

# Nevada System of Higher Education

**System Administration**  
4300 South Maryland Parkway  
Las Vegas, NV 89119-7530  
Phone: 702-889-8426  
Fax: 702-889-8492



**System Administration**  
2601 Enterprise Road  
Reno, NV 89512-1666  
Phone: 775-784-4901  
Fax: 775-784-1127

January 22, 2025

TO: PEBP Board Members and Executive Officer Glover

From: Amy Carvalho, Chair, NSHE Board of Regents  
Patricia Charlton, Chancellor, NSHE

CC: Jeffrey Downs, Vice Chair, NSHE Board of Regents  
Chris Viton, Vice Chancellor Budget & Finance/CFO, NSHE  
Michelle Kelly, Director Retirement Plan Administration, NSHE  
Kelly Scherado, Chief Human Resources Officer, NSHE

***SUBJECT: Concerns with FY 2026 Proposed Plan Changes***

Dear PEBP Board Members & Executive Officer Glover,

The Nevada System of Higher Education (NSHE) stands in support of our employees who have expressed significant concerns about the proposed changes to the PPO, HMO, and EPO plans PEBP announced in late 2024. As one of Nevada's largest employers, we believe it is our duty to advocate for the well-being of our employees and their families. The changes under consideration will directly affect over 6,000 NSHE employees and, by extension, thousands of their family members.

As of December 2024, NSHE has over 600 employees enrolled in the EPO plan, approximately 4200 employees enrolled in the low deductible PPO plan, and around 1,000 employees in the HMO plan. The proposed changes will disrupt coverage for these individuals, leaving many with uncertainty about the costs and accessibility of their medical care. While we understand that PEBP's goal is to reduce costs in administering these programs, the lack of clarity and preparation for these changes has raised significant concerns among our employees.

At the PEBP Board Meeting on November 21, 2024, 20 NSHE employees called in and another 50 submitted written comments in opposition to the recommended changes. During this time and since then, we've received communications from countless employees voicing their distress if these recommendations are approved.

The concerns NSHE has heard from employees across our 8 institutions can be summarized in three key themes: Continuity of Care, Financial Impact, and Overall Plan Clarity.

## **Continuity of Care**

NSHE employees have shared their concerns about the disruption to their ongoing medical care, including:

- Having to change providers, resulting in delays in treatment or the need to re-establish relationships with new providers.
- Scheduling delays due to waiting for new insurance cards or adjustments to coverage.
- Disruptions to ongoing treatment for serious medical issues, causing potential setbacks to health outcomes.

## Financial Impact

Employees currently enrolled in the HMO plan rely on its predictability. They know how much they will pay for their doctor visits and treatment, allowing them to budget accordingly.

The proposed elimination of the HMO plan raises the following concerns:

- Increased out-of-pocket costs for employees, potentially leading to delayed or avoided care due to financial uncertainty.
- A loss of the co-pay structure, which many employees prefer over plans requiring deductibles that can result in unexpected medical expenses.

## Overall Plan Clarity

In addition to employee concerns surrounding the elimination of healthcare plans, we've also received recurring feedback surrounding what many say is a lack of detailed information regarding the proposed changes. Specifically:

- Employees expressed frustration with the lack of comparisons between existing plans and the proposed alternatives and a desire for clear explanations of how coverage, costs, and provider networks could change.
- There is insufficient information about the projected costs of retaining current plans versus transitioning to new plans.
- Employees are requesting additional education and training sessions from PEBP to help them navigate changes and make informed decisions.

In conclusion, NSHE opposes the proposed changes to the PPO, HMO, and EPO plans because of the significant concerns raised by our employees. These changes, as outlined, would cause disruptions to healthcare access, create financial uncertainty, and potentially erode the trust employees place in their benefits. We urge PEBP to reconsider these changes and to prioritize the needs of employees and their families by maintaining the current plans.

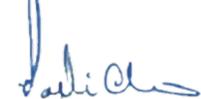
However, if PEBP determines that some changes must proceed, we encourage a thoughtful approach to minimize disruptions. This could include providing detailed comparisons of the current and proposed plans, offering comprehensive education and outreach to help employees understand their options, and adopting a phased implementation timeline to allow employees adequate time to prepare for and adjust to the changes.

NSHE remains committed to advocating for the health and well-being of our employees and their families. We appreciate PEBP's efforts to balance program costs with quality benefits but don't feel the proposed changes are the right course of action at this time.

Sincerely,



Amy Carvalho  
Chair, NSHE Board of Regents



Patty Charlton  
Chancellor, NSHE

January 23, 2025

**Comment to PEBP Board**

I very much want to keep my HPN HMO option.

Do not take this option away from us.

Thank you,

Michele Caro

I am writing this public comment today to complain about the Express Scripts benefit. I wish we did not have this benefit at all.

Not only are they awful at communicating problems, which has resulted in prescriptions being unavailable to our astonishment, but worse they constantly violate privacy laws. My wife does not grant me access to her prescription information and I do not want her to know mine. Our medical records are our own. This is a choice we made. Express Scripts constantly calls or emails me about my wife's prescriptions, even sending me bills for the items she has prescribed.

This may seem like a small thing, but consider a household that may have an abusive partner. Revealing medical information to a partner may put someone in a precarious situation. I do not know if there is a remedy for this because we've complained to Express Scripts more than once about it. If I had more documentation I'd be getting a lawyer right now. Instead I'm coming to you to let you know this has been persisting a long time.

Stacy McCool

I am sick and tired of Express Scripts, can we not find someone better?

I go to a pain management clinic and my prescriptions are always being denied for one reason or another. Its not good enough that a doctor that specializes in pain call in my medication. Now I have to fight for it.

The latest denial is because the doctor called in a capsule instead of a tablet. This is for a procedure that I am having done and the capsule works faster. But no, I can't have a capsule I have to have the doctor call it in as a tablet which takes longer to work. I pay for this service in money and tears. I want better!

3/6/2025

I have United Healthcare, Health Plan of Nevada Insurance. I pay a deductible plus any fees charged that are not covered by insurance for doctors' appointments, blood tests, and x-rays that are not covered by my health insurance coverage. I have seven underlying health conditions. I see my doctor and psychiatrist and therapist every month because of my health, and I need health insurance to help with the cost of going and staying healthy. I have [REDACTED]. My health insurance does not cover [REDACTED] or [REDACTED] to treat [REDACTED] or [REDACTED]. I pay for health coverage monthly with the cost with my employer. The high cost of healthcare is no longer affordable, while before most charges were paid by the HSA or deductible of \$5,000, I gave the insurance every year when I signed up for coverage. When the bills come in, the costs for doctor's visits, blood tests, and x-rays, seem overwhelming.

**Angela Brown**