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In The Matter Of:

*PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA*

May 22, 2025

*Capitol Reporters
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Carson City, Nevada 89706
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PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS
ZOOM/TELEPHONIC MEETING NOTICE AND AGENDA
THURSDAY, MAY 22, 2025
CARSON CITY AND LAS VEGAS, NEVADA

The Board: JOY GRIMMER - Chair
MICHELLE KELLEY - Member
LAURA RICH - Member
JIM BARNES - Member
JENNIFER MCCLENDON - Member
BEPsy STRASBURG - Member
JANELL WOODWARD - Member
THERESA CARSTEN - Member

For the Board: RADHIKA KUNNEL
Deputy Attorney General

For Staff: CELESTENA GLOVER
Executive Officer
JESSICA CRANE
Executive Assistant
MICHELLE WEYLAND
Chief Financial Officer
NIK PROPER
Operations Officer
LESLIE BITTLESTON
Quality Control Officer
BRANDEE MOONEYHAN
Lead Insurance Counsel

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1 THURSDAY, MAY 22, 2025, CARSON CITY, NEVADA

2 -oOo-

3 CHAIRWOMAN GRIMMER: Good morning, everyone.

4 This is the Public Employee Benefit Program Meeting on

5 May 22nd, 2025, at 9:01 a.m. We're conducting this meeting

6 virtually. I would like to call the meeting to order.

7 Would staff please call for the roll.

8 MS. CRANE: Thank you. Starting roll, Board

9 Chair Grimmer?

10 CHAIRWOMAN GRIMMER: Here.

11 MS. CRANE: Michelle Kelley?

12 MEMBER KELLEY: Here.

13 MS. CRANE: Jim Barnes?

14 MEMBER BARNES: Here.

15 MS. CRANE: Jennifer McClendon?

16 MEMBER MCCLENDON: Here.

17 MS. CRANE: Theresa Carsten?

18 MEMBER CARSTEN: Present.

19 MS. CRANE: Laura Rich?

20 MEMBER RICH: Here.

21 MS. CRANE: Janell Woodward will be attending

22 later. And Betsy Strasburg is absent.

23 We do have a quorum. Please remember to state

24 and spell your name, and speak slowly for our transcriber.

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1 CHAIRWOMAN GRIMMER: Okay. Thank you.

2 We will move on to Agenda Item Number 2, public
3 comment. Public comment will be taken during this agenda
4 item. No action may be taken on any matter raised under this
5 item unless the matter is included on a future agenda as an
6 item of which action may be taken.

7 Public comments to the Board will be taken under
8 advisement but will not be answered during the meeting.
9 Comments will be limited to three minutes per person.

10 IT, do we have anyone on line for public comment?

11 MR. HOPKINS: Yes, Madam Chair. We have five
12 about five attendees in the virtual lobby and at least one in
13 Carson City. Which would you like to go first?

14 CHAIRWOMAN GRIMMER: Let's go with Carson City.

15 MR. HOPKINS: One moment, please.

16 MR. ERVIN: Kent Ervin, K-e-n-t E-r-v-i-n for the
17 Nevada Faculty Alliance. There are two bills of the
18 legislature that I would like to bring to the Board's
19 attention. We urge your support of AB 188 as amended,
20 restoration of Public Employees' Benefits Program retiree
21 health benefits for post 2011, state hires, including
22 Medicare and non-Medicare retirees.

23 Our written submission includes a summary of the
24 bill and a cost analysis. Over the years, the state employer
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1 contributions toward non-Medicare retirees has been kept to
2 roughly 65 percent of the public premium. But for Medicare
3 retirees on the exchange, the HRA contribution has been stuck
4 at \$13 per month per year of service for years, and it's not
5 keeping up with the cost of Medicare Part B, Medicare D, PEBP
6 dental and Medicare supplemental insurance.

7 Retiree benefits are funded through a fringe rate
8 assessment in all state salaries, which have increased. AB
9 188 would require, at most, a small increase in the fringe
10 rate if at all. Even without AB 188, it is patently unfair
11 that the HRA contributions for Medicare retirees are not
12 increasing at the same rate as employer contributions for
13 pre-Medicare -- early retirees. What is PEBP doing to fix
14 that?

15 The Board support for AB 188 as amended would be
16 a step in the right direction. The PEBP duties, policies and
17 procedures manual states that the Board may direct executive
18 officer to take positions on bills and you should do so in
19 this case. You should also question PEBP's fiscal note,
20 which indicates that you need an increase of ten percent in
21 staffing to cover a less than one percent potential increase
22 in retirees in future years, and that just does not track.

23 We oppose SB 494 as introduced. The bill
24 replaces PEBP within the new Nevada Health Authority. The
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1 overall concept of the Nevada Health Authority has merit, but
2 the bill needs to be amended to preserve the PEBP Board, your
3 Board, as an independent non political body to advance
4 employee and retired benefits and for the Board to retain
5 full judiciary authority over contracts.

6 The State of Nevada ranks number five as a Nevada
7 employer, with the largest number of staff on Medicaid. When
8 state employees got raises, some of the employees were no
9 longer eligible for Medicaid and moved over back to PEBP, but
10 some had better access to health services with Medicaid. For
11 example, Carson Tahoe Hospital is in Medicaid's network but
12 soon will not be in PEBP's.

13 PEBP must improve quality and cost for state
14 employees, leveraging the healthcare network and cost to.
15 Pharmacy by collaboration, with the Nevada Health Authority
16 could reduce employee cost and reduce access.

17 Speaking of Carson Tahoe, what is PEBP doing now
18 to get Carson Tahoe back into the PEBP network on a permanent
19 basis? The RFP for a secondary network was cancelled with no
20 public explanation. What is the plan now? We are hoping for
21 an explanation from Executive Officer Glover. If UMR cannot
22 provide access to the dominant hospital in the capitol city,
23 perhaps UMR's contract should be terminated, and PEBP should
24 go out for bid again for statewide or regional networks, with

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1 network adequacy guarantees. Thank you.

2 MR. HOPKINS: Anyone else in Carson City that
3 would like to make a public comment?

4 Madam Chair, that's all in Carson. Let me get my
5 slide up and make the announcement. It's a different call
6 in.

7 CHAIRWOMAN GRIMMER: All right. Thank you.

8 MR. HOPKINS: If you would like to call in to
9 provide public comment, please dial the number 669-900-6833.
10 And when prompted to provide the meeting ID, please enter
11 85889212901 and press pound. When prompted for participant
12 ID, please press pound. Join the Zoom meeting as an
13 attendee. It is for making public comment only. If you do
14 not wish to make public comment, please leave the meeting
15 now, so you're not accidentally called upon. Please feel
16 free to watch via the YouTube livestream on the PEBP YouTube
17 channel. The link for the livestream is located on the
18 agenda.

19 For those who have joined for public comment,
20 your name or the last four digits of your phone number will
21 be announced, and you'll be advised you have been unmuted.
22 Please slowly state and spell your name for the record, and
23 proceed with your comments.

24 Doug Unger, please, slowly state and spell your
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1 name for the record.

2 MR. UNGER: Doug Unger, acting president, the
3 UNLV Chapter, Nevada Faculty Alliance and member, UNLV
4 Benefits Advisory Committee.

5 Thank you, Chair Grimmer, Executive Officer
6 Glover, and thank you to the PEBP Board, which this week we
7 appreciate more than ever.

8 Regarding Agenda Item 9, legislative update, we
9 express our strong support for AB 188, which will restore
10 retiree healthcare subsidies for post 2011 retirees. Our
11 most recently hired and younger employees deserve this
12 benefit, which will assist much needed state worker
13 retention. It looks to a more stable future. Plus, it's the
14 right thing to do.

15 We have been informed that the projected OPEBP
16 encumbrance will have insignificant impact stretched out over
17 time nor will this aggressively affect the State's bonding
18 rating. We disagree with the one million and 2.5 million
19 PEBP sites as a fiscal note. It's not as though AB 188, if
20 passed, will produce a tsunami of state worker retirements.
21 Why would it cost so much more than PEBP is already expending
22 to accommodate annual retirees, almost all of whom collect
23 this benefit now. We must respectfully request a detailed
24 itemization of this fiscal note when AB 188 is discussed
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1 before the Board.

2 Next, we are concerned about SB 494, which
3 re-organizes PEBP under the new Nevada Health Authority. The
4 PEBP Board should be concerned too. If many of the strings
5 of legalese spun out by LCB, like blue spaghetti on the pages
6 are left without urgently needed amendments. Let's just say
7 the first draft of SB 494 is not as advertised to the PEBP
8 Board at the March 7th meeting. If left to stand as is, this
9 bill would strip the Board of most of its independence and
10 authority. The composition of the Board would radically
11 change.

12 Every current Board member should be replaced by
13 a new appointee by July 1st. And for state employees, this
14 draft is vague, at best, if we would keep the self-funded
15 plans on which so many of us count on and rely.

16 In sum, SB 494 must be thoroughly amended
17 wherever it refers to PEBP and the PEBP Board for it to be
18 acceptable. We are grateful to Administrator Weeks and the
19 Governor's team that SB 494 is now considering positive
20 transformative changes proposed by representatives of NFA,
21 AFSCME and RPEN to restore PEBP Board independence and
22 authority to retain a selection process modeled after the
23 current one laid out in NRS 287.

24 And for the PEBP Board to continue its sound
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1 authority and statute to manage our health plans. So, as it
2 was presented, quote, PEBP would remain the same, unquote.
3 We are hopeful that changes and new language will update 494
4 into legislation we can or if amended, support for its noble
5 intentions and aspirations to reorganize and reform
6 healthcare benefits administration for the ultimate good of
7 our whole state. Thank you.

8 MR. HOPKINS: Thank you, Mr. Unger.

9 Caller with the last four digits 0891, you have
10 permission to speak. Please, slowly state and spell your
11 name for the record if you wish to make public comment.

12 MR. LAIRD: Good morning, Chair Grimmer,
13 Executive Officer Glover, and, fellow Board members. My
14 name, for the record, is Terri Laird, spelled T-e-r-r-i
15 L-a-i-r-d. I'm the executive director of RPEN, the Retired
16 Public Employees of Nevada. We were formed nearly 50 years
17 ago and have nearly 7,000 members throughout 17 chapters
18 statewide.

19 RPEN works alongside of public employee group
20 since we are all very interested in protecting pensions and
21 benefits earned by all public employees, active, as well as
22 retirees. As a result, many of the remarks we're hearing
23 today from our group are similar as it relates to bills like
24 Assembly Bill 188, which looks to restore retiree benefits
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1 for post 2011 hires.

2 We were very much against taking that benefit in
3 the first place, and we do support AB 188, as it looks to
4 right the wrong made against state employees in 2011. We
5 also question the hefty fiscal note PEBP has placed on this
6 bill.

7 RPEN is also concerned on the impact on PEBP's
8 stemming from the Governor's Nevada Health Authority as it
9 appears in Senate Bill 494. The makeup of the PEBP Board
10 created as oversight on the agency many years ago could
11 change with this bill.

12 Our coalition has recommended several amendments
13 directed by some of the things that are concerning. If these
14 amendments are approved and implemented, we could perhaps
15 support the bill. Time will tell, but time is running out
16 for this legislative session.

17 All RPEN and the Public Employee Coalition hope
18 for is better benefits for state employees and public
19 employees that are cost effective. We are very disappointed
20 the legislature did not approve of a 2 dollar increase in the
21 HRA for the medicare retirees. Too many years have gone by
22 with no increases. And all we saw over the last few sessions
23 was simply a 2 dollar increase, raising it to \$15 per month
24 per years of service, rather than \$13.

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1 It will be our hope that one day soon, 2027 now
2 it would seem, that this disservice to our retirees can be
3 fixed. Thank you.

4 MR. HOPKINS: Thank you.

5 Will, Kathy, you have permission to speak.
6 Please slowly spell and state your name if you wish to make
7 public comment. Please unmute your mic if you wish to make
8 public comment.

9 Madam Chair, that concludes public comment.

10 CHAIRWOMAN GRIMMER: Okay. Thank you.

11 We will close Agenda Item Number 2 and move on to
12 Agenda Item Number 3, PEBP Board disclosures for applicable
13 Board meeting agenda items. Deputy Attorney General Radhika
14 Kunnel, information and discussion.

15 MS. RADHIKA: Thank you, Chair Grimmer. Good
16 morning, everyone. My name is Radhika Kunnel for the record.
17 This agenda item is to allow me to make disclosure regarding
18 conflicts of interest on behalf of the PEBP Board members who
19 are eligible for Public Employee Benefits Program, PEBP
20 benefits.

21 Pursuant to NRS 281A.420, on behalf of the Board
22 members who are eligible for PEBP benefits, are who or whose
23 families are eligible for PEBP benefits, I offer this
24 disclosure that they will be voting on those items that may
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1 affect the benefits available to them or their family
2 members. The Board does not require abstention from voting
3 merely because the Board member or their family member is
4 eligible for PEBP benefits.

5 At this time, I invite any member of the Board
6 that has any additional disclosure to make it now. Thank
7 you.

8 CHAIRWOMAN GRIMMER: Okay. Seeing no additional
9 disclosures being brought forward, I'll close Agenda Item
10 Number 3, and move on to Agenda Item Number 4, consent
11 agenda. All items are for possible action. Consent items
12 will be considered together and acted on in one motion,
13 unless an item is removed to be considered separately by the
14 Board.

15 Board members, are there any items that you would
16 like to be pulled?

17 MEMBER KELLEY: Michelle here.

18 CHAIRWOMAN GRIMMER: Yes.

19 MEMBER KELLEY: Good morning, everyone. Michelle
20 Kelley, for the record. I just have some questions about
21 Item 4.2.1, the budget report. If we could pull that, I
22 would appreciate it.

23 CHAIRWOMAN GRIMMER: Does anyone else have any
24 items? Okay. Seeing none, do I have a motion to approve all
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1 items except for 4.2.1?

2 MEMBER MCCLENDON: This is Jennifer McClendon. I
3 move to accept the consent agenda, except for 4.2.1.

4 CHAIRWOMAN GRIMMER: Do we have a second?

5 MEMBER KELLEY: Michelle Kelley. I'll second it.

6 CHAIRWOMAN GRIMMER: Okay. Perfect. We have a
7 motion and a second. Any further discussion? Okay. Seeing
8 none, I'll call for the vote. All those in favor, signify by
9 saying aye.

10 (The vote was unanimously in favor of the
11 motion.)

12 CHAIRWOMAN GRIMMER: Okay. Motion passes.
13 And who do we have here that can discuss Item
14 4.2.1 for us?

15 MS. WEYLAND: Michelle Weyland for the record,
16 chief financial officer. Good morning.

17 CHAIRWOMAN GRIMMER: Good morning. Please, go
18 ahead.

19 MEMBER KELLEY: Thank you, Chair Grimmer.

20 So, I just ask a question about the reserve
21 levels. So, I was looking through kind of past Board meeting
22 minutes, no, the packets from the past Board meetings, and I
23 was looking at specifically the IBNR, the catastrophic and
24 the HRA reserves. And, so I'm wondering on 9-30, so, of
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1 2024, PEBP reported reserves that were much lower than Segal
2 reported for the 6-30 time period of the same fiscal year.

3 And it's kind of difficult to compare apples to
4 apples, but I'm going to try. It doesn't appear as I went
5 through the Board packets that the Board had a number -- was
6 given a number for the IBNR, specifically for 6-30-2024.

7 So, on 6-30-2034, Segal reported 55,437 --
8 55,437,000 to the IFC. We didn't -- the PEBP Board didn't
9 seem to get a number for 6-30. But the 8-31 number that was
10 reported in September was 52, almost \$53,000,000. And then
11 the 9-30 number was almost, just under \$40,000,000. And then
12 in this Board packet, the number is 33 and a half million
13 dollars.

14 So, I'm just wondering, Board policy in the past,
15 I think, sets the methodology for how the reserves are
16 calculated. And, so I'm just kind of curious -- and also we
17 don't normally see this kind of plan movement through the
18 plan year of the reserves because I thought they were kind of
19 tapped at the end of a plan year to make up any numbers. So,
20 that's the IBNR. So, I'm just wondering why all of the
21 movement there.

22 But when I'm having to look at the catastrophic
23 reserves, the trajectory is very similar. You know, on 6-30,
24 Segal reported just under \$47,000,000. On 9-30, the 9-30
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1 number that PEBP reported to the Board was just under
2 34,000,000. So, we went just under 47,000,000 to just under
3 34,000,000 in three months. And today's number is
4 31,000,000. So, once again, lots of movement.

5 And then the last piece of my question, still in
6 that same reserves box, is the HRA, reserved -- reserved
7 dropped 5.8 million dollars between 12-31-2024 and 3-31-2025.
8 So, just in one quarter, they dropped just under \$6,000,000.
9 So, that seems like a lot of movement during the year, as I
10 say, when the methodology is kind of set in the Board policy
11 for these reserves. So, I'm just wondering why all that
12 movement?

13 MS. GLOVER: This is Celestena Glover, executive
14 officer for the Public Employees' Benefits Program. I'm
15 going to take that.

16 So, the reserves set by Segal are where they
17 believe the reserves need to be for IBNR and catastrophic
18 reserves as of June 30th of the plan year, and that is
19 typically what we carry into the new plan year, depending on
20 whether or not we have the cash to support it.

21 The last three years, we have had a shortfall in
22 our budget, both in expenditure categories and in our revenue
23 stream. And in order to do a balance forward, the only place
24 we could adjust was in the reserves. We reported this last
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1 year. We reported again at the beginning of this plan year
2 that what we needed to do is reduce the reserves to account
3 for the shortfall in cash. Those reserves can, we tapped in
4 all three, because we no longer have excess reserves. So, we
5 tapped into all three, and we essentially prorated by the
6 amount each reserve category was as a whole based on our
7 legislatively approved budget for 2024 and 2025.

8 So, the movement you're seeing is simply a fact
9 that we don't have the money coming in, and we have more
10 money going out than we were budgeted for.

11 MEMBER KELLEY: Thank you. Thanks for the
12 explanation. I was just writing notes. Thanks a lot.

13 CHAIRWOMAN GRIMMER: Okay. Any further
14 questions? Okay. Seeing none, do I have a motion to approve
15 Item 4.2.1?

16 MEMBER KELLEY: Michelle Kelley for the record.
17 So moved.

18 CHAIRWOMAN GRIMMER: Thank you.

19 Do I have a second?

20 MEMBER MCCLENDON: Jennifer McClendon. I second.

21 CHAIRWOMAN GRIMMER: Okay. Thank you.

22 Is there any further discussion on this one?
23 Seeing none, I'll call for the vote. All those in favor,
24 signify by saying aye.

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1 (The vote was unanimously in favor of the
2 motion.)

3 All those opposed? Motions passes.

4 We will close Agenda Item Number 4 and go on to
5 Agenda Item Number 5. Executive Officer Report, Celestena
6 Glover, executive officer, information and discussion.

7 MS. GLOVER: Good morning. This is Celestena
8 Glover for the record. The Executive Officer Report, as
9 usual, provides the Board, PEBP members and other
10 stakeholders information about agency operations.

11 It is open enrollment. We have a little over a
12 week before open enrollment closes. And in my report, you'll
13 see the stats of where we were as of the 14th of the month.
14 We're seeing movement as we have in previous years from the
15 EPO and the HMO plans into the low deductible plan and the
16 CDHP, and the table gives you the enrollment comparison for
17 Plan Year 2024 and Plan Year 2025 as compared to Plan Year
18 2026.

19 As I said, it's only until the 14th of the month,
20 so we are still looking at additional movement as members
21 make their decisions about which plans they would like to
22 enroll in. And if they're adding dependents or removing
23 dependents from the plan.

24 There's a Carson Tahoe update. We have this
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1 posted, I believe, on our website now, and it's also posted
2 on Carson Tahoe's website. Confirmed via e-mail that they
3 would be extending their contract the end of the calendar
4 year, so December 21st, 2025. I provided a link in my
5 report, so if individuals want to go to Carson Tahoe's
6 website to read what they have. They have also provided some
7 frequently asked questions.

8 We are still in ongoing discussions between
9 Carson Tahoe, UMR and the Governor's Office to try to resolve
10 the issue. And until we have additional information, that's
11 all I can provide at this point.

12 If they choose not to continue business with
13 United Healthcare, which is where they are today, then we
14 also will be sending out information regarding the network
15 issues with Carson Tahoe, and we are still researching other
16 options in order to keep them as a network provider.

17 At this time, I don't have any other information
18 that I can give the Board. With that, I'll take any
19 questions.

20 CHAIRWOMAN GRIMMER: Board members, are there any
21 other questions?

22 MEMBER CARSTEN: Theresa Carsten for the record.
23 I just -- in one of the written comments we received, it
24 talked about UMR not meeting contracting requirement by not
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1 contracting with Carson Tahoe Health and based off of
2 previous information that was presented in the last Board
3 meeting, what I thought I understood from Segal was that
4 there was a network adequacy study conducted, and so UMR is
5 in compliance with their current contract; is that correct?

6 MS. GLOVER: This is Celestena Glover for the
7 record. That is correct. They did look at that. The
8 geographical radius that we allow for, I think if I recall
9 correctly, their analysis show there was maybe a couple of
10 pockets where a small group of employees may have to travel
11 further, depending on if they're going to go down to
12 potentially Gardnerville, if they go to Reno for Renown or
13 one of the hospitals in the Reno area.

14 So, Carson Tahoe being out of network does not
15 put UMR in a place where they are in breach of their
16 contract.

17 MEMBER CARSTEN: Theresa Carsten for the record.
18 I think it's important for members to understand under how
19 their benefits come to them, right? And, so in order for
20 there to be a complaint about violation of contract or
21 actually better said, it would behoove the Board to consider
22 during the next contract cycle to look at the network
23 requirements on time and distance for providers to ensure
24 that should something like this, a large provider fall out of
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1 favor with a third-party administrator that there are still
2 providers in the area, right? Does my question make sense?
3 Sorry.

4 MS. GLOVER: This is Celestena Glover for the
5 record. When we write the next RFP that is a consideration,
6 so you can update what has been used in the past or what
7 equates to network adequacy. And then as part of the
8 analysis, when those responses are reviewed, that is
9 something that can be looked at prior to selecting.

10 MEMBER CARSTEN: Thank you.

11 MEMBER RICH: Laura Rich for the record. Do we
12 have, you know, Carson Tahoe among our, like do we have, you
13 know, a breakdown of using what because I know it's not just
14 the hospital, right? You've got associated providers and
15 things like that. So, what does that utilization look like?
16 And what are their options?

17 Because there's -- I know, for example, on the
18 behavioral health side, there are limited option. Whereas,
19 you know, maybe on some of the other services, yes, they have
20 to travel maybe to Reno, but it's not quite as, you know,
21 impactful as other things.

22 MS. GLOVER: This is Celestena Glover for the
23 record. We have looked at it. I don't have that analysis
24 with me to speak to. I don't want to give you bad

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1 information, but we can definitely get that information out
2 to the Board so you'll see what we've looked at.

3 We know that Carson Tahoe has a number of
4 providers other than the facility that come under their
5 umbrella. We also know there's a number of providers in the
6 Carson area that don't come under their umbrella, and I would
7 not expect that they could absorb all of the patients that
8 goes to those various providers when you consider going
9 through employee retirees and their dependents, and that's
10 why we're still trying to come up with a resolution to this
11 issue.

12 But, like I said, I will see what I can get out
13 to the Board so that they'll have the data.

14 MEMBER RICH: Thank you.

15 CHAIRWOMAN GRIMMER: Okay. Any further
16 questions? Okay. Seeing none, we will close Agenda Item
17 Number 5 and go on to Agenda Number 6, discussion and
18 possible action regarding the appointment of Nik Proper as
19 interim executive officer of PEBP upon the retirement of
20 Celestena Glover. Joy Grimmer, Board Chair, for possible
21 action.

22 At this time I would like to make a motion to
23 appoint Nik Proper as the interim executive officer of PEBP
24 upon the retirement of Celestena Glover.

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1 MEMBER RICH: I move to appoint -- Laura Rich for
2 the record. I move to appoint Nik Proper as interim
3 executive officer.

4 MEMBER CARSTEN: Theresa Carsten. I second.

5 CHAIRWOMAN GRIMMER: Okay. Yes, Michelle? Okay.
6 Sorry. I saw your hand up.

7 Okay. We have a motion and a second. Seeing no
8 further discussion, all those in favor, signify by saying
9 aye.

10 (The vote was unanimously in favor of the
11 motion.)

12 CHAIRWOMAN GRIMMER: All those opposed? Okay.
13 Motion passes.

14 We will close Agenda Item Number 6, and go on to
15 Agenda Item Number 7, discussion and possible actions on
16 recommended changes and updates to the master plan documents
17 for Plan Year 2026. Leslie Bittleston, quality control
18 officer.

19 MS. BITTLESTON: Thank you. Leslie Bittleston,
20 quality control officer for PEBP. In your Board packet,
21 there is a document, item number seven, this is an update to
22 the master plan documents. The following documents were
23 updated and revised and placed on the PEBP website, the CDHP,
24 the low deductible PPO, the exclusive provider organization,
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1 the EPO, the dental plan and life insurance, flexible
2 spending account and retiree reimbursement arrangement.

3 The following documents were not updated with the
4 exception of dates, the Medicare health reimbursement
5 arrangement and the section 125 master plan documents.

6 The following documents were combined into one
7 document titled The Health and Welfare Wrap Document. Those
8 documents are the health and welfare wrap for actives and the
9 health and welfare wrap for retirees, so that is now one
10 document.

11 The following documents were removed from the
12 website, the enrollment and eligibility plan document. This
13 will eventually become an internal policy and health
14 reimbursement arrangements. This is no longer needed. That
15 document was specifically created when the PEBP Board
16 authorized one time HRA funds in all plans. The HRA is only
17 a component of the CDHP. So, the CDHP plan document has been
18 expanded to include additional information on the HRA.

19 Moving on to page number two, the following
20 documents were also revised and placed on the PEBP website,
21 the 2026 benefit guide, 2026 rate guide, 2026 plan
22 comparison, 2026 dental rates and HRA contributions, the 2026
23 PEBP and Medicare guide, 2026 summary of benefits for the
24 CDHP, summary of benefits for the low deductible PPO and the
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1 summary of benefits for the EPO.

2 The following documents were not updated.

3 They -- there were no changes required at this time. They
4 are still up on our website, the qualifying life events, the
5 commonly used coverage, health coverage and medical terms and
6 the HRA FAQ's.

7 The HPN documents, pending new documents from
8 HPN, that was the case when this was submitted for the Board
9 packet. However, yesterday, staff received the HPN documents
10 and the -- and updated the website yesterday afternoon with
11 those updated documents.

12 Moving on to the middle of page two, plan design
13 changes. Based on the review that was done since it was last
14 talked about in the March Board meeting, some additional
15 enhancements, changes are being requested for an effective
16 date of July 1 of 2025.

17 The first one is adding a dollar limit for wigs.
18 This is a PEBP recommendation. This unfortunately was missed
19 in the March presentation. It was intended to be brought to
20 the March Board meeting to add a limit on wigs, up to \$350.
21 So, if you're looking at the document, the red, up to 350,
22 that is the only change that is being requested.

23 Number two, prior authorization for Ketamine. In
24 the next agenda item, Agenda Item Number 8, you will hear
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1 UMR's findings from CTI latest audit results, and you will
2 hear a recommendation around Ketamine.

3 Ketamine is a medication that is used to treat
4 suicidal ideations and major depression. This drug has a lot
5 of side effects, actually serious side effects. It can cause
6 somebody to go into like a deep sleep. It can cause
7 disassociation. It can cause respiratory depression,
8 cognizant impairment, and this drug may be something that
9 somebody could have used or misused.

10 This drug is only administered in a doctor's
11 office with a provider that is specially certified to
12 administer this drug. So, PEBP is requesting to add a prior
13 authorization component for the use of Ketamine, which
14 currently does not exist.

15 Moving on to number three, vision therapy. This
16 is another observation that was discovered in the latest UMR
17 audit. Vision therapy is an excluded item in all of the
18 MPD's. However, PEBP instructed this service to be covered
19 via a memo from the previous quality officer, Tim Lindley.
20 And based on a review of claims with UMR and various research
21 about vision therapy, the following is being recommended.
22 That vision therapy must be prior authorized, and covered
23 conditions include lazy eyes, convergency insufficiency.
24 That is when the eyes do not go in the same direction and
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1 stroke recovery.

2 Excluded items include learning disabilities,
3 reading disorders and dyslexia. This will just be an update,
4 clarification type of change to indicate what will be covered
5 under vision therapy and what will not be covered under
6 vision therapy.

7 Number four, HRA plan design. Our MPD documents,
8 document from the CDHP currently states that individuals who
9 have an HRA must have direct deposit. However, that is not
10 the same requirement for the HRA under VIA Benefits for our
11 retirees.

12 So, VIA Benefits has recommended, and PEBP
13 agrees, that HRA reimbursement must be reimbursed via direct
14 deposit. VIA Benefits does this need to be approved by the
15 Board in order to make a change in their -- in their plan
16 design. Currently, 76 retirees currently use direct deposit,
17 and 24 percent currently use a mailed check.

18 Direct deposit take generally three days to
19 process. While mailed checks takes seven to ten days to
20 direct deposit. Direct deposit is safer, faster and more
21 convenient. And we are also recommending this because PEBP
22 retirees would be required to have direct deposit for the
23 retirement, and also social security requires direct deposit.
24 This is just bringing in line with current practice.

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1 Moving on to page number three, the clarification
2 section telehealth. The intent of telehealth has been to not
3 cover out-of-network providers. However, the EPO or, excuse
4 me, the LDPPPO did indicate that telehealth out-of-network
5 providers was being covered. So, this is a clarification to
6 align all three policies. There is a note under this that
7 said, further clarification is requested by UMR to reimburse
8 all providers as in-network, whether as the member would be
9 receiving the service either at home or in office, a
10 provider's office.

11 PEBP is not ready to bring this to the Board yet.
12 More research will be done on this and brought to the Board
13 at a later date.

14 Number two, mammograms for men. At the last
15 Board meeting, the Board approved an enhancement for
16 mammograms for women beginning at age 30. If there's a
17 20 percent chance or greater of developing breast cancer and
18 beginning at 20, if the woman has BRCA mutations.

19 We -- the Board also approved mammograms for men
20 based on risk factors. This is being requested by UMR staff
21 to match the language of age requirements with men, men and
22 women. So, it will be the same age requirements for men and
23 women.

24 Number three, DMA, parameters for purchase of
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1 DME. As you can see in the little box, there's a number one
2 and number two. That is current policy. The problem area is
3 under number two. That states, oxygen provided while
4 traveling on an airline and portable oxygen concentrators
5 that are supplied for purchase or provided specifically to
6 meet airline requirements are excluded.

7 Number two has created some confusion with our
8 third-party administrator in thinking that portable oxygen
9 concentrators are not allowable. However, this does not --
10 this is not really the intent of the plan. The intent of the
11 plan is that an oxygen concentrator specifically to meet, you
12 cannot have over and above one item really. So, we are
13 suggesting number two be amended with the language in red,
14 and additional purchase of DME cannot be made sooner than
15 three years after a previous purchase of the same item
16 generally for convenience.

17 And then proration for dependents on the HSA,
18 number four. Here, MPD states that the HRA/HSA contributions
19 are prorated for new hires and dependents mid plan year, but
20 the MPD's are currently silent on appropriation if an
21 individual changes to the CDHP plan mid plan year based on a
22 qualifying life event. So, we would like, the intent is that
23 HRA and HSA is prorated for that as well.

24 Moving on to page number four. An update on the
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1 plan formula MPD's. As I presented in March, there is a
2 long-term plan for consolidation and cleanup of the master
3 plan documents over the next two years. This is just an
4 update of where we are in the process of that two-year plan.

5 The one thing that has been completed is the
6 health and welfare wrap documents for active and retirees has
7 been consolidated into one document. And the enrollment and
8 eligibility master plan document currently is being worked on
9 as an internal policy.

10 That is the update there. And the
11 recommendations from PEBP staff is to approve PEBP staff's
12 proposed changes and allow for technical adjustment as
13 necessary.

14 I can take questions if there are any.

15 MEMBER CARSTEN: Theresa Carsten for the record.
16 In relation to enhancement three, can you just confirm that
17 the excluded conditions for learning disabilities, reading
18 disorder and dyslexia were based off of this treatment not
19 being an evidence based practice for those conditions.

20 MS. BITTLESTON: Leslie Bittleston for the
21 record. That is correct. When you look at vision therapy as
22 a whole, there are some treatments that do fall under
23 evidence based practice and are FDA approved, like the lazy
24 eye and the stroke recovery, but treatments for learning

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1 disabilities, reading disorders and dyslexia are still
2 experimental and are not proven at this point.

3 MEMBER KELLEY: Thank you. Michelle Kelley for
4 the record.

5 MS. BITTLESTON: Yes.

6 MEMBER KELLEY: So, I just -- thank you. So, I
7 just, Ms. Bittleston, I just have a question about kind of
8 the dollar limits and then some of the limits on mammograms.
9 So, can you tell me, how was the \$350 for maximum four weeks
10 determined? Like, is that an average? Is that -- you know,
11 how is that supported, I guess?

12 And then my second question is regarding the
13 limitations put on all of the synergy put on mammograms for
14 men. Are there age and risk factors matching? And are they
15 supported by the CDC guidelines. So, how do we -- you know,
16 you said that UMR recommended the mammogram change, but is
17 that supported by evidence, I guess?

18 MS. BITTLESTON: Yes. Leslie Bittleston for the
19 record. I will answer number one first, which is the dollar
20 limit for wigs. This was based on an average, in looking at
21 plans across various other states. In looking at the
22 average, there were plans that limited wigs at \$10 up to
23 \$750.

24 So, in working with UMR on this, and also, I did
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1 reach out to Segal via e-mail, and \$350 seems to be the
2 average of what we were seeing in other plans. I would also
3 like to say about wigs, that individuals undergoing a
4 chemotherapy, there are a lot of organizations out there that
5 do provide free wigs to individuals that are going through
6 chemotherapy. So, based on the utilization and average of
7 other plans, the 350 dollar amount as recommended.

8 And then moving on to the mammograms, so, the
9 recommendation that was brought in March regarding mammograms
10 beginning at 30 for women, that was recommended by the CDC
11 and the updated information from the FDA, and then there's
12 that A and B ratings of the thing that I can't remember right
13 now.

14 MS. GLOVER: This is Celestena Glover for the
15 record. It's USPSTS.

16 MS. BITTLESTON: Thank you.

17 MS. GLOVER: It is the preventative task force,
18 and we use their A and B recommendations --

19 MS. BITTLESTON: Yes.

20 MS. GLOVER: -- as part of our preventative care.
21 In the past, we did clarify that mammograms were covered for
22 men, and this essentially aligns, covered for men, similar to
23 how we cover.

24 MS. BITTLESTON: Yes.
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1 MEMBER KELLEY: Thank you. So, just a quick
2 follow-up on that response. So, all of those guidelines kind
3 of match the men's age and risk to the women's because I
4 would have thought men's would be a bit different. So,
5 that's -- that's the reason for my question.

6 MS. BITTLESTON: Leslie Bittleston for the
7 record. The reason we did this and aligned it this way is it
8 assist UMR in how to cover their claims. Any type of imaging
9 for a male would be done at the request of a medical
10 provider. This parameter just gives medical providers say,
11 hey, if a male comes in and he's age 30 or above and he's got
12 a 20 percent chance more risk of developing breast cancer,
13 the doctor can, you know, request an imaging of some kind.

14 And also to align with the women on BRCA
15 mutations, I don't know if men can get BRCA mutations. I did
16 not come across any men that did in my research. But, to
17 make things easy for the prior authorization process and the
18 claim process for third-party administrator, we are aligning
19 this in our plan.

20 MEMBER KELLEY: Okay. So, thank you. Just one
21 last follow-up. I apologize. You know, I don't know
22 anything about this, hence my questions.

23 So, if we had a male who had high risk factors
24 and his -- and he was younger than 30, that individual would
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1 be able to follow the appeals process if his doctor felt that
2 it was imperative that even though he was younger than, you
3 know, the guidelines provided, that he get some of this
4 imaging done; is that correct?

5 MS. BITTLESTON: Leslie Bittleston for the
6 record. Absolutely, anybody is -- can go through the appeals
7 process. Depending on, you know, of course the situation.

8 MEMBER KELLEY: Thank you.

9 Michelle Kelley here. If nobody has any other
10 questions, I'll make a motion to approve PEBP staff's
11 proposed changes as presented and allow for any technical
12 adjustments they may need to make before the documents go
13 live.

14 CHAIRWOMAN GRIMMER: Perfect. Do I have a
15 second?

16 MEMBER RICH: Laura Rich for the record. I'll
17 second.

18 CHAIRWOMAN GRIMMER: Thank you.

19 Any further discussion? Seeing none, I'll call
20 for a vote. All those in favor, signify by saying aye.

21 (The vote was unanimously in favor of the
22 motion.)

23 CHAIRWOMAN GRIMMER: All those opposed? Motion
24 passes.

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1 We'll close Agenda Item 7 and go to Agenda Item
2 Number 8, discussion and acceptance of Claim Technologies
3 Incorporated audit findings for State of Nevada Public
4 Employees' Benefits Program plans administered by UMR for the
5 period of October 1, 2024 through December 31st, 2024. Joni
6 Amato, Claims Technology Incorporated for possible action.

7 MS. AMATO: Good morning. My name, for the
8 record, Joni, J-o-n-i, Amato, A-m-a-t-o. The scope of the
9 second quarter UMR audit for 2025 included claims processed
10 during the period between October 1, 2024 through
11 December 31, 2024, and included both medical and dental
12 claims.

13 The medical and dental claims paid during the
14 second quarter totaled approximately \$68,000,000. It
15 included approximately \$237,000 claims. The audit included
16 quarterly performance guarantee validation, 100 percent
17 electronic screening with 50 targeted samples and a
18 statistically valid stratified random sample of 200 claims.

19 In our auditor's opinion, UMR's performance and
20 financial accuracy, overall accuracy, claim turnaround time
21 within both 14 days and 30 days all improved this quarter
22 when compared to the prior quarter audit results.

23 In addition, the performance guarantees for all
24 of the measures were met for the second quarter, and there
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1 was no penalty due. CTI also reviewed the quarterly, UMR's
2 quarterly self-reported self-guarantee results, and noted
3 that all 27 of the guarantees were met there as well.

4 The random sample identified one financial error
5 due to the incorrect discount application and one procedural
6 error where dental claim was applied to the medical
7 deductible in error.

8 As Leslie previously discussed, based on the
9 claims reviewed in the random sample audit, CTI recommended
10 adding a prior authorization requirement for the
11 administration of the drug Ketamine due to the close medical
12 monitoring that's required when that drug is being used.
13 PEBP and UMR both agreed that that should be implemented
14 going forward.

15 Based on the targeting screening sample, we
16 recommend review of the results to focus on any potential
17 recovery and process improvements in categories identified
18 with errors, such as duplicate claims, incorrect provider
19 discount application and prior authorizations not obtained
20 prior to payment of a claim.

21 I'm happy to answer any questions that you might
22 have.

23 Any questions? Seeing none, do we have a motion
24 to approve these items?

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1 MEMBER RICH: Laura Rich for the record. I move
2 to approve CTI audit results as presented.

3 CHAIRWOMAN GRIMMER: Do we have a second?

4 MEMBER CARSTEN: Theresa Carsten for the record.
5 I second.

6 CHAIRWOMAN GRIMMER: I have a motion and a
7 second. Is there any further discussion? Seeing none -- oh,
8 yes, Michelle? I can't hear you.

9 MEMBER KELLEY: Sorry, I didn't unmute myself. I
10 just wanted to make a note and commend UMR for the work they
11 have done to obviously bring down the errors. I think this
12 is something we've all been looking at for a couple of years
13 now. So, it is gratifying to see that finally the process
14 has seemed to have caught up with our plan. So, thank you.
15 Obviously, we still have issues with UMR and other issues,
16 but this is a really great step. So, thank you.

17 CHAIRWOMAN GRIMMER: Thank you.

18 All those in favor, signify by saying aye.

19 (The vote was unanimously in favor of the
20 motion.)

21 CHAIRWOMAN GRIMMER: Any opposed? Okay. Motion
22 carries.

23 We'll close Agenda Item Number 8, and go to
24 Agenda Item Number 9, discussion and possible action
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1 regarding 2025 legislative bills that may impact the Public
2 Employees' Benefits Program. Celestena Glover, executive
3 officer, for possible action.

4 MS. GLOVER: Good morning. This is Celestena
5 Glover for the record. The report before you gives you an
6 update of what is the legislative bills that are going
7 through the process at the moment and bills that we are
8 following.

9 The first bill on the agenda item is Assembly
10 Bill 188. This bill in part allows for those members who
11 were hired on January 1st, 2012 or later to receive a subsidy
12 should they decide to enroll in the PEBP plan at retirement.
13 Currently, they are not eligible for that subsidy, whether
14 they're on a pre-Medicare or the HRA for the Medicare
15 Exchange. This bill will change that.

16 It also raises the cap. Putting this in the
17 statute or in the bill as it is proposed would take away the
18 Board's ability to make changes to those caps, whether they
19 were to decrease or increase which when we have budget
20 shortfalls, that can be an issue.

21 It does increase OPEBP liability according to
22 Segal. We asked them to do a review to give us an idea of
23 how this will affect our liability. Initially there's a
24 12.26 percent increase suspected in the first year, which is
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1 probably \$179,000,000. And then it's expected to go up three
2 and a half percent every year after that. Obviously, those
3 numbers will be updated as we see actual enrollment and the
4 effect on the plan, the claims and other costs.

5 We have submitted a fiscal note in the first
6 year, which we believe will be Plan Year 2027, depending on
7 what language is in the bill at the time it's passed, if it
8 should be passed. And that the numbers we base it on was
9 initially 73 retirees, new retirees coming on to the plan.
10 The \$1,000,000 account for staffing increase request, and it
11 also accounts for only administrative costs.

12 So, we pay our vendors a per member per month
13 fee. Those new retirees coming on the plan do cost money.
14 It is not a zero increase to PEBP's cost. And depending on
15 what you're looking at, there's a network fee. There's TPA
16 fees. There's a dental network fee. There's the UM, which
17 is our utilization management, case management. There's a
18 number of fees in that area that we pay based on our
19 enrollment and that is per primary. So, we're only looking
20 at the 73. We typically are not charged a separate fee for
21 the dependents.

22 So, we expect a 1,000,000 dollar increase in Plan
23 Year 2027 and then a two and a half million dollar increase
24 in future biennium. Part of that reason is we expect the
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1 enrollment to increase.

2 We do understand that based on mortality rates,
3 there will be some members that we lose over time as they get
4 older and they pass away or they move on to the Medicare
5 Exchange where our costs are different. However, it is not a
6 one for one. We will not get 73 new people and move 73
7 people at the same time. We have some pretty significant
8 longevity on the plan.

9 I did some research and found five individuals
10 over the age of 100. So, I don't want to assume if 73 people
11 come on the plan that 73 people leave the plan.

12 We also don't know what the claims cost will be.
13 I did some basic calculations, which I have provided to LCB
14 staff regarding the medical cost for 73 members per rating
15 according to the tier for each of the plan. So, those will
16 be plus spouse, plus families and plus children. I use that
17 same ratio. And what I'm coming up with in the first year is
18 an additional 1.1 million dollars for claims, and that is an
19 assumption based on what we built into our budget or claims
20 for the new rates for 2027.

21 Obviously, those will be greatly effected with
22 the number of retirees we actually see on the plan and their
23 dependents and their healthcare needs.

24 In future biennium, so we're talking Plan Year
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1 '28 and '29, I'm looking at another 5.6 million dollars for
2 the biennium. That is 2.1 in the first year, which would be
3 2028 and another 3.5 in the second year, which is 2029, and
4 that is because we would expect the 73 to increase to 134
5 plus dependents and the 134 to increase to 211, plus
6 dependents. So, we need to continue to monitor that to see
7 what that would really look like once we start getting actual
8 claims data should that bill pass.

9 We did a lot of calculations. We asked for
10 assistance from our consultants. We don't just take numbers
11 out of the air. There's a lot of work that goes behind of
12 trying to estimate what the cost may be. We believe the
13 additional staffing would be required simply because as we
14 get more and more people on the plan, there's going to be
15 greater and greater need for our member services unit to
16 increase.

17 But primarily we're going to be needing an
18 increase in RTC staff because they handle the more difficult
19 situations and to do the research and respond to members is
20 very time consuming, writing new documents and all the work
21 that goes in that area. They are already overwhelmed with
22 the amount of work need to do. So, we felt it prudent to
23 consider additional staffing, and that is how we got to those
24 numbers.

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1 Assembly Bill 583, that establishes our
2 subsidies. That bill was introduced. It has already been
3 moving through the process. So, assembly ways and means
4 approved it. It already has received its fourth session.
5 It's been approved on the floor, and it's moving on into
6 senate finance. That bill is providing subsidies inline with
7 the Governor's recommended budget.

8 And then finally on my report is Senate Bill 495.
9 This is the bill that will implement the Nevada Health
10 Authority, which PEBP will be part of that group should it
11 pass. So we're monitoring that to see, you know, what the
12 status is and what is going on. As we get more information,
13 if we need to call a special Board meeting for updates, we
14 will do that. Otherwise, we will provide follow-up to the
15 Board in the July meeting.

16 Also in your packet, you'll see a spreadsheet of
17 the bills that we are following. It's a table of the bills.
18 There are a number of bills out there that may affect PEBP.
19 Some may have physical notes. Some may not. Right now, with
20 the last, I believe, 12 days of the session, we're getting a
21 lot of follow-up requests from bill sponsors to reconsider
22 our fiscal notes as amendments are suggested and approved.
23 And as quickly as we can get that information to those bill
24 sponsors, we are doing that. So, some of the data on this
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1 table is likely to change as we get more and more request and
2 as bills start going through the process.

3 We will continue to track the legislation and
4 provide updates as appropriate to the Board.

5 And with that, I'll take any questions.

6 CHAIRWOMAN GRIMMER: Yes, Ms. Kelley.

7 MEMBER KELLEY: Michelle Kelley for the record.
8 So, I wanted to, I guess, talk about SB 494. You know, I
9 think in public comment, we did hear from the employee
10 groups. You know, but reading that bill, that bill at the
11 moment takes away the neutrality of the PEBP Board, which
12 kind of is a standalone Board at the moment, constructed
13 somewhat similar to PERS, so that it's, you know, politically
14 neutral, and so that it really is focused on employees.

15 I am concerned that, you know, sweeping PEBP
16 under the Nevada Health Authority in its entirety takes away
17 its neutrality immediately.

18 Additionally, we won't -- this Board won't exist
19 in July to get an update, just FYI, because if the bill
20 passes as it's currently written, then I think as I read it,
21 this Board is disbanded and or, I'm sorry, everyone on this
22 Board is let go, and new members will be appointed. So, this
23 Board actually will cease to exist in its current form.

24 You know, I think the Nevada Health Authority has
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1 some fantastic aspects to it. The shared purchasing
2 services, I think, you know, PEBP could really take advantage
3 of. But I think the way it's currently written with us, with
4 the Board being an advisory board to the director of that
5 department, so becoming a cog in bureaucracy, I think, is not
6 conducive to recruiting and retaining employees, which is
7 what employee health benefits are designed to do.

8 Our benefits are not charity. They are, you
9 know, part of the compensation to state employees and every
10 other employee on the program. And, you know, we do it to
11 retain and recruit the best employees we can get. So, I'm
12 very concerned about that. And I think -- you know, I
13 personally think the Board should take a position of not
14 supporting this bill in its current form.

15 CHAIRWOMAN GRIMMER: Okay. Any further
16 questions?

17 MEMBER RICH: Laura Rich for the record. I
18 understand Board Member Kelley's concerns, but I just want to
19 say, coming from someone, you know, who used to be in
20 Ms. Glover's shoes, PEBP currently is, the way that it's set
21 up is, you know, you're kind of out on an island. And, to be
22 frank, nobody understands PEBP outside of staff. It is a
23 very complicated program. You know, it's very difficult to
24 understand. It's very complex, and there's a lot of moving
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1 parts.

2 And, so the executive officer is, really has no
3 resources the way that it is set up today. There are no
4 resources. There's no one that that executive officer can go
5 to and say, hey, let's bounce ideas off each other because
6 they're just, you know, you're out on an island by yourself.
7 And, so you really have limited resources. You have limited
8 ability to be innovative. You have -- you know, you really
9 have your hands tied in so many ways.

10 And so, really, it's -- you're perpetuating a
11 status quo. And I think that the Health Authority is a way
12 to potentially open up a lot of opportunities, and I
13 understand that the Board may -- you know, there may be some
14 changes to the Board and, you know, in the way the Board
15 weighs in and participates, but it doesn't go away. It just
16 changes.

17 And I think the opportunities that are presented
18 in a situation like this far outweigh the disadvantages that
19 come with it. You know, and I just think that if we're gonna
20 be innovative, we have to do things differently, and change
21 is not always about things. So, that's just my opinion on,
22 you know, on this bill.

23 CHAIRWOMAN GRIMMER: Okay. Thank you for that.
24 Anything further? Okay. Seeing none, this was for possible
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1 action, but I don't know that there's really anything for us
2 to take a motion on. So, I will just go ahead and, is that
3 okay, DAG?

4 MS. KUNNEL: Yes. Radhika Kunnel for the record.
5 And it's -- it's up to the Chair and the Board to decide if
6 there is any action to be taken on this item.

7 CHAIRWOMAN GRIMMER: Okay, perfect.

8 So, unless anyone has an action to be taken on
9 this, I will close this item and move on to Agenda Item
10 Number 10, public comment period. Public comment will be
11 taken during this agenda item. Comments are limited to three
12 minutes per person.

13 Do we have anyone in Carson City?

14 MR. HOPKINS: Yes, we do, Madam Chair.

15 Go ahead when you're ready, sir.

16 MR. ERVIN: Kent Ervin, K-e-n-t E-r-v-i-n, for
17 the Nevada Faculty Alliance. I wanted to talk a little bit
18 about the mandatory reserves that are reported in the
19 quarterly budget report. If those mandatory reserves just or
20 the numbers for them just get reduced in time, the balances
21 go below zero when you have deficient mandatory reserves,
22 then the Board really isn't seeing what the state of the PEBP
23 is in.

24 And I don't know how we -- how the Board can do
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1 its fiduciary duty when it's not being reported to the Board
2 that the mandatory reserves are deficient to the tune of tens
3 of millions of dollars, and that's the case. And if there's
4 some accounting reason that you can't have differential cash,
5 which is what excess reserves are being called now then, at
6 least, the Board should see what the actual reserves from the
7 actuary compared to the reserves that are in cash on hand
8 are.

9 Regarding the fiscal note on AB 188, with a
10 1,000,000 dollar million fiscal note and/or FY 2027 and at
11 least about maybe roughly half of that from the four
12 additional staff or less and 73 new retirees, that would
13 suggest, and the rest of it being administrative fees only
14 and not claims that by my calculations, things were having
15 \$7,000 per year per retiree and administrative costs, and I
16 would like to see that justified in front of a legislative
17 committee. Thank you very much.

18 CHAIRWOMAN GRIMMER: Thank you.

19 Do we have anyone else in Carson City?

20 MR. HOPKINS: It doesn't appear so, Madam Clerk.
21 And we have a couple in the lobby. Would you like me to get
22 the slide up then?

23 CHAIRWOMAN GRIMMER: Yes, please.

24 MR. HOPKINS: Joining the Zoom meeting as an
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1 attendee is for making public comment only. If you do not
2 wish to make a public comment, please leave the Zoom meeting
3 now so you're not called upon.

4 For those who joined for public comment, the last
5 four digits of your phone number will be announced. You'll
6 be advised you've been unmuted. Please slowly state and
7 spell your name for the record, and then proceed with your
8 comments.

9 Douglas Unger, you have permission to speak.
10 Please, slowly state and spell your name for the record.

11 MR. UNGER: Doug Unger, D-o-u-g U-n-g-e-r, acting
12 president UNLV Chapter, Nevada Faculty Alliance and member
13 UNLV Employee and Benefits Advisory Committee. I've been
14 attending PEBP Board meetings for almost 14 years. And I
15 must reiterate, our state employees' serious concerns with SB
16 494 and a slight concern with SB 495.

17 At the March 7th PEBP Board meeting, the Board
18 heard repeated assurances that, quote, PEBP would remain the
19 same, unquote. That does not agree at all with what the
20 first draft of SB 494 would do to PEBP in such a near
21 complete erosion of the PEBP Board's statutory oversight and
22 approval authority over state employee health plans.

23 Our concerns to retain the independence and
24 authority of the PEBP Board under the new Nevada Health
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1 Authority are expressed with a knowledge of history in
2 Nevada, and what we believe to be in the past, undue and
3 extraordinary examples of political influence and insider
4 dealing by health insurance corporations, on both the
5 executive and legislative branches of state government in
6 health plan administration before the PEBP Board was
7 established.

8 I personally was a victim of this insider
9 dealing, when the administration of employee health benefits
10 fell apart in 1997 and 1998, incurring more than, almost
11 \$10,000 worth of unpaid health bills. I had colleagues at
12 UNLV who are facing hundreds of thousands of dollars worth of
13 unpaid health bills.

14 The PEBP Board resulted over time from all of
15 that sort of insider dealing, political influence and really,
16 really shotty administration of state employee health
17 benefits. We just are not comfortable with, in essence,
18 eliminating the oversight and approval role of the PEBP Board
19 and upending the current Board selection process as outlined
20 in this first draft of SB 494 nor the vague language of SB
21 495 surrounding PEBP retaining pre-authorization regulations.

22 We do understand that Administrator Weeks and
23 Governor staff are looking at amendments that will take out
24 this total upending of the PEBP Board and its oversight
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1 authority. No single governor should select all the members
2 of the PEBP Board in one fell swoop nor should state employee
3 healthcare be entirely handed over to only one authority
4 under the executive. The independence of the PEBP Board is
5 absolutely necessary for us to be comfortable with the sound
6 and -- and ethical administration of our health benefits.
7 Thank you.

8 MR. HOPKINS: Thank you.

9 Kathy, you have permission to speak. Please,
10 slowly state and spell your name for the record if you wish
11 to make public comment. One more time, Kathy, please unmute
12 your mic if you wish to make public comment.

13 Madam Chair, that concludes public comment.

14 CHAIRWOMAN GRIMMER: Okay. Thank you for that.

15 I will go ahead, and seeing no further public
16 comment, we'll close this Agenda Item Number 10, and we will
17 adjourn. Thank you for everyone's time today.

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1 STATE OF NEVADA,)
2 CARSON CITY.) ss.
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 22nd day of May, 2025, I was
8 present on Zoom for the Public Employees' Benefits Program,
9 Carson City, Nevada, for the purpose of reporting in verbatim
10 stenotype notes the within-entitled public meeting;

11 That the foregoing transcript, consisting of pages 1
12 through 52, is a full, true and correct transcription of my
13 stenotype notes of said public meeting.

14
15 Dated at Carson City, Nevada, this 2nd day
16 of June, 2025.

17
18
19 KATHY JACKSON, CCR
20 Nevada CCR #402
21
22
23
24

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