

EDWIN FORGES

PEBP Board,

I am hoping that you do not raise our Health Insurance Premium for the next open enrollment for 7/1/2026-6/30/2027.

Thank you,

Edwin Forges,

NV State Employee

9:34



My name is Ana Barbara Barrios I worked for the Athletic Commission for 29 years then I retired on October 2, 2024 because of family hardship we were always short staffed and didn't have time to attend any webinars for pre retirement.

I have tried to do everything right but it's not working.

I am demanding for my Basic Life Insurance of \$12 500 to be reinstated



9:34



\$12,500 to be reinstated just because I was not notified that my benefits were terminated on January 31, 2025 until April 15, 2025 by a telephone call from Jazmine and because you have two employees with the same name I didn't get her last name because I was in school and couldn't believe what I was hearing, nothing in writing no notice on February 1, no phone calls,



9:34



no emails, nothing until it was too late for me to act on the matter.

(See attached list with bullet points of how all went down the crack)

I also lost my voluntary life insurance with Standard because of this issue that I was paying since 2001 total of \$46,000. And with all these being said I am requesting my basic life insurance to be an exception to this rule, I know we all follow rules



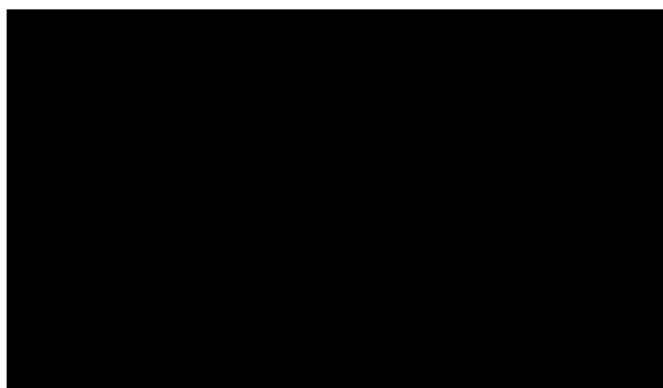
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but I also know sometimes
the rules have loop holes
and they can be broken.

Thank you for your
attention to this matter.

Barbara



Dear PEBP

I am writing to request that you give us other healthcare options with the next open enrollment. We all know how corrupt United is; it has been well publicized since the death of their CEO. I do not understand why the state of Nevada would choose a for-profit company knowing that what they charge us goes to their pockets not our health. And I do not see how a for-profit company could possibly be cheaper than a nonprofit. Yet you give us no options. Who made this decision? Please fire them. I am either going to end up dead or bankrupt. I seriously can't do this anymore. Hometown Health was so much better. I read they have merged with Kaiser Permanente. Please give us back that option.

Thank you,

A state worker being killed by the healthcare you provide

RCVD NOV 26 '25

I would like to make a public comment regarding the options available for Medicare insurance during this open enrollment period ending December 7, 2025. With Aetna, we were provided 7-8 options for different plans with HMO, PPO etc options. This year, Aetna is gone and we were offered 2 options with Humana. On Humana's website, there are 8 different plans available in our area, including some good sounding PPO's with prescription coverage. The 2 we are offered are their Gold HMO plan and a Give back PPO plan primarily designed for Veterans with no prescription coverage. Because that plan is an advantage plan, you cannot sign up for a separate RX plan. Those are only available with the Medigap plan. So for the advantage plan, you have an HMO plan with RX or an PPO plan with no RX coverage. Why were we not offered any of the better PPO plans that also had RX coverage. Most people on Medicare do have RX needs. I can see with a plan designed for veterans, they can get their RX through the VA most of the time. This is the worst offerings I have seen through Via Benefits since I became Medicare eligible. What ever I sign up for, I am stuck with it for 1 year. I would have taken the PPO plan if it had included RX. We are stuck signing up with Via Benefits unless we want to give up over \$400.00 per month for the rest of our lives for our HRA reimbursements.

December 3, 2025

PEBP Board

I am very frustrated and dissatisfied with VIA Benefits. My Aetna Medicare Signature PPO is cancelled Jan 1. I did not want to rectify this through the Web portal, but through a person. I set up an appointment for November 5th. Had a good and informative call with Mellisa Gati. We came up with a plan, but couldn't enroll until December. Mellisa said she would call me back on the morning of December 1st. She didn't but called back the next day. She was confused with some of the documentation from Aetna and didn't complete the enrollment. (she was looking at last year's documents)

Here are the reasons for this complaint:

1. Wait times on the phone are ridiculous. I have probably spent over 20 hours on the phone.
2. There is no way to contact the agent (Mellisa) direct through phone or email.
3. She told me to contact her through the main line, tried this morning, 240 minute wait time. So I asked for a call back.
4. Got the call back and the representative said they no longer notify the agent that a member called.

This is very poor. Note: Mellisa has been great, it just sounds like she is way overworked.

Thanks, Brent Harper

My name is Christopher Leinan, and I am a second-generation state employee. I have been employed by the State since 2011.

There are two things I wish to bring to the board's attention before the December meeting. First, I know you are looking at a possible extension of Express Scripts' contract, which I wish you to reconsider. You still have not added Kroger pharmacies back to the network even though they are available, and the incessant pestering of Express Scripts to switch to mail order is even worse.

Second, with the merger of Hometown Health with Kaiser, is there a possibility we can get a Kaiser plan in Northern Nevada? It would be better than what we have now.

Date: December 10, 2025
To: PEBP Board
From: Kent Ervin
Subject: Public Comment for 12/12/2025

PEBP Mandatory Reserves in Deficit

We now have the final budget as of the close of FY2025 and actuarial reserve requirements for FY2026. These are listed in tables on page 2 with cited sources, with longer-term trends in the chart on page 3.

FY2025 ended with a cash balance of \$67 million, compared with actuarial mandatory reserves of \$123 million—indicating the reserves were in deficit by \$56 million.

For FY2026, the mandatory actuarial reserves are \$119 million, and the most recent quarter ended with a cash balance of \$61 million—the deficient reserves increased to \$57 million. Although the FY2026 budget work program aims to reduce the deficit to zero by the end of the fiscal year, a plan to do so has not been explained. This situation calls for the close attention of the PEBP Board, as plan design decisions for FY2027 depend on the fiscal status of the program.

I note with concern that the reserve levels included in the 9/30/2025 Q1 budget report (agenda item 12) do not match the reported actuarial amounts (see third table on page 2). The budget reports provided to the board should accurately reflect the financial status of the program. At best, the discrepancies are confusing.

FY2027 Self-Funded Plan Design

The highest priority for the PEBP plan design for FY2027 (agenda item 13) is to at least maintain the current level of benefits for members. Items 13.1 through 13.5 maintain benefit are provide modest enhancements and should be approved. Item 13.6.1 will hurt members with high-cost pharmacy needs—at most the lowest-impact option 1 should be chosen. To make the three plan options more comparable, the CDHP should be aligned with the LDPPO and EPO rather than eliminating the benefit for the latter plans. Item 13.6.2, biosimilar and specialty copays, make sense for consistency.

The proposed adjustments of plan provisions and actuarial values on pages 20 to 22 of the Segal presentation do not appear to be agendized for action (the agenda item 13.7 instead calls for a comparison of the LDPPO plan with Mountain West states, which is not found in the packet). Segal goes far beyond minor tweaks to better differentiate the three plan options. Instead, the proposal reduces benefits significantly for the CDHP by sharply raising out-of-pocket maximums. That hurts most our employees with significant health care needs. These changes should go back to the drawing board.

Thank you.

FY2025 PEBP Reserves (Close of Fiscal Year)

Quantity	Amount	Source
6/30/2024 Actuarial IBNR Reserve	(\$ 55,437,000)	Segal 8/14/2024 letter (p. 219 of 459), 95% confidence
6/30/2024 Actuarial Catastrophic Reserve	(\$ 46,974,000)	Segal 8/14/2024 letter (p. 221 of 459, 50 days)
6/30/2024 HRA Reserve	(\$ 20,600,889)	9/30/2024 budget report , 80% of HRA account balances
Subtotal mandatory reserves	(\$123,011,889)	
End of FY2025 Cash Balance	\$ 66,888,128	9/30/2025 budget report
End of FY2025 excess (deficient) reserves	(\$ 56,123,761)	Ending cash balance minus actuarial reserves and HRA reserve

FY2026 PEBP Reserves (YTD 9/30/2025)

Quantity	Amount	Source
6/30/2025 Actuarial IBNR Reserve	(\$ 54,601,000)	Segal 8/6/2025 letter , 95% confidence
6/30/2025 Actuarial Catastrophic Reserve	(\$ 46,525,000)	Segal 8/6/2024 letter , 45 days
6/30/2025 HRA Reserve	(\$ 17,541,553)	10/24/2025 Executive Officer report , 80% of HRA account balances
Subtotal mandatory reserves	(\$118,667,553)	
9/30/2025 Cash Balance	\$ 61,461,129	9/30/2025 Q1 PEBP budget report
9/30/2025 excess (deficient) reserves	(\$ 57,206,424)	Ending cash balance minus actuarial reserves and HRA reserve

[9/30/2025 Q1 PEBP Budget Report](#)

Quantity	Amount	Note
IBNR Liability	(\$ 25,096,147)	Understated by \$31.5 million
Catastrophic Reserve	(\$ 53,670,132)	Overstated by \$7.1 million
HRA Reserve	(\$ 42,536,700)	Overstated by \$25.0 million
Subtotal mandatory reserves	(\$121,302,979)	Overstated by \$2.6 million

