Hometown Health

10315 Professional Circle • Reno, Nevada 89521 • [redacted]

January 20, 2025

Dear Board Members of the Nevada Public Employees Benefit Plan (PEBP),

As the expiration of United Health's contract with Carson Tahoe Health facilities approaches in May of this year, we at Hometown Health would like to offer a couple solutions to help PEBP avoid the significant impact this will have on state employees who currently utilize Carson Tahoe Health providers and facilities. We understand the importance of continuity in healthcare services and believe the following options would allow PEBP members to maintain that continuity.

First Solution: Leasing Hometown Health's Statewide Network
Hometown Health, a local not-for-profit insurer, proposes to lease our statewide network to PEBP. This network includes all providers and facilities of Carson Tahoe Health, ensuring uninterrupted access for state employees. Under this arrangement, Hometown Health would reprice the claims from our network and forward them to PEBP's Third Party Administrator (TPA) for payment. This solution guarantees seamless continuation of care for your members, preventing any adverse effects that might arise from the contract expiration.

Second Solution: Request for Proposal (RFP) for Network Services
To address the potential severe disruption of the provider network, PEBP could consider issuing an RFP for network services in Northern Nevada and select a new Third Party Administrator that would provide the network for care. Hometown Health is fully prepared to quickly submit a comprehensive response should the state choose to pursue this route. This option could lead to substantially lower reimbursement rates for all services within the network, offering a cost-effective solution without compromising the quality of care.

It is crucial to highlight that Hometown Health is a preferred carrier of Carson Tahoe Health and currently holds a long-term contract with them. This partnership ensures that state employees could continue to receive care without any interruptions, fostering stability and peace of mind.

We appreciate your consideration of these solutions and are ready to collaborate with PEBP in whichever option the PEBP Board deems most appropriate to ensure a smooth transition and sustained healthcare access for all state employees. Please do not hesitate to reach out for further discussions or clarifications.

Sincerely,

Bethany Sexton
CEO Hometown Health

Making a genuine difference in the health and well-being of the people and communities we serve.

I am very concerned about the announcement that UMR may drop Carson Tahoe as an in network provider. The vast majority of providers in Carson City are Carson Tahoe providers including my cardiologist, urologist, and pulmonary doctors. As I live in Dayton NV I would then have to go to Reno over 45 minutes each way to go to in network providers. Please keep Carson Tahoe as In Network providers.

Public Comment: Board Meeting January 23, 2025, topic Plan Year 2026 Master Plan Documents Update

Dear Board Members,

I hope this year is going well for all your first and foremost.

I wanted to comment regarding the Obesity Management Care Program. On May 23, 2024 board member Michelle Kelly stated "Participants really want access to these medicines (referring to the weight loss medications) and obviously um I would hope they make people healthier um but you know PEBP certainly as it's currently funded we just couldn't afford um to cover those and then just also a comment more for the public is that um there's also the line of diabetes drugs um and we do cover those for people who have type 2 diabetes those necessary medicines are actually covered… "

When I heard the above statement, I knew I had to comment in next years PEBP Plan Updates.

I am writing to express my concern regarding the current limitations of the Obesity Management Care Program. While I appreciate the program's intention to promote healthier lifestyles, I believe it falls short in several key areas.

Firstly, the program appears to have limited medication coverage, currently restricted to Phentermine-type medications. This information was not readily accessible to members, requiring direct inquiry with PEBP support.

Secondly, the current program structure seems to prioritize addressing health issues after they arise (e.g., type 2 diabetes) rather than proactively preventing them. This approach appears to

prioritize cost containment over member well-being, as members are burdened with copays and deductibles for conditions that could potentially be mitigated through more comprehensive preventative care.

Thirdly, while PEBP offers resources like the Hinge Health app and Real Appeal, the Obesity Management Care Program lacks the necessary tools for members to fully optimize its use. This includes limited medication options, hindering the ability of many members to achieve their health goals.

I propose that the Obesity Management Care Program be expanded to include a wider range of medications, such as GLP-1s, for those who require them. To address potential cost concerns, an optional premium could be introduced for this expanded coverage, similar to other opt-in programs like life insurance or vision care. This would allow members to choose the level of coverage that best suits their individual needs and budgets.

I believe this revised approach would better serve the needs of our members by providing them with the tools and resources necessary to achieve and maintain optimal health.

Thank you for your time.

Yosmely Lopez Bravo

Public Written Comment to the PEBP Board

Member: Samantha Altergott

EPO Plan

To Whom It May Concern:

I am reaching out about PEBPs plan to eliminate the EPO plan for Northern Nevada participates. I've been a member for 7 years now and have continuously had an EPO or HMO for my health insurance [redacted]. I [redacted] rely on the EPO plan to have set fees whenever I visit doctors as well as whenever I have procedures completed. I see a doctor at least once a week for the majority of the year. If I had to switch to a different health insurance plan I would spend significantly more treating my health conditions, some of which [redacted] have been life long issues I have battled. I don't feel that individuals with [redacted] health conditions should be penalized for needing significantly more help to treat their conditions. By taking away the EPO or HMO plans for state of Nevada employees, you are forcing people into plans that do not necessarily work for their lives. Everyone should be able to pick the plan that best fits their needs. EPOs have higher premiums in order to lower the overall cost of health care visits for employees.

There is also uncertainty regarding the continuation of care I would receive with my doctors as there is no guarantee they would be covered under a standard PPO insurance. I see quite a few specialists for my conditions and need continuous care from the same providers to ensure my health conditions are taken care of properly, switching doctors would interrupt this.

If the EPO is eliminated, I will be forced to stop seeing my doctors as I will not be able to afford doctor's visits on top of all my other living expenses. An example of this would be a prior procedure I had, if I had a PPO I would have had to spent $2,000+ out of pocket versus the EPO where I only had to pay $350 out of pocket.

I am commenting in regards to the proposed changes to the medical benefits by the Public Employees Benefits Program. I urgently ask that the Low Deductible PPO plan NOT be transitioned into a "Standard PPO." I am currently on the Low Deductible PPO plan- which is the only plan that fits my budget. This plan has a zero-dollar deductible, which has allowed me to seek out much needed medical care from different specialists, as well as much needed diagnostic testing. I have been sent from specialist to specialist over the last 2 ½ years, and, unfortunately, have yet to receive an actual diagnosis to find out what continues to cause symptoms that significantly decrease my quality of life. If my medical plan is changed to a Standard PPO, which I can only assume would come with a deductible to be meet and potentially higher co pays, I will no longer be able to afford to see specialists to try and find a treatment plan to alleviate my symptoms.

I am extremely worried about the potential higher costs that a Standard PPO plan may create. The increasing inflation and rising cost of living have left me barely able to stay afloat. If I am no longer able to afford care and diagnostic testing recommended to me by the specials that I need to see, I am left with symptoms that get more and more debilitating. Please do not take away an affordable option in favor of a plan that will cause financial stress to myself and many others. I strongly urge that the Low Deductible PPO plan be kept the same and not undergo any changes.

Thank you for your time and attention to this matter.

To whom it may concern,

I am writing to express my deep concern regarding the potential removal of the low-deductible PPO plan currently offered through the Public Employees' Benefits Program (PEBP). As a participant in this plan, I have experienced firsthand the critical role it plays in ensuring accessible and reliable healthcare for myself.

The low-deductible PPO plan serves as a vital mid-range health insurance option, bridging the gap between high-deductible plans and more costly alternatives. For many, including myself, it provides a balance of affordability and comprehensive coverage, making it possible to seek medical care without the significant financial burden that often accompanies high-deductible plans. This plan allows individuals and families to maintain their health proactively, rather than postponing necessary care due to cost concerns.

The availability of a mid-range option like the low-deductible PPO is essential for those of us who rely on consistent access to healthcare services. For example, routine doctor visits, specialist consultations, and prescriptions are manageable under this plan, enabling us to address health issues early and avoid the potentially severe and costly consequences of delayed treatment. Removing this plan could force many participants into higher-deductible options that are financially unsustainable or compel them to forego coverage entirely, jeopardizing their health and well-being.

Additionally, the low-deductible PPO plan promotes a sense of security and stability for members, fostering peace of mind that is invaluable in today's uncertain economic climate. For public employees who dedicate themselves to serving the community, access to a dependable and reasonably priced healthcare plan is not merely a benefit—it is a necessity.

I urge the PEBP Board to carefully consider the significant impact that removing the low-deductible PPO plan would have on members like myself. Retaining this plan demonstrates a commitment to the health and welfare of Nevada's public employees and their families. Please prioritize the needs of your members by preserving this essential option within the benefits program.

Thank you for your attention to this matter. I am hopeful that the Board will recognize the importance of maintaining a diverse range of health insurance options to support the varied needs of its participants.

Sincerely,

Karly Blanchard

To whom it may concern,

I am writing to express my concerns about the proposed elimination of the Low Deductible PPO plan in favor of a standard PPO. As an employee and a parent of three young children, my family relies heavily on this plan to manage our healthcare costs.

We have frequent medical visits due to the typical needs of young children, such as wellness checkups, vaccinations, and occasional urgent care visits. The Low Deductible PPO plan allows us to budget more effectively and ensures that necessary healthcare remains accessible and affordable for our family.

If the proposed change is implemented, I fear that our medical costs will rise significantly. Higher out-of-pocket expenses could make it challenging for us to seek timely medical care and potentially lead to financial strain.

I urge you to consider the financial and health-related impact on families like mine who depend on the Low Deductible PPO plan. Maintaining this option would help ensure that all employees have access to a plan that best suits their family's healthcare needs and financial circumstances.

Thank you for taking the time to consider this feedback. I hope you will take steps to preserve the Low Deductible PPO plan for employees and their families.

Sincerely,

Scott Jackson

To the PEBP Board:

I am incredibly concerned that the PEBO Board is considering eliminating the HMO/EPO plan option and changing the PPO plan to remove the low-deductible option for state of Nevada employees. An HMO or HMO-like option has been available for decades along with the high-deductible health plan option with a Preferred Provider Organization (PPO) network. This elimination of options, especially with little to no information about what these changes would mean for the thousands of employees who reply upon this health insurance is incredibly concerning.

I oppose the elimination of the HMO/EPO plan as well as the plan to convert the Low Deductible PPO to a "standard" PPO plan. Employees need and deserve all three healthcare options instead of being forced into two plans, the details of which are unknown, but can impact our collective health negatively in numerous ways.

Thank you for your consideration on this incredibly important topic of concern for all state employees.

Laura Gryder,
State employee

Dear Colleagues,

My name is April Fox, and I would like to express my concerns regarding elimination of the HMO insurance plan as an option for all of us at UNLV. I am a full time employee, and have been for the past 6 years.

Without going into details, I can disclose that I depend on expensive medication to maintain my health. I am generally a very healthy person, I don't smoke or drink, I practice exercise, however I still have the need for this specific support to my health. This means that even with any lifestyle changes a general doctor could suggest, I would still need this medication.

If UNLV eliminates the HMO, I am not sure what I will have to do to be able to continue to afford this medication. In my research the prices out of pocket for me in other insurance options like the PPO would be higher than my monthly rent, utilities, and food combined.

It is unfortunate that healthcare has come to this point, but UNLV still has the option of caring for employees like myself by reviewing the next steps towards supporting cases like mine. I know there are many similar cases within our UNLV family.

UNLV is an institution that fosters long term relationships with those, like me, who come to stay and grow together with the university. For that reason, it seems important that UNLV decision makers can consider this long term commitment of employees like myself, and ensure that we have a supportive and inclusive plan for the long term.

I know that UNLV invests in many different projects, some are multi-million dollar projects related to possibilities of placing UNLV as an innovative school with good infrastructure. However, if that innovation comes at the expense of employee health, what is the true value of those investments?

I would like to invite all to consider these priorities when evaluating these important insurance-related decisions. Is the financial benefit that UNLV aims to gain from these decisions worth abandoning the support to employee health?

Thank you kindly for considering this comment,

Hoping that care and wisdom may serve us well and all employees may be supported,

April Fox

Maggie Hierro

I have had Health Plan of Nevada since I started with the state over 24 years ago. I have established relationships with my current doctors who have my entire medical history from that time. It is difficult enough to get an appointment with a doctor in Nevada, and trying to establish myself as a new patient anywhere would potentially delay the care that I, and so many others, need. I am happy and comfortable with the plan that I have and would be devastated 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. There is a reason why so many of us have chosen to pay a higher monthly premium for these plans. It bring us peace of mind.

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, or the HMO plan for our northern colleagues.

Sincerely,
Maggie Hierro

From Jennifer Rennels

Dear Members of the PEBP board,

I have regularly used my HMO through the Health Plan of Nevada for my own healthcare and my son's healthcare. It is affordable and convenient and I would like to see the HMO remain as an option for NSHE employees.

Comment from the University of Nevada, Reno Staff Employees' Council

January 17th, 2025

Dear board members of the Nevada Public Employees' Benefits Program:

PEBP staff have proposed that the Board should alter the PPO plan and eliminate the EPO/HMO plans. Many classified staff make $50,000 or less; those who choose the EPO/HMO may depend on it to manage unpredictable cost burdens at the start of each plan year. Furthermore, the changes under discussion would affect not only the 13% of benefits-eligible employees affiliated with northern Nevada NSHE institutions who choose the EPO/HMO, but also the 41% who choose the low-deductible PPO plan option. The impacts of the proposed changes are not clear enough to implement major restructuring for Plan Year 2026. This matter deserves a longer lead time in order to execute a communication campaign as recommended by PEBP staff and consider the results of the 2025 legislative session.

Additionally, some UNR classified staff commute to campus from Carson City or live and work at UNR Extension locations in rural counties of northern Nevada. The loss of Carson-Tahoe Health from our network on May 30th will have a significant impact on these employees for 6 months or more if contract solicitation is the only option PEBP pursues to retain CTH as part of our network. Alongside the contract solicitation, please make every effort to hold our current insurance provider, United Healthcare, accountable for the timely payment of healthcare providers. Resolving the root cause of the problem may make it possible to restore Carson-Tahoe Health to our network sooner than a new contract can deliver.

Thank you for your diligent consideration of PEBP members' health coverage and care.

On behalf of the University of Nevada, Reno Staff Employees' Council:
Helen Harriff, Chair
Gustavo Gomez, Chair-Elect
Amy Simonds, Treasurer
Blaine Harper, Secretary
Cari Walters, Public Relations Coordinator
Kayla Armbruster, Past Chair

I can’t afford a PPO. I can barely afford the HMO. At least with an HMO, I know my out of pocket cost and copays. I also love my Doctors, and I don’t know if a PPO would have a different network. Please don’t drop the HPN HMO!

To Whom it May Concern:

I am quite happy with the insurance plan that I have with HPN. Although I pay quite a bit on my premiums each paycheck, $261.63, & it has progressively has gone up over the years, the care I receive with my providers is a great value to me & my family. The co-pays for prescriptions are very reasonable as well.

I chose to have this coverage & do hope that it remains the same without individuals making the decision for me for a change. Thank You

January 17, 2025

The HMO is the most affordable option for me and connects me to providers who are caring and essential for helping me manage my health. Unlike some, I am a single income person with no additional support. Besides supporting myself, I have extended family responsibilities that limit my healthcare options to the HMO. I fear that decision makers are not considering the whole person among faculty and only looking at numbers rather than examining pressing needs one has as a patient. It is critical for my health that I remain connected to trusted healthcare sources, the HMO is affordable, and my providers know my case and are trustworthy. Care is about relationships. To sever these relationships goes against sound principles of health care. In order to do my job I need to be healthy, to be healthy, I need providers I trust who are responsive, the HMO provides me with affordable care as a single person. Please allow this option to remain.

Sincerely,

Xan Goodman

_____

1/17/25

Please do not raise our rates.

I am going through a divorce and I am not sure how I am going to pay for my health insurance and everything that goes with it.

Best,

Allison Laney

Dr. Dustin W. Davis
University of Nevada, Las Vegas
4505 S. Maryland Pkwy.
Las Vegas, NV 89154
[redacted]

January 17, 2025

Nevada Public Employees' Benefits Program Board
3427 Goni Road, Suite 109
Carson City, NV 89706

Dear Board Members,

I am writing to express my strong opposition to the proposed elimination of the HMO plan. Having recently completed my doctoral and postdoctoral work at UNLV, I accepted a full-time faculty position in part because of the HMO plan's availability. This plan provides me with comprehensive and affordable access to essential healthcare, ensuring I can maintain my health and well-being. Without the burden of inadequate coverage and high medical expenses, I can fulfill my responsibilities to my family, friends, colleagues, and students.

Looking ahead, my wife and I plan to start a family within the next few years. Cutting the HMO plan would impose unnecessary financial strain, increase stress, and restrict access to high-quality, affordable healthcare for our future children. Retaining this plan is crucial for keeping and supporting hardworking employees who contribute to Nevada's public institutions and the residents throughout our state.

I urge you to reconsider your decision and preserve the HMO plan for employees and their families. Thank you for your time and consideration.

Respectfully,

Dustin W. Davis, PhD

Visiting Assistant Professor
University of Nevada, Las Vegas

To the PEBP Board Members,

As a PEBP member, I ask that you strongly reconsider the proposed change to eliminate the HMO option and converting the Low Deductible PPO to a “standard” PPO plan. Currently, the health insurance environment is a brutal one and the proposed changes would create a rippling effect that would cause increased hardship for everyone.

Families and individuals depend on the HMO and Low Deductible PPO plans to provide necessary coverage for their financial and health needs. With the proposed changes at hand, continuity of care would be disrupted. The patient/provider relationship is an extremely important one that fellow colleagues and their families have taken years to nurture. Colleagues would be forced to reevaluate their provider options and seek out new providers and specialists. It can take months to get an appointment with a new provider or specialist and that timeframe is not feasible for those experiencing health issues. Eliminating the HMO plan may also cause additional strain on communities overall, as an increased number of patients would be seeking care from the same provider pool. In addition, the transparency that comes with the fixed co-payments associated with the HMO plan allows colleagues to adequately address and cover healthcare costs. With the increasing cost of living in Nevada, the HMO provides financial transparency. Continuity of care for families and individuals would be significantly disrupted, with the proposed changes.

On behalf of my fellow colleagues and myself, I ask that you please reassess the current proposals that would eliminate the HMO option and convert the Low Deductible PPO to a “standard” PPO plan. We all know the importance of having health insurance and such a disruption would cause hardship for all our communities.

Thank you,
Ana Lopez
PEBP Member

Dear PEBP Board Members,

I am writing to express my concern regarding the proposed changes to our health insurance plans, particularly the transition from the Low Deductible PPO to a "standard" PPO plan. Additionally, I would like to highlight significant inadequacies in the current coverage, using the limitations of low-deductible dental insurance as an example to illustrate broader issues with our health insurance policies.

The Low Deductible PPO provides essential support for faculty who often face considerable financial constraints and continuous medical needs. Converting it into a "standard" PPO plan raises serious concerns. Faculty rely on comprehensive insurance to manage healthcare expenses without the fear of prohibitive costs, which could discourage timely and necessary care.

From my personal experience, I can attest to the challenges posed by the current insurance coverage:

- **Dental Coverage**: White fillings are categorized as cosmetic and require out-of-pocket payments because most clinics do not offer alternative options. It is increasingly difficult to find clinics providing dark metal fillings, as they are largely unavailable in today's market. Insurance policies should align with the realities of available treatments.
- **Orthodontic Care**: Orthodontic treatments are entirely self-paid, with no policy to assist faculty in managing these significant expenses.
- **Periodontitis Treatment**: Procedures such as laser therapy—which are highly recommended for managing or delaying this condition—are not covered, forcing patients to pay out of pocket. For example, [redacted] a deep cleaning and related care exceeded $500 in out-of-pocket costs. When I shared this with a colleague raising three children, they said they had to decline similar treatment because they could not afford the additional expense. It is troubling to think that faculty, who have dedicated half their lives to academic careers, cannot afford to address essential dental health needs like periodontitis treatment.

These exclusions undermine the fundamental purpose of health insurance: to support health and well-being without imposing financial hardship.

The role of health insurance should be to enable faculty to maintain healthy lives, not to deter them from seeking care due to costs. While I understand the budgetary constraints that preclude NIH-equivalent insurance, I believe it is reasonable to expect a benefits package that supports the well-being of faculty who have devoted their careers to advancing the university's mission. It is disheartening that individuals with the highest degrees and significant workloads must contend with inadequate health benefits. This disparity is concerning and should not be normalized.

I urge the PEBP Board to reconsider these proposed changes and to address the gaps in our current insurance policies. Faculty deserve a benefits package that reflects their commitment, dedication, and contributions to the university and the state.

Thank you for your time and attention.

Ying Guo, PhD (she/her)

Assistant Professor

School of Public Health

UNLV

To Whom It May Concern:

I’m writing to appeal to the PEBP Board to keep our current HMO plan available to employees in Southern Nevada. Switching to a PPO plan would likely increase costs, without delivering enough added value to justify the change. Having a more affordable HMO plan that includes negotiated lower rates with our network of providers has kept my premiums, co-pays, and out-of-pocket expenses manageable. A PPO plan might offer more flexibility in choosing providers and seeing specialists without referrals, but that is not worth the significantly higher premiums, deductibles, and unpredictable out-of-pocket costs it comes with. For many of us, this financial burden could make accessing necessary care more challenging and stressful.

Additionally, I have an established relationship with my current doctors, who are part of the HMO network. Maintaining continuity of care is essential for my health and well-being, and switching to a PPO plan could jeopardize that connection if my doctors aren’t included or if higher costs make continuing care unobtainable. The current HMO plan provides excellent coverage, fosters stability in my healthcare, and protects against unnecessary financial strain. Staying with the HMO ensures we all have access to affordable, dependable healthcare without added stress. Please consider the hardship this change would cause loyal employees, and maintain our HMO option.

Sincerely,

Jeff LaGesse

To Whom It May Concern:

I’m writing to appeal to the PEBP Board to keep our current HMO plan available to employees in Southern Nevada. Switching to a PPO plan would likely increase costs, without delivering enough added value to justify the change. Having a more affordable HMO plan that includes negotiated lower rates with our network of providers has kept my premiums, co-pays, and out-of-pocket expenses manageable. A PPO plan might offer more flexibility in choosing providers and seeing specialists without referrals, but that is not worth the significantly higher premiums, deductibles, and unpredictable out-of-pocket costs it comes with. For many of us, this financial burden could make accessing necessary care more challenging and stressful.

Additionally, I have an established relationship with my current doctors, who are part of the HMO network. Maintaining continuity of care is essential for my health and well-being, and switching to a PPO plan could jeopardize that connection if my doctors aren’t included or if higher costs make continuing care unobtainable. The current HMO plan provides excellent coverage, fosters stability in my healthcare, and protects against unnecessary financial strain. Staying with the HMO ensures we all have access to affordable, dependable healthcare without added stress. Please consider the hardship this change would cause loyal employees, and maintain our HMO option.

Sincerely,

Brandi LaGesse

I would like to express that it is a hardship to change doctors. The providers available in Henderson/Las Vegas are outnumbered to patients. It's already difficult to get care in a reasonable amount of time. Good providers have long wait lists or do not accept new patients. Eliminating the HMO is detrimental to our community who are established with doctors. Anyone with a serious health condition may be left untreated for months in transition. Our community deserves better.

In addition, I stand by the Low Deductible PPO to allow our community and my family members affordable (as possible) healthcare while healthcare itself is already not affordable for most. Again, our hard-working community staff deserve affordable and accessible healthcare without interruption.

Sherri Gorter

[redacted]

[redacted]

[redacted]

Tanja Hayes – public comment PEBP Board Meeting, January 23, 2025

I would like to express my **strong preference for keeping the HMO and EPO options** available. These plans provide essential flexibility and accessibility for many of us who rely on them. If the decision to remove these options is driven by financial concerns, **I urge you not to place the burden on the insured**. **Instead, focus on addressing the profits being made** and find a way to reduce costs without stripping away coverage options that are vital to so many individuals and families. Thank you for considering this perspective.

Tanja Hayes, Economics Faculty, TMCC, Reno

NSHE
Classified Council

January 16, 2025

Comment from the Nevada System of Higher Education Classified Council

Dear board members of the Nevada Public Employees' Benefits Program,

The Nevada System of Higher Education (NSHE) Classified Council, representing the classified staff of the University of Nevada, Las Vegas (UNLV), University of Nevada, Reno (UNR), Nevada State University (NSU), College of Southern Nevada (CSN), Great Basin College (GBC), Truckee Meadows Community College (TMCC), Western Nevada College (WNC), and Desert Research Institute (DRI), has reviewed the proposal to alter the current PPO plan and eliminate the EPO/HMO plans. After extensive consultations with staff members across our institutions, we write to express our profound concern regarding the potential implications of this proposal.

The proposed changes will significantly impact thousands of employees who rely on the EPO and HMO plans, particularly classified staff who earn $50,000 or less annually. Many of these employees have opted for these plans because they provide a predictable cost structure, which is critical for managing healthcare expenses, particularly for those who have chronic health conditions, are pregnant, or require frequent medical care. The EPO and HMO plans offer stability in the face of otherwise unpredictable medical expenses. For many, the ability to predict healthcare costs is vital to avoid financial hardship or even medical bankruptcy.

Currently, the HMO plan has 3,400 members, and the EPO plan has 2,600 members—totaling approximately 6,000 individuals who would be directly affected by the proposed changes. It is also important to emphasize that these changes do not solely affect classified staff; professional staff at all NSHE institutions will be impacted as well. This is a significant portion of the workforce, and their concerns must be taken into account as you consider any major restructuring of the health insurance options for Plan Year 2026. We believe that such a drastic proposal requires more time for careful evaluation and a thorough communication campaign to ensure that all affected employees fully understand the potential changes and their consequences.

In addition to the proposed changes to plan structure, we are concerned about the impending loss of Carson-Tahoe Health (CTH) from the PEBP network on May 30th. Some of the classified staff commute from Carson City or live and work in rural counties of northern Nevada. The loss of CTH from the network will create significant hardship for these employees, potentially leaving them without adequate healthcare access for six months or longer, if the only solution is a new contract solicitation. We strongly urge PEBP to pursue all possible avenues to retain CTH as part of the network, while also holding our current insurance provider, United Healthcare, accountable for the timely payment of healthcare providers. Resolving these payment delays could expedite the process of restoring Carson-Tahoe Health to our network before a new contract can be finalized.

The proposed changes to the EPO/HMO plans would not only affect the 13% of benefits-eligible employees affiliated with northern Nevada NSHE institutions who are enrolled in these plans, but also the 41% of employees from all NSHE institutions who currently opt for the low-deductible PPO plan. These widespread impacts call for greater transparency, clearer

NSHE
Classified Council

communication, and a more careful consideration of the consequences for employees across all affected regions.

As part of our commitment to working together for the betterment of all PEBP members, we recommend that the Board prioritize clearer and more visual comparisons of the proposed plan changes, particularly for families with high healthcare needs. Clear, easily understandable communication is essential to help employees make informed decisions regarding their health coverage and will be a critical component of the Board's efforts to address public concerns.

In conclusion, the NSHE Classified Council urges the Board to reconsider the timing and scope of the proposed changes. A decision of this magnitude deserves a more comprehensive evaluation, extended lead time, and more robust communication with the thousands of employees who will be directly affected. We believe that with further collaboration and careful deliberation, a solution can be found that protects the mental and physical health, wellbeing, and financial stability of all PEBP members.

Thank you for your diligent consideration of these important matters. We look forward to continuing to work together to ensure that PEBP members receive the high-quality health care coverage they deserve.

Regards,
NSHE Classified Council

Helen Harriff, President, UNR
Derita Hopkins, Vice President, CSN
Stacey Fott, Communications Officer, UNLV
Katelynn Gurr, Secretary, GBC
Arkaitz Aldecoaotalora – Munisoguren, Scheduling Officer, TMCC
April Reyes, Executive Member at Large, WNC
Stacy Wallace, Sergeant at Arms, NSU

Courtney Coughenour

I am writing today to urge you to preserve the no/low deductible health plan and not to merge it with the regular PPO plan. Maintaining the no/low deductible option is crucial, especially for families like mine, who would be disproportionately affected by a higher deductible structure.

I want to share a personal experience that highlights the significant financial impact of a high deductible plan. [redacted] I had numerous [redacted] appointments, and by the end of June, I had surpassed my $3,000 deductible. [redacted] in a new plan year, I was immediately required to meet the deductible again [redacted]. Between that and paying 20% of all subsequent medical costs, my out-of-pocket expenses exceeded $6,000 in a single year, not including our monthly premium costs.

Further complicating matters, my husband is employed and cannot be covered under my insurance. His individual deductible is $1,500. This means our young family had to pay $4,500 out-of-pocket before our insurance coverage even began to provide significant relief. This financial strain is excessive and unsustainable for many families.

A few years later, [redacted] while on the no deductible plan. The cost to my family was significantly lower by not having to worry about meeting the deductible more than once [redacted].

The no/low deductible plan provides critical financial protection, especially during life events [redacted], when medical expenses can accumulate rapidly. It allows families to plan for their healthcare costs more predictably and avoid the compounding financial stress that can arise from meeting multiple deductibles within a short period.

I strongly urge the board to maintain the no/low deductible plan as a separate and essential option to support the well-being and financial stability of families. Thank you for considering my testimony and for your commitment to providing fair and accessible healthcare options for all members.

Katherine Burdick

I am writing to you about the potential elimination of the HMO Plan. I would ask that you reconsider and keep the HMO plan as an option for us. I have the HMO plan and keeping this plan would allow me to continue my established and trusted patient-doctor relationship to receive personalized care from a doctor who understands my medical history. Additionally, the HMO plan offers lower out-of-pocket costs, making health care more affordable for me. Please continue to provide the option of choosing a health care plan that works best for us and our families.

SEAN SLATTERY

17 January 2025

Dear Members of the PEPB Board,

I am a public employee with the HMO plan. I have had the PPO plan, and it was more expensive with more headaches. Also, HSAs are arcane financial tools that most employees probably do not use as they were intended, and raising them is not an adequate substitute for eradicating the HMO. Please do not remove our HMO option.

This is a step backwards for attracting talented people to our state.

Sincerely,

Sean Slattery
Associate Professor in Residence, Painting & Design
College of Fine Arts / Art Department
University of Nevada, Las Vegas

UNLV | Department of SOCIOLOGY
University of Nevada, Las Vegas

NAME: Dr. Christie D. Batson

January 18, 2025

To Those Considering Elimination of the HMO,

On a normal day in 2018, I sat with a cup of coffee to complete some grading for my Sociology course [redacted] I experienced an odd pain [redacted] After a few minutes, I realized this was not normal. I was a very healthy 40-year old at the time. After navigating two months [redacted] I was diagnosed [redacted]

"[redacted] Life as I knew it stopped and shifted immediately [redacted] Every day, thoughts of health and life-saving measures filled my mind. [redacted] As a form of therapy and education, I started a Blog that was read by viewers all over the world. The next 12-months of my life was a triage of complex care [redacted] In between visits to these brilliant and kind doctors, I found myself in Urgent Care several times [redacted] Getting through that first year was an exercise in trusting science, trusting my medical team, and trusting my body.

The one thing that I NEVER had to question during that challenging year of my life was my health insurance. Looking back, I was probably naïve to be trusting my insurance. But as a healthy 40-year old, I never needed insurance to work like this. [redacted] I trusted that my HMO plan had me covered. And, the truth is, it did. I will forever be grateful to the Health Plan of Nevada for this.

But, the reality of my care is that the HMO allowed me to receive life-saving care from a team of exceptionally brilliant doctors without breaking me financially. Without incurring medical debt. Without worrying about how to pay for each [redacted] treatment. Without having to choose the quality of my care based on finances. I was an Associate Professor of Sociology at UNLV [redacted] I

Department of Sociology
Box 455033 • 4505 S. Maryland Parkway • Las Vegas, NV 89154-5033 • [redacted]

UNLV | Department of SOCIOLOGY
University of Nevada, Las Vegas

have a Ph.D. from a top university in my field, but did not have two months savings in my bank account. The HMO plan absolutely saved my life – both medically and financially. Every single one of my claims was approved. My copays for every single medical visit and procedure were manageable, [redacted].

I share this with you today because had the HMO not been an option for me, I would have had to make healthcare decisions based on money, and not based on saving my life. Had the HMO not been an option for me, I am certain that my diagnosis would have been delayed. Had the HMO not been an option for me, I would still be paying off large sums of medical debt. Had the HMO not been an option for me, I would not have been able to afford [redacted]. Had the HMO not been an option for me, I would not have chosen [redacted] For a 40-year old woman [redacted] I would have given my left arm for that 5-9% to add 5 more years of life to see my daughter go to prom, win a Nevada High School Volleyball State Championship (which she just did), graduate high school and go off to college.

When I learned that the HMO was being considered for elimination, I was stunned. Absolutely stunned. [redacted] is not magically going away. 1 in 8 women will get a [redacted] diagnosis. That is probably a few women sitting in this very room. Without an HMO, I estimate that a woman would need financial reserves of at least $25,000 to cover the difference between PPO and HMO copays alone. How many women are sitting on $25,000 of Just-In-Case [redacted] funds? Life is incredibly hard. Let's not make it harder for people to save their life in a moment of health crisis. Keep the HMO for women and families like myself. Keep the HMO because it is the right human thing to do.

Sincerely with gratitude to the Health Plan of Nevada and the HMO,

Christie D Batson

Dr. Christie D. Batson
Associate Professor of Sociology
University of Nevada Las Vegas
[redacted]

CINDY STELLA – UNLV ADMIN FACULTY

January 18, 2025

Dear Nevada PEBP Board,

I am writing in regard to the January 23rd meeting agenda item concerning future options for our health insurance plans. In recent years, I did change my coverage to the Low Deductible Plan from the "standard" PPO. I have always had the PPO due to the ability to easily access/choose physicians, but I still found that I was not seeking healthcare due to the percentage I would have to cover.

Since changing to the Low Deductible, I have: retained the access/choice ability I prefer; been encouraged to use in-network providers over out-of-network; and I've also pursued more preventative health care and sought attention earlier for health concerns. I truly feel this is because I found a well-designed option within our benefits, and I also didn't mind taking the "risk" for a contract year knowing that if it didn't work for me, I could change back to the "standard" PPO. With my new found appreciation of the Low Deductible plan, I would now be disappointed to return to the "standard" PPO.

The encouragement for individuals to utilize contracted services in order to avoid larger health events is important, and I fear that the elimination of the Low Deductible Plan (or even the HMO) will facilitate employees avoiding important testing and annual exams due to cost. In the long run, this will result in care occurring at the time of more catastrophic events, which is not only financially taxing to the insurance policy, but also to the employee member and/or their family and their health outcomes.

One of the greatest benefits of working within the Nevada System of Higher Education is the ability to choose a plan that fits best. This multi-option packaging helps attract great faculty, staff and administrators to our organizations and keep them in order to best serve our students, which is what we all strive to achieve.

Thank you for your time and consideration in keeping varied insurance plan options for our large organization and its individuals/families.

Sincerely,
Cindy Stella, MS
Assistant Dean for Admissions, Recruitment, and Student Financial Services
Kirk Kerkorian School of Medicine at UNLV

I was very upset and confused to hear that you are considering discontinuing the option for PEBP employers to enroll in an HMO plan, especially since HMOs (Health Maintenance Organizations) were designed to focus on preventive care and to keep health costs lower for everyone through such a strategy. Therefore, I do not understand how eliminating this option will make health costs lower for everyone in the system.

I am also quite distressed by this news because I could have used my skills and my degree from a prestigious institution to work in the private sector and to make a lot more money, but I intentionally chose to work as a public sector educator for the greater good of society, even if that meant earning less money, but now I question that decision considering your unwillingness to financially help out those of us who do not make six figure base salaries (I guess no good deed goes unpunished these days). It seems these days that everyone wants to financially punish those who work for the greater good of everyone and to protect the most vulnerable in society (teachers, firefighters, daycare workers, eldercare workers, etc.) Instead of offering platitudes about the important work of those in the helping professions while cutting their pay for many years and not restoring that or giving us a raise and then imposing this new policy, please make policy decisions that take into account the heavy financial burden that lower-paid workers are taking on to keep this state and this country going. To do anything else, would be un-American. Thank you.

Erika Marquez

Dear Members of the Public Employees' Benefits Program (PEBP) Board,

I am writing to express my deep concern about the potential elimination of the HMO plan and changes to the Low Deductible PPO. These changes would impose significant financial hardships on my family and many others who rely on these plans for affordable healthcare.

My husband has an [redacted] condition that requires ongoing specialist care, medications, and sometimes frequent hospitalizations. The predictable costs and coverage of the HMO plan are essential for managing his condition without overwhelming financial stress. Transitioning to a higher-deductible or more expensive plan would jeopardize his ability to receive necessary care and strain our family finances.

Additionally, many of my colleagues and their families depend on the Low Deductible PPO. Without clarity on what the proposed "standard" PPO will offer, it is impossible to assess its affordability or adequacy for those who rely on it. However, we fear that these changes could result in increased out-of-pocket expenses that many cannot afford.

I urge the Board to carefully consider the human impact of these decisions and to preserve the HMO and Low Deductible PPO options. Affordable healthcare access is not a luxury but a necessity, especially for families like mine with ongoing medical needs.

Thank you for your time and attention to this critical matter.

Sincerely,
Dr. Erika Marquez

Jan 20, 2025
Letter to PEBP

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 have been taking for 20 years) would cost 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 $10,000-$20,000, plus the deductible) per year, since a PPO plan does not cover the full cost of the medicine that I need to live. This would be catastrophic for my financial situation. In addition, the amount of time needed to switch doctors and set up the new treatment plan could potentially harm my health. If I am not able to afford the medicine that I need, I could die. (This is not an exaggeration).

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 if NSHE cannot support me, I will be forced to take legal action against NSHE/PEBP.

Sincerely,

Timothy Hoft
Professor of Music
UNLV School of Music
[redacted]

Hello,

My name is Danielle Young and I have been an employee of the State of Nevada for over 20 years, residing in Washoe County. [redacted] Having an HMO or EPO health plan is absolutely essential to my health, as well as the health of my family. I urge you, *PLEASE* keep the EPO or HMO option for those of us for whom a health plan with a significant annual deductible is not feasible financially.

Thank you.

NEVADA FACULTY ALLIANCE
840 S. Rancho Dr., Suite 4-571
Las Vegas, Nevada 89106

Date: January 20, 2025
To: PEBP Board Member
From: Kent Ervin, Director of Government Relations, Nevada Faculty Alliance
Subject: HMO/EPO plan options

We have reviewed the Segal presentation on "EPO and HMO Considerations". We appreciate the response to some of the Board's requests for additional information on the EPO and HMO plans and possible modification to the low-deductible PPO plan. Unfortunately, the presentation is extremely one-sided and biased. It argues for a certain outcome, the elimination of the HMO and EPO plan options, rather than providing balanced information for the Board's consideration. Among the issues with the report:

- The decline in EPO enrollment is provided, but the HMO enrollment trend –which is relatively stable—is missing (page 3).
- Projecting high future cost trends for the HMO (much higher than the self-funded plans) without reference to the actual bids from the recent Request for Proposals (page 5).
- Comparing the High-Deductible, Low-Deductible, and EPO plans but not the HMO plan or blended HMO/EPO plan (pages 8-11).
- Comparing plan design with other states but not with other public employers in Nevada, with whom the State competes for employees (pages 13-19).
- For the PPO 1 and PPO 2 options, no estimates of the total rate or employee premiums in comparison with the High-Deductible, current Low-Deductible, HMO, EPO, or blended HMO/EPO plans (pages 21-23). The "cost savings" appear to come mostly from decreased payments on participant claims and the high projected trend for the HMO.
- No estimates of total rates or employee premiums for Plan Year 2026, which should be possible for all options since the recent release of the Executive Budget with PEBP subsidies per employee (pages 24-25). What is the savings in total rate or employee premiums with the addition of a $500/$1000 deductible in PPO option 2 compared with PPO option 1 or the current Low-Deductible PPO?

The best solution is continuing the three current plan options for Plan Year 2026, with further study of plan design after open enrollment and after the legislative session. Alternatively, a decision should be deferred to the March rate-setting meeting with presentation of full rates and premiums for all options for the Board's consideration.

My comments submitted on January 7, before the canceled board meeting on January 16 and release of the Segal report, are still valid and are repeated here:

As you consider plan design changes this month, the Nevada Faculty Alliance would like to emphasize the importance of the HMO/EPO plan option to many of our participants.

- The HMO/EPO plan provides certainty in out-of-pocket costs, which some participants are willing to pay for through higher monthly premiums.
- The southern HMO especially includes network providers who are essential to the health and well-being of their patients, including mental and behavioral health, and the productivity of employees. Disruptions to provider access must be avoided. Are providers within the various networks actually accepting new patients?
- Because the employer contributions (state subsidies) are identical for all three plan options, PEBP has no extra costs to provide the HMO/EPO option other than administrative oversight.
- Because the high-deductible plan, the low- (or zero-) deductible plan, and the EPO option are underwritten as a single risk pool, migration between the self-funded options should not affect overall costs or the viability of individual options.
- We are not privy to the HMO Request For Proposals results, but actual competitive bids are more reliable than consultant projections. Ideally, a cost-effective statewide HMO with a broad network would be chosen.
- Major plan design changes should be deferred to Plan Year 2027, after the legislative session and to see how enrollment trends stabilize several years after the introduction of the low-deductible middle plan option.

We surveyed all rank-and-file faculty at the seven NSHE colleges and universities in November, with a stellar 40% response rate (survey results on benefits questions). Our faculty rate lower out-of-pocket costs for health care as slightly more important than lower monthly premiums. While access to the low-deductible plan option is most popular (88% rate it as somewhat or very important), 65% of respondents say the availability of HMO/EPO is somewhat or very important.

Retain the HMO/EPO option. Thank you for your consideration.

Contact information:

Dr. Kent M. Ervin
Director of Government Relations and Past President
Nevada Faculty Alliance
[redacted]

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The Nevada Faculty Alliance is the independent statewide association of professional employees of the colleges and universities of the Nevada System of Higher Education. The NFA is affiliated with the American Association of University Professors, which advocates for academic freedom, shared governance, and faculty rights, and the American Federation of Teachers/AFL-CIO, representing over 300,000 higher education professionals nationwide. The NFA works to empower our members to be wholly engaged in our mission to help students succeed.

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

[redacted]

PEBP BOARD MEETING – 1-23-2025 -- PUBLIC COMMENT

Doug Unger, Acting President, UNLV Chapter, Nevada Faculty Alliance; Chair, Government Affairs Committee, NFA; and member, UNLV Employee Benefits Advisory Committee. Thank you Chair Grimmer and the PEBP Board for your service and consideration.

Faculty and staff at UNLV strongly oppose elimination of the HMO plan in the South still under consideration. Furthermore, we find the Segal document "HMO-EPO Viability" to be flawed in its representations when it obviously blends both HMO and EPO costs vs. benefits into unified numbers when the actual costs of the plans are so different. Dare we state this feels wrong to do, perhaps even unethical to do, when so much is at stake for the future of a third choice for state employee healthcare? The EPO in the North has a troubled cost vs. benefit history; indeed, it has always functioned as a plan closer in spirit to a PPO than a true HMO. This is not the case with the HMO in the South, demonstrated by its stable enrollment numbers compared to the Northern Nevada EPO, which indicates some degree of member satisfaction. This brings up an oft-debated question: why must PEBP offer similar health plan choices in the North and the South when the costs and provider networks are so different? Other states separate out state employee healthcare plans geographically—look at Oregon as a comparable example (like Nevada, administered by a state PEBP Board). Oregon offers differing menus of healthcare plans regionally, reflecting its service area and provider network differences. Why can't Nevada do the same and keep the HMO plan in the South? Furthermore, not enough feedback has been gathered by PEBP fully to comprehend real life patient impacts. We recommend PEBP keep both the HMO and EPO plans at least through this next enrollment year while actively soliciting employee feedback by detailed surveys and hosting town halls. At least PEBP members would be more prepared and might better understand such a drastic change in health plan choices. In conclusion, based on the Segal document, it appears that PEBP is considering changes to the LDPPO by either a "PPO 1" option or a "PPO 2" option. We judge the "PPO 1" option provides slightly improved benefits vs. costs than the PPO 2 option, and it does not levy burdensome deductibles. If changes in the PPO plan must made for next year's enrollment, we strongly request that the slightly better "PPO 1" plan be offered as an optimal choice to show that Nevada cares for and values its employees. Thank you.

Respectfully, the undersigned (in alphabetical order by last name):

Dr. Joseph Alexander, DO, PGY-4
Dr. Joshua Eredics, DO, PGY-1
Dr. Samuel Grover, DO, PGY-3
Dr. Sherine Khanbijian, MD, PGY-1
Dr. Crystal Oden, MD, PGY-2
Dr. Sarin Pakhdikian, DO, PGY-3
Dr. Arianna Palermini, DO, PGY-3
Dr. Michael Patros, MD, PGY-1
Dr. Faun Powers, MD, PGY-4
Dr. Kyle Ramsay, DO, PGY-3
Dr. Manpreet Romana, DO, MPH, PGY-3
Dr. Nezia Rahman, DO, PGY-3
Dr. Nicolas Vaughn, MD, PGY-2

To the Public Employees Benefits Program (PEBP) Board:

As current resident physicians/employees of the University of Nevada Las Vegas (UNLV), we wanted to share our thoughts regarding the recently proposed changes to our health insurance plan options, particularly that of eliminating the HMO (health maintenance organization) option. The HMO plan is one that can provide significant financial relief and value to employees, especially those who may not need extensive healthcare services or who are simply looking to minimize upfront costs. While PPO offers greater flexibility, the HMO is structured in a way that can provide financial stability, cost predictability, and coordinated care for individuals who may not need the added flexibility of a PPO. We kindly ask that UNLV continue to offer both the HMO and PPO plan options to its employees.

HMO plans offer the following key benefits, which will be further discussed in the paragraphs that follow:

1. Lower Premiums (Affordability)

2. Lower Out-of-Pocket Costs

3. Comprehensive Care with Coordinated Access

4. Preventative Care Focus

5. Fixed Costs & Predictability

6. Protection for Those with Chronic Conditions

7. Cost-Efficiency for Employers

HMO offers lowers premiums, which makes the HMO plan far more affordable than PPO in terms of monthly costs. This is especially important for employees who may be struggling to make ends meet (especially with rising inflation) or those who don't anticipate needing significant medical care. The HMO providers a lower-cost option; while it does have network restrictions and requires referrals for specialists, it is a vital choice for people who can't afford the higher premiums of a PPO plan. For many employees, reducing premium costs is a top priority, and the HMO plan provides this while still offering access to essential healthcare.

The HMO plan also can sometimes offer lower deductibles and out-of-pocket expenses compared to PPO options. While the PPO gives more flexibility with provider choice, it also tends to come with higher deductibles, co-pays, and coinsurance. For employees who can't afford large deductibles and out-of-pocket costs, the HMO plan offers a more predictable, manageable cost structure. The lower deductible means that employees don't have to pay as much before insurance starts covering the costs, which is a crucial feature for families or individuals on a budget.

HMOs are designed to provide more coordinated care by requiring a primary care physician (PCP) who will manage referrals to specialists and direct the course of treatment. The HMO plan's focus on coordinated care can actually be an advantage for those who may not be familiar with navigating the healthcare system. For employees who are new to managing healthcare needs, the PCP referral system provides structure and ensures they get the care they need without the burden of figuring out which specialists are covered or how to access them. It's also a form of oversight that can help people avoid unnecessary or duplicate treatments, potentially saving costs in the long run.

HMOs often emphasize preventative care and wellness programs, which can help employees maintain good health and avoid costly medical issues in the future. An HMO plan encourages preventative care by covering annual checkups, screenings, and other wellness services at little to no cost. This can help employees detect health issues early, before they become more expensive to treat, ultimately saving them money on future healthcare costs. For employees who can't afford the high costs of specialty care or emergency services, preventative care is a critical investment in their long-term health.

HMOs typically have fixed co-pays for most services, which helps employees know exactly what they will be paying for each visit or treatment. The HMO plan's fixed co-pays provide greater predictability for employees when it comes to budgeting for healthcare. There are fewer surprises with cost sharing, unlike the PPO, where out-of-pocket expenses like co-insurance can vary significantly depending on the provider and the type of care received. For employees on a strict budget, the certainty of knowing exactly how much they will pay for a doctor's visit or specialist is a huge advantage.

While PPOs offer more flexibility in choosing doctors and specialists, HMOs offer a more structured approach that could be beneficial for people with chronic conditions who need consistent, managed care. For employees with ongoing health issues, the HMO model provides a more structured way to manage care. The Primary Care Physician (PCP) coordinates all aspects of care, including referrals to specialists and follow-up visits. For those with chronic conditions who require regular monitoring, this can be a more affordable and more comprehensive solution. The PPO option may give more flexibility, but it also opens the door for higher, unexpected costs due to the lack of coordination."

Keeping the HMO plan may also be financially beneficial to the employer, since offering more affordable options can help reduce overall employee stress and turnover. Maintaining the HMO option also benefits the company by helping employees manage their healthcare costs more effectively. When employees are able to choose a lower-cost plan, they are less likely to experience financial hardship, which can reduce absenteeism, stress, and potentially even turnover. Providing affordable options shows that the company values the well-being of its employees.

Closing Statement

In a diverse workforce, one size doesn't fit all. While the PPO plan offers more flexibility, the HMO plan is essential for those employees who need an affordable and predictable option to manage their healthcare. For many employees, particularly those with limited resources, the HMO is not just a low-cost option—it's the only affordable option that ensures access to care without breaking the bank. Eliminating the HMO would disproportionately affect these employees and could force them to go without coverage, seek emergency care, or make other financially harmful decisions. Maintaining the HMO plan ensures that all employees have access to quality care, regardless of their financial situation.

Respectfully, the undersigned (in alphabetical order by last name):

Dr. Joseph Alexander, DO, PGY-4
Dr. Joshua Eredics, DO, PGY-1
Dr. Samuel Grover, DO, PGY-3
Dr. Sherine Khanbijian, MD, PGY-1
Dr. Crystal Oden, MD, PGY-2
Dr. Sarin Pakhdikian, DO, PGY-3
Dr. Arianna Palermini, DO, PGY-3
Dr. Michael Patros, MD, PGY-1
Dr. Faun Powers, MD, PGY-4
Dr. Kyle Ramsay, DO, PGY-3
Dr. Manpreet Romana, DO, MPH, PGY-3
Dr. Nezia Rahman, DO, PGY-3

Dr. Nicolas Vaughn, MD, PGY-2

Michelle Badorine

The quality and cost of my health insurance has always been a top priority [redacted]. Additionally, I recently added my husband and newborn to my insurance. It is for these reasons that PEBP's possible elimination of HMO and especially the EPO Plan – which we are on – would be financially devastating. The EPO Plan offers great coverage and predictable costs. Without the EPO Plan, my recent [redacted] would have caused my medical expenses to go through the roof. State employees need a max coverage/predictable cost option. In conclusion, I urge PEBP to continue offering these very important plans. Eliminating them would put a great burden on state employees that currently rely on them for good coverage and financial stability through predictable costs.

From: Samantha B. Feeley
To: Nevada Public Employee's Benefits Board Members (PEBP)
January 21, 2025

To Whom It May Concern,

I am writing to object to the proposal to eliminate HMO and EPO plans. My main concern is that this proposal will eliminate choices for me and my family. Our family is ever-changing, and we usually pick the health plan that best fits our needs. But we don't know what the future holds. And having the ability to choose the best fitting plan is one of the important benefits that employees receive when they work for the State. This is even more true with the rising costs of everything.

Additionally, there are State of Nevada employees that have chosen their HMO and EPO plans based on their needs. Taking away that choice/option would be such a financial burden that we may lose employees to employers that pay more to help defray healthcare costs or who offer better health benefits.

Finally, I am concerned about the impact that having only one choice in health plans has on the competitiveness of rates for Nevada. Competition in the marketplace is what keeps prices/rates low.

Thank you.

[redacted] [redacted]
Subject: For saving HMO/HPN
Date: Tuesday, January 21, 2025 2:54:26 PM

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

For the Board
Certainly, I was the very first Math faculty member to join HMO in the 1980s when it was introduced by a local physician's company. I liked it then for no-paperwork, and one portal of a primary physician.
There was a disconnect with HPN for a few years, whn this company became public and was shortof specialists that my wife needed. However, I am in reasonably good health at 85.
I would urge the Board not to dismantle a health insurance option that serves thousands of employees.Thanks

Satish C. Bhatnagar, **PhD**
Professor, Department of Mathematical Sciences (1974)
University of Nevada, Las Vegas, NV 89154-4020
[redacted]
Adjunct Professor, Central University of Punjab, Bathinda (2019 -)
UNLV Faculty Senate: 2018 - 2021; 2023 - 2026
[redacted]

PEBP Board Members,

My name is Dr. Jinger Doe and I am a Biology Professor and the Faculty Senate Chair at Truckee Meadows Community College (TMCC). I am writing in regard to proposed changes to our health care plans. The specific changes I am referencing are the proposed change of our current low-deductible PPO to a “traditional low-deductible PPO” as well as elimination of the HMO in Southern Nevada. There has been no information provided with what the changes to the low-deductible PPO would look like. Many of my TMCC colleagues have reached out to me with concerns about this change, which we can only assume would lead to an increase in costs with a possible reduction of benefits. I have also been in close communication with colleagues in Southern Nevada about how devastating the loss of their HMO option would be particularly considering that 5,000 employees are currently covered by the HMO. Many of those colleagues have expressed fear that they would even be able to find a new covered provider. Both of these proposed changes would be devastating to all employees and would disproportionately affect those with chronic conditions and pre-existing conditions. I strongly ask that you reconsider large scale restructuring of our current health plans.

Thank you for your time and consideration.

Jinger Doe DVM, PhD
Biology Professor
Faculty Senate Chair

I am reaching out about our benefits, please stop cutting services. Monthly fees shouldn’t continually increase on a yearly basis or have less coverage. We need complete coverage and complete includes coverage for medical, vision, and dental. With the proposed vague changes and less coverage how is this serving the NSHE employees? More work needs to be done in finding complete coverage for all NSHE employees.