



Public Employees Benefit Program

Quarterly Update – 1st Quarter Plan Year 2025

WTW's Individual Marketplace (Via Benefits)

November 7, 2024

The Public Employees Benefit Program Executive Dashboard

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Executive Summary

Plan Enrollment:

- At the end of FY Q1 2025, PEBP's total enrollment into Medicare policies through WTW's Individual Marketplace increased slightly to 11,408. Since PEBP started with Via Benefits back on July 1, 2011, 124 carriers have been selected by PEBP's retirees with current enrollment in 2,257 different plans.
- Medicare Supplement (MS) plan selection remained consistent at 84% of the total population with the majority of participants selecting AARP and Anthem BCBS of Nevada as their insurer; each carrier holds plans for 5,956 and 1,620 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 16%. Top MA carriers include Aetna with 658 individual plan selections and Humana with 346 individual plan selections. The average monthly premium cost to PEBP participants decreased slightly to \$8.

Customer Satisfaction:

- In Q1 2025, PEBP participant satisfaction with Enrollment Calls had an average satisfaction score result of 4.7 out of 5.0 based on 26 surveys returned.
- For Q1 2025, the average satisfaction score for Service Calls was 4.3 out of 5.0 based on 254 surveys returned.
- The combined average satisfaction score for Enrollment Calls and Service Calls was 4.3 out of 5.0 for Q1 2025.

Health Reimbursement Arrangement:

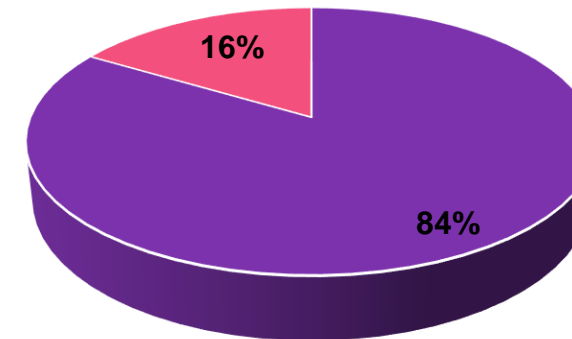
- At the end of Q1 2025 there were 13,600 Health Reimbursement Arrangement (HRA) accounts for PEBP participants.
- There were 128,757 claims processed in Q1, with 90.7% being submitted via Auto-Reimbursement, meaning that participants did not have to manually submit 116,828 claims for Premium Reimbursement.
- The total reimbursement amount processed for Q1 was \$8,309,489 paid from 49,191 payments for an average of \$168.92 per claim payment.

Summary of Retiree Decisions and Costs

Retiree Plan Selection Through 9/30/2024	Previous Qtr.	
Total enrolled through individual marketplace	11,408	11,268
Number of carriers**	124	123
Number of plans**	2,257	2,160

Plan Type Selection Through 9/30/2024	Previous Qtr.	
Medicare Advantage (MA, MAPD)	1,882	1,558
Medicare Supplement (MS)	9,558	8,876

Medical Enrollment



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

■ MS ■ MA

Plan Type	Number Enrolled	Average Premium
Medicare Supplement (MS)	9,558	\$149
Medicare Advantage (MA, MAPD)	1,882	\$6 / \$18
Part D drug coverage	6,534	\$26
Dental coverage	853	\$35
Vision coverage	1,644	\$11

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

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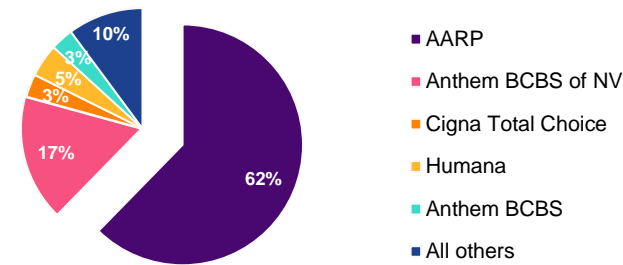
Summary of Retiree Carrier Choice

Top Medicare Supplement Plans	Total
AARP	5,956
Anthem BCBS of NV	1,620
Humana	424
Cigna Total Choice	295
Anthem BCBS	294

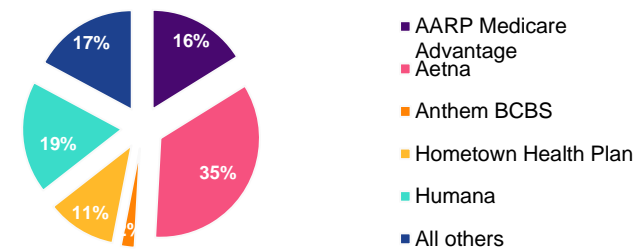
Top Medicare Advantage Plans	Total
Aetna	653
Humana	346
AARP	304
Hometown Health Plan	214
Anthem BCBS	42

Top Medicare Part D (RX)	Total
WellCare	1,977
Humana	1,897
AARP Part D from United Healthcare	1,395
Aetna Medicare Rx (SilverScript)	863
Cigna HealthSpring	174

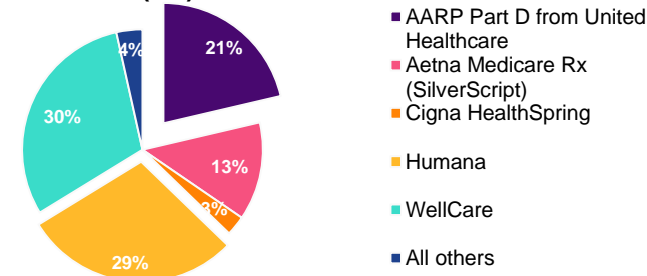
Medicare Supplement Carrier Choice



Medicare Advantage Carrier Choice



Part D (RX) Carrier Choice



Cost Data For MS Plans	Cost
Minimum	\$22
Average	\$146
Median	\$140
Maximum	\$481

Cost Data For MA Plans	Cost
Minimum	\$0
Average	\$8
Median	\$0
Maximum	\$194

Cost Data For Part D (RX)	Cost
Minimum	\$0
Average	\$22
Median	\$16
Maximum	\$121

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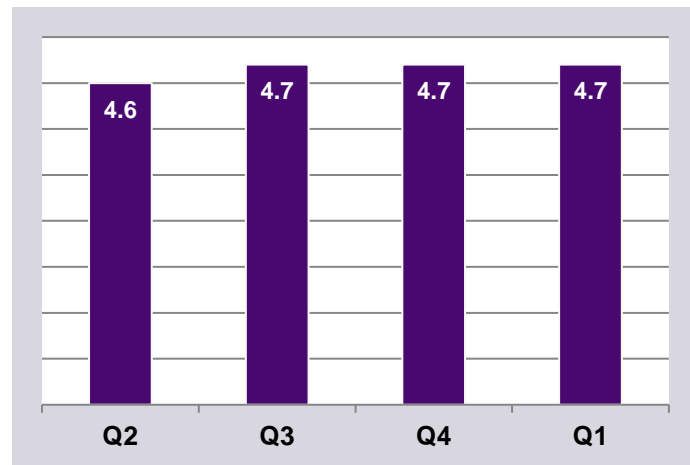
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Customer Service – Voice of the Customer (VoC)

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

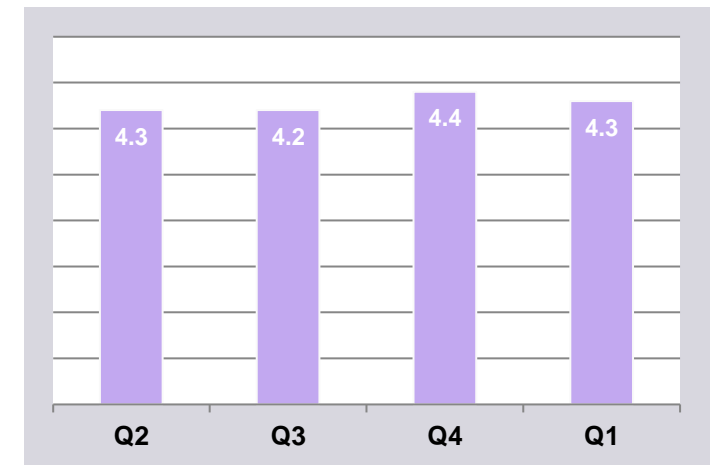
Q4 Enrollment Satisfaction

CSAT score	Count	%
5	20	77%
4	5	19%
3	1	4%
2	0	0%
1	0	0%
	26	100%



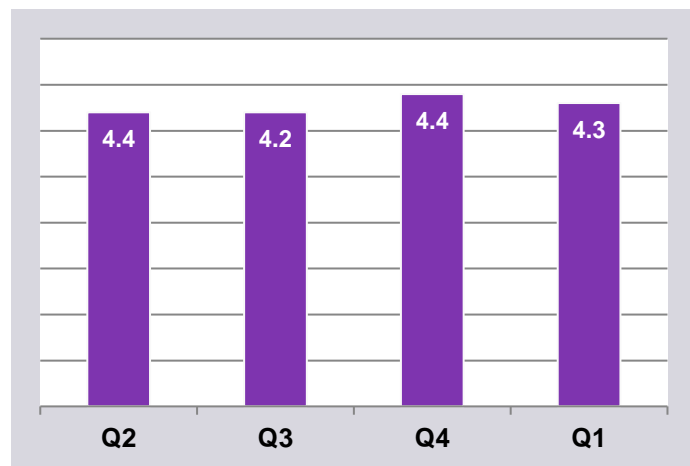
Q4 Service Satisfaction

CSAT score	Count	%
5	165	65%
4	40	16%
3	16	6%
2	13	5%
1	20	8%
	254	100%



Q4 Enrollment & Service Combined

CSAT score	Count	%
5	185	66%
4	45	16%
3	17	6%
2	13	5%
1	20	7%
	223	100%

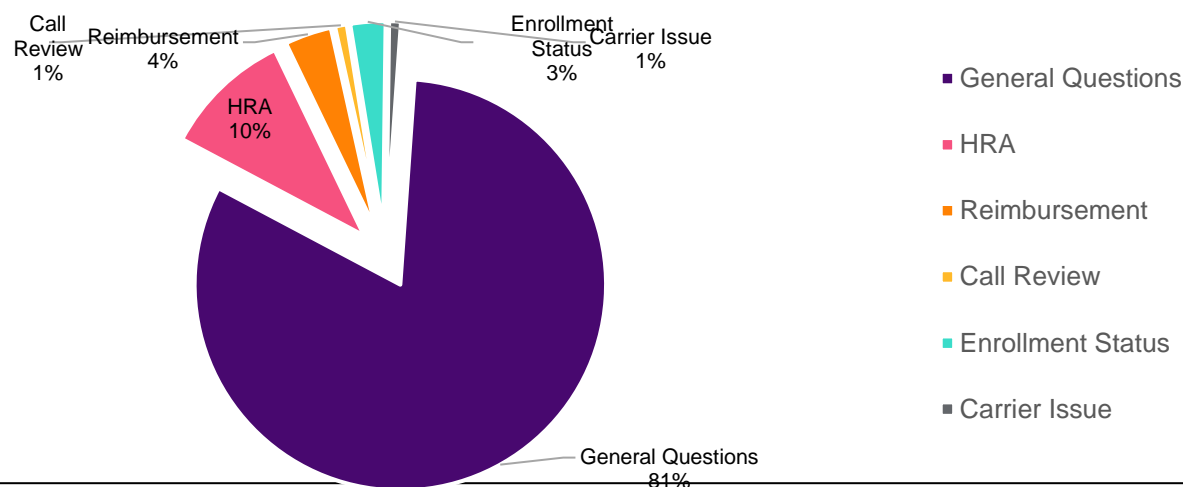
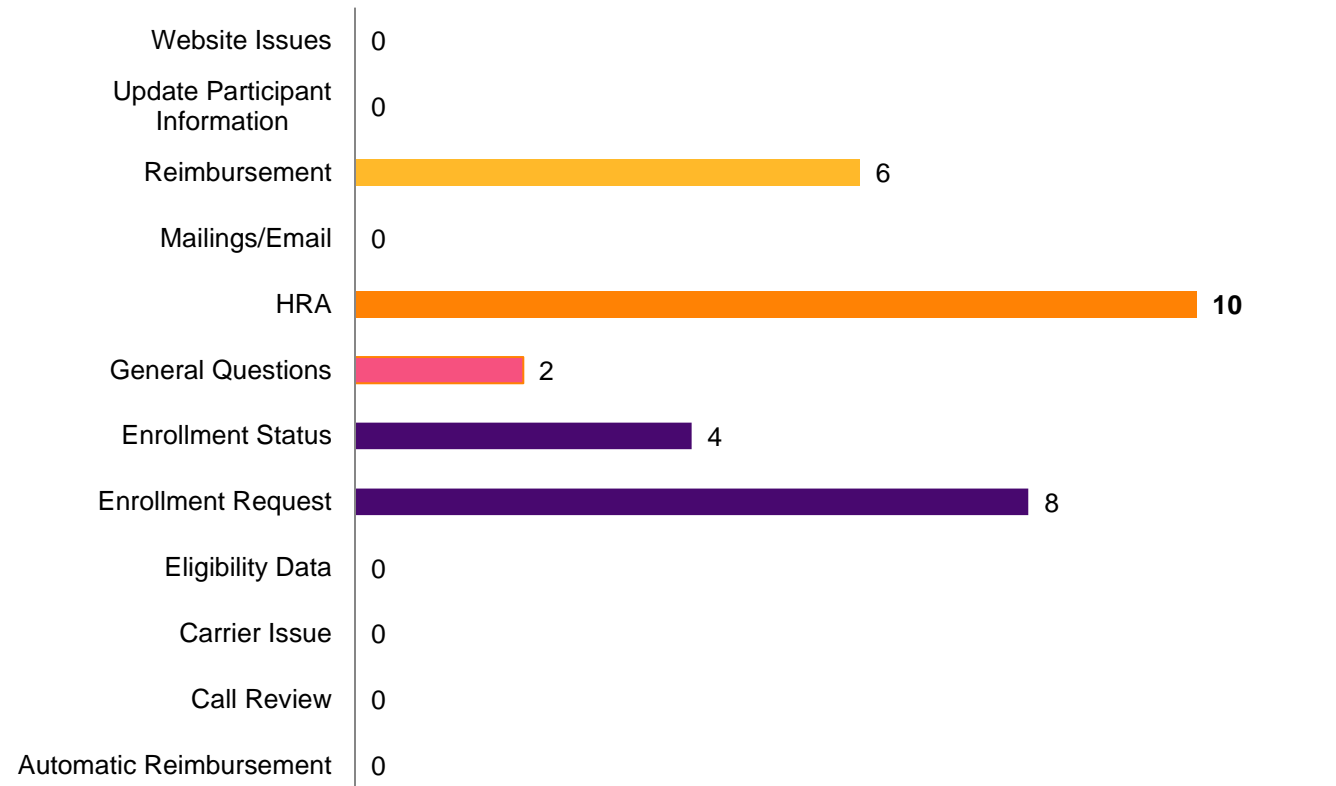


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Customer Service – Issues Log Resolution

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 Q1-PY 2025 is 30 and are associated with the following categories:



Health Reimbursement Account (HRA)

Claim Activity for the Qtr.	Total
HRA accounts	13,600
Number of payments	49,191
Accounts with no balance	8,245
Claims paid amount	\$8,309,489

Claims By Source	Total
A/R file	116,828
Mail	4,445
Web	4,881
Mobile App	2,603
TOTAL	128,757

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Performance Guarantees*

Category	Commitment	Outcome	PG MET
Claims Turnaround Time	≤ 2 days	0.17 Days	Yes
Claim Financial Precision	≥ 98%	99.42%	Yes
Reports	≤ 15 business days	Met	Yes
HRA Web Services	≥ 99%	100%	Yes
Benefits Administration Customer Service Avg. Speed to Answer	≤ 2 min. in Q1 ≤ 90 sec in Q2 and Q3 ≤ 5 minutes in Q4 Note - Quarters listed are based on calendar year.	1 minute 28 Seconds	Yes
Benefits Administration Customer Service Abandonment Rate Annual	≤ 5%	3.13%	Yes
Customer Satisfaction	≥ 80%	88.2%	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.

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Operations Report

Fall Retiree Meetings:

WTW and Nevada PEBP have scheduled virtual retiree meetings on November 6 and 7, with a live attendance option at the PEBP offices in Carson City. The meetings are designed to help age-in participants get educated on the transition to Medicare as well as assist those who are already enrolled through Via Benefits.

Meeting Date/Time	Meeting Type
November 6 – 11:30 am PT	Pre-Medicare/Ageing into Medicare
November 6 – 2:00 pm PT	Already enrolled in Medicare/HRA
November 7 – 9:30 am PT	Already enrolled in Medicare/HRA
November 7- 12:00 pm PT	Pre-Medicare/Ageing into Medicare

Medicare Open Enrollment for 2025:

Medicare Open Enrollment is from October 15 through December 7, 2024 for participants to make changes to their Medicare Advantage plan or Prescription Drug plans. Note that Medicare Supplement (Medigap plans), Dental, and Vision plans are not impacted by Medicare Open Enrollment. Participants are encouraged to shop and compare plans on the Via Benefits Nevada PEBP website at <https://my.viabenefits.com/PEBP>. If participants prefer to speak with a Benefit Advisor, they can call the Via Benefits toll free number at 1-888-598-7545, Monday – Friday, 5 a.m. – 4 p.m. Pacific Time. Please note that December 7, 2024 is a Saturday and the Via Benefits service center will be closed so if a participant wants to speak with a Benefit Advisor, they need to call during normal business days and hours prior to December 7.

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Communications:

Below is information on communications that were mailed and/or emailed recently by Via Benefits to Nevada PEBP participants.

- Fall “The Groove” Newsletter
 - “The Groove”, is our digital newsletter communication that is normally sent bi-monthly. The version that is sent in mid/late September focused on educating participants on Medicare and the 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 was sent in 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 was mailed in September.

