medical needs.

It would be an extreme hardship for me and many of my colleagues if you were to eliminate the Health Plan of Nevada HMO plan.

Sincerely,
Maggie Hierro