Good afternoon,

I would like to share my feedback and experience with UMR and our dental provider DDO, and to make the board aware of issues I have experienced with our current health care provider.

When we changed insurance providers two and a half years ago, I could no longer see my preferred dentist because they were no longer in network. It was difficult to find another one who was in network that I wanted to see because the options were limited.

In August 2024, I was unable to use the DMD/MD/DDS provider that we were referred to for my child because they were not in network. The provider's office shared that they knew many people were having issues with DDO and many providers they knew were leaving the network. I asked our pediatric dentist for additional referrals. None of the three other referrals were in network. It took a lot of time and effort to try to find the care that my child needed.

On Aug. 21, 2024, my children's dentist, who we have been seeing for 6.5 years informed my family that they will no longer be accepting our insurance. When I asked why, they said that the insurance company has become too difficult to work with and is not willing to negotiate the fee schedule. This is a difficult change for my kids… as a result of our insurance, they are having to leave a dentist and a staff they know and are comfortable – that's a big deal for kids and parents.

On Aug. 27, I received a call from one of my doctors who said they are suspending service to all their patients who are on UMR for breach of contract. Therefore, my appointment, which was supposed to be a follow-up to an approved procedure to make sure there were no complications, was cancelled. Since then, I have tried to reschedule the appointment. As of the beginning of January 2025, while they are still accepting UMR, they are asking all UMR patients to pay the full allowable amount and they will refund the patient IF UMR pays the bill. This means that I would be paying near $400 out of pocket and just have to hope that I get refunded. To be clear, this doctor is in network, but UMR is not paying them consistently or in a timely manner. However, UMR is still receiving our premiums. This puts me and other patients in a difficult position to potentially postpone necessary care or to be out of pocket on costs that should be covered by our insurance company.

As these instances piled up, I was extremely frustrated and reached out to PEBP board member Dr. Jennifer McClendon, at the end of August/beginning of September. She expressed her concern and as a result, I was connected with PEBP quality assurance. I received a form letter that I felt minimized and disregarded my concerns. It simply stated that healthcare is complex and explained a process (of which I think we are all familiar with) of how claims are processed. Additionally, the letter said "Providers may come and go from the provider network as they choose, which is common for providers. This is not a PEBP specific issue; it is an issue with all insurance carriers nationwide."

I take issue with the above statement as it:

- disregards the role that UMR/DDO has in providers leaving (for example, not paying providers in a timely manner or adjusting the pay schedules)
- minimizes the role that PEBP and its members can have in holding our insurance provider accountable

- puts members at risk of not having access to quality health care. We already experience a shortage of providers in our state, this exacerbates that issue.

In my correspondence with the PEBP quality control office, I was told that "When UMR became PEBPs vendor on July 1, 2022, there were many complaints about late claims reimbursements. This also showed up in audit findings. The board was made aware at that time. Based on what you are saying, this problem is back starting July 1, 2024."

If this is a known issue, I have to ask the board why we are continuing to use a company that is not upholding its obligations to its members.

And while I can only give specifics as it pertains to my personal experience, I can share anecdotally that my colleagues have experienced similar situations where they have had to find out-of-network providers, or they were surprised with a bill after seeing their long-time doctor only to discover they had left the network.

As I believe this is an important issue that impacts the health and well-being of all the members of PEBP, I would like to ask the board to take the following actions:

- Conduct a study/audit that:
    - Identifies the attrition rate of providers each year
    - Provides discovery as to why the provider has left
    - Asks why providers are choosing not to be part of the network
    - Evaluates whether this is still the right provider for PEBP members

Further, I would like UMR to be held accountable for breach of contract issues such as nonpayment or late payments and have those taken care of immediately.

I thank the board for its time and hope they take action to ensure that all PEBP members have access to and are receiving the quality of care that we are paying for.

Sincerely,

Molly Malloy

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

Date: November 20, 2024

To: PEBP Board Members and Executive Officer Glover

From: Kent Ervin, Director of Government Relations, Nevada Faculty Alliance

Subject: Do not eliminate the HMO/EPO plan option

The Nevada Faculty Alliance is the statewide association of professional employees at NSHE colleges and universities. We have heard from many of our constituents about the possible elimination of the HMO/EPO plan option. Participants are legitimately frightened that a plan option they depend on for control of unexpected costs and for essential in-network providers will be taken away.

We appreciate the hard work of PEBP staff and board members on behalf of participants, and that decisions can be difficult. Please trust our members to know their needs. They may be uncertain about some plan option details, but they know what they're paying, how they're being billed, and what their risk tolerance is. Please listen.

We are open to a discussion about how the low-deductible plan can be structured to be a true middle plan with modest deductibles, copays, and coinsurance. But trying to turn it into a pseudo-HMO as far as payment structure is not a good solution. The HMO/EPO should be the zero-deductible plan with copays and no coinsurance. HMO participants are willing to pay higher monthly premiums in exchange for certainty in out-of-pocket costs, as well as access to their current providers.

The strategic planning session recommended delaying plan design changes until the FY2027 plan year. That make sense, and it applies especially to a major restructuring such as elimination of the HMO/EPO.

I would like to address other reasons it does not make sense to eliminate the HMO/EPO:

1) NFA has sent a survey to all academic and administrative faculty at NSHE. From preliminary results, 59% of respondents say that lower out-of-pocket healthcare costs are very important. Lower monthly premiums rate lower at just 49% saying it is very important.
2) In the survey, 29% say retaining the HMO/EPO plan is very important (36% in Southern Nevada and 23% in the north). That is roughly consistent with actual enrollment and shows there is substantial demand.
3) Access to providers is essential and is a critical challenge for PEBP to fix. The plans must preserve access to providers and expand in-network access. That includes the HMO

network providers in the south and also Carson-Tahoe Hospital and Reno/Sparks ambulance service.

4) Because of the Board policy of equal state contributions (subsidies) by tier regardless of the choice among the three plans, arguments about higher cost to PEBP for the HMO/EPO or for having three plans versus two plans do not make sense. Employees, not the state, are paying the differential costs.
5) The geographic variation in claims costs is evident in the HMO/EPO because of the two different plans, but it certainly exists for the HDHP and LDHP also but those are not reported separately. For fairness, the benefits and premiums for all state employees must be the same statewide regardless of work location.
6) Because the low-deductible plan is just a few years old, migration from the other two options is to be expected. The migration is likely to stabilize during the next one or two open enrollments.
7) The current Board policy is for all of the self-funded plan options to be underwritten together. Therefore, lower enrollment numbers in the EPO should not create higher costs. Our understanding is that rates for the three plan options are based on their actuarial value not on the claims experience for the populations separately. (If that is not true, we need an explanation of what the underwriting policy in the PEBP Duties, Policies and Procedures manual means.)

Finally, making a major plan design change in January shortly before rate-setting in March during the legislative session is not a wise strategy. The plan options should be studied thoroughly and any changes deferred to July 2026. Our members are demanding that the three plan options including the HMO be retained.

Thank you.

After retirement, we moved to Türkiye. My medical and dental insurances are not working in Türkiye, anywhere in the world. When I retired, the PEBP representative made me believe that I would be covered. My HRA is paying some of the claim amounts. I cannot reach online to UMR from turkey; it is blocked by UMR from overseas.

Medical and dental expenses are much cheaper in Türkiye than U.S.A. I wanted to cancel my UMR dental insurance; I had difficulty finding anybody to talk to. Finally, I learned that the open season for UMR is in May. I must pay to UMR without any benefits from them.

This is very unfair treatment of retirees. After giving service of over 40 years, I should be able to live anywhere I want, and I should have medical and dental coverage.

Every year our medical benefits plan becomes worse and this is another example. It definitely makes it difficult to retain employees and recruit. If salaries aren't competitive then medical and dental benefits need to be more employee friendly and financially viable for employees to keep monthly costs low. In turn if salaries were higher then less affordable health plans might be affordable by some (but still not all). And it would make more sense that you're asking employees to make more in out of pocket health expenses since they have more income to do so, With all that said, you absolutely cannot eliminate the HMO plan. That will create a financial nightmare for employees already suffering in this economy. Also, while the no deductible PPO is an attractive option it comes with high premiums so would want to know the new premium rates. Me and my family are on the low deductible PPO and that works best for our needs and we would prefer to keep it and not be forced to choose between either a high

dental benefits need to be more employee friendly and financially viable for employees to keep monthly costs low. In turn if salaries were higher then less affordable health plans might be affordable by some (but still not all). And it would make more sense that you're asking employees to make more in out of pocket health expenses since they have more income to do so, With all that said, you absolutely cannot eliminate the HMO plan. That will create a financial nightmare for employees already suffering in this economy. Also, while the no deductible PPO is an attractive option it comes with high premiums so would want to know the new premium rates. Me and my family are on the low deductible PPO and that works best for our needs and we would prefer to keep it and not be forced to choose between either a high deductible plan or a zero deductible plan.

Karen Saldana

Subject: Opposition to Proposed Changes to the PEBP Plan Structure

Dear PEBP Board Members,

I am writing as a deeply concerned participant in the Nevada Public Employees' Benefits Program (PEBP) regarding the proposal to eliminate the HMO plan in Southern Nevada and the EPO plan in Northern Nevada. I urge the Board to reconsider this proposal, as it will have significant negative consequences for families like mine and many others who rely on these plans to access affordable healthcare.

As a family of four currently on the HMO plan, I can attest to how vital this plan is to maintaining our financial and physical well-being. The structure of the HMO plan, with its manageable premiums and copays, makes it possible for us to afford medical care for our entire family. This is especially crucial when raising children, as unexpected medical expenses can quickly escalate.

Prior to joining the HMO plan, my family was on the PPO plan during a time when we only had two children. Despite having fewer dependents, we faced significant out-of-pocket costs due to the PPO's structure. Those financial burdens were unsustainable, and the HMO plan has provided much-needed relief, allowing us to focus on our health rather than financial strain.

Eliminating the HMO plan in Southern Nevada and the EPO plan in Northern Nevada would disproportionately affect families, particularly those with young children, fixed incomes, or chronic medical conditions. These plans serve as a safety net, ensuring that healthcare remains accessible and affordable. Transitioning to a PPO or high-deductible plan would force many families to either forgo necessary care or incur insurmountable debt.

Moreover, such a decision would run counter to the principles of equity and accessibility that should guide public employee benefits programs. While cost concerns are valid, it is imperative to consider the broader social and economic impact of reducing healthcare options for employees who have dedicated their careers to serving Nevada's communities.

I respectfully request that the Board explore alternative solutions to address budgetary challenges, such as negotiating better rates with providers or seeking additional funding sources, rather than eliminating essential healthcare options. Maintaining the diversity of plans ensures that all participants can choose a plan that meets their unique needs without jeopardizing their financial stability.

Thank you for considering the voices of the individuals and families who depend on these plans. I urge you to prioritize the well-being of Nevada's public employees and their families in your decision-making process.

Sincerely,

Karen Saldana

December 2, 2024

To the PEBP Board:

My name is Stephanie Mead. I am a tenured faculty member for Truckee Meadows Community College. I have recently heard that the board may decide to let go the EPO plan due to cost. I understand wanting to reduce cost to the employees, however, this plan has been the best plan for me to use due to my current condition. I was diagnosed with and I am requiring and will need in the future for surveillance. Last year, I had a child, and I am hoping to have another child in the next year and a half, after . Due to the cost of healthcare, I have had to not pay much out of pocket except for my deductible. As a mother to an infant, and already working in a position that does not give me the wages needed to live comfortably, this has helped tremendously.

I hope you do not let go of the EPO plan. This plan is great for young educators that are coming into the college and they will benefit if they want to start a family. Or it is good for those who may need extra medical care.

Thank you for taking the time for my public comment.

With regards

Stephanie Mead

Stephanie Mead, M.A. Ed.L, NCEE, NRP, CCEMTP

TMCC Paramedic Program Director

Dear Committee,

As a parent of a disabled child, I wish to strongly urge you to keep the HMO/EPO options within our plan.

Health care costs are staggering and can be a sever hardships to many families. While these options carry a heavier up-front premium, they allow parents like me the ability to decrease my yearly out-of-pocket costs. As it is, when we transitioned from Hometown Health to UMR, we saw a significantly increased out-of-pocket yearly outlay. Yet again, if we are limited to strictly a PPO plan, I see nothing but my out-of-pocket costs rising yet again, and like with the earlier transition, a decrease in coverage benefits.

Having a child with disabilities is hard enough to manage. Having to come up with thousands of dollars yearly out-of-pocket places that much more strain on families. Both my wife and I work, both covering our child, and still, we end up paying roughly $7,500 - $15,000 a year, above the cost of premiums yearly. This is just to keep our child serviced and healthy. With the elimination of the EPO plan, that cost could more than double.

I know many people who utilize our plans, are looking for a decrease in premiums. Myself, I only require a couple of doctor visits a year, maybe an x-ray or blood test. However, for the few that actually need comprehensive coverage, like my son, the quality and cost of insurance is paramount. Therefore, I strongly urge you not to eliminate our choices and keep the EPO option in place. It is not just the cost to the University/State that should be considered, but the cost and quality of life for the people it covers.

Thank you for your consideration.

Oscar Gallegos-Tapia

I believe removing the HMO option would leave many people in financial distress. I once had a low-deductible PPO, and during that time, I was diagnosed with a [redacted] in my [redacted] [redacted]. After seeing my specialist, I was referred for surgery, with a quote of over $90,000. With my low-deductible PPO, I would have paid less, but it still wouldn't have been enough to prevent the medical bill from being a significant burden. As a single person with only a few bills and a car note, this would have been difficult for me to handle. I can only imagine the stress and hardship someone with a family would face in the same situation.

Fortunately, with an HMO, I only had to pay $600 out-of-pocket for my inpatient surgery, which required a 3-day hospital stay. Removing the HMO option for employees could leave many of us financially devastated, making it impossible to find any silver lining. If I didn't have access to the HMO, I'm not sure I would have been able to afford the surgery, or even if I would have gone through with it, as the financial strain would have delayed any goals that require money.

I strongly urge you to keep the HMO option available. It saved my life and allowed me to make a financial decision that I could afford, without being burdened by thousands of dollars in medical bills.

It is very difficult for some of us that have an underlying medical condition. Having to pay for co-pays, specialist, meds, pay rent or mortgages, food, gas, utilities, and any day to day expenses that come along. I am ashamed at time when I have to visit the local food bank to make it through the month. UNLV employees shouldn't have to visit food banks. I was always one that gave back to committee and now I sometimes need help. I at times do not pick up my meds because there is not enough for them. I cancel appointments when I know I will not have enough to make the money last. With the HMO I finally have a group of doctors and team that know me and my needs. The answer to keeping the HMO should not be to raise the cost but to allow us to continue have an HMO. Please think about the little people that are at times struggling to get by.

Dear Members of the Public Employees' Benefits Program Board,

I am writing to share my strong opposition to the proposed elimination of the HMO option from the Public Employees' Benefits Program (PEBP). This change would have devastating consequences for my family and me, both financially and in terms of our ability to access critical healthcare services

Several members of my family are managing chronic health conditions that require ongoing, specialized care. The HMO option has provided us with affordable and predictable costs while ensuring continuity of care with trusted providers who are familiar with our medical histories. If the HMO option is removed, the disruption to their care will be significant, and the financial strain from higher premiums and out-of-pocket expenses will be overwhelming.

This change will dramatically impact not just our finances but also the quality and accessibility of healthcare for my family. The prospect of having to find new providers, navigate unfamiliar networks, and face higher costs for medications and treatments is deeply concerning. These changes are not just inconvenient—they are harmful and, frankly, unacceptable.

The HMO plan is not simply a preference; it is an essential service for many families like mine who rely on its stability and affordability to manage complex healthcare needs. Eliminating this option undermines the support system that many employees and their families depend on for their health and well-being.

I urge you to reconsider this proposal and explore solutions that preserve the HMO option. The well-being of countless employees and their families is at stake, and we need your support to ensure that we can continue to access the care we need without facing undue financial or emotional hardship.

Thank you for your attention to this critical issue. I sincerely hope you will prioritize the needs of employees and their families by retaining the HMO option within the PEBP.

Sandy Ziegler
UNLV

Jayd Sorenson

To whom it may concern,

I am writing to formally request that my current HMO health insurance plan remain in effect. I have found this coverage to be invaluable in helping me manage my diabetes effectively. The access to specialized care, regular monitoring, and the network of healthcare professionals within my plan have made a significant difference in my overall health and well-being.

As someone with [redacted], it is essential that I continue receiving consistent care from my established team of healthcare providers. Switching providers or changing my insurance plan could disrupt my treatment plan and jeopardize the progress I have made in managing my condition. For these reasons, I do not wish to switch providers or change my health insurance plan at this time.

I truly appreciate the support that my current HMO insurance has provided and I kindly ask that you take this into consideration in your decision-making process.

Sincerely,
Jayd Sorenson

My name is Shavonne Gramkow I have worked at UNLV and have for nearly 6 years as a full-time employee, and am currently an Admin Assistant 1 with Delivery Services. I am also [redacted] with a host of conditions related to my disability. I can not afford to have the HMO eliminated because my monthly expenses to maintain my conditions (medical supplies, medication, equipment) exceed my available income. My cost of living has increased significantly in the past year and eliminating the HMO would mean I risk not only my ability to maintain a home but my health as well. I have already burned through what small amount of saving I have so I have nothing to fall back on if the HMO is eliminated. While I understand insurance, costs are expensive to employers I would rather pay a higher deductible and maintain a lower cost out of pocket than wondering if I will have to choose between my home or my health every month

Evelyn Johnson
Public Employees Benefits Program: HMO Elimination

Hello PEBP Members/Board of Regents,

I have been a member using for over 10 years. I choose HMO Plans because I don't have to submit paperwork to get reimbursed payments and I've never have thought about deductible costs. My biggest concern is that before the pandemic I became a person with a permanent disability. I also have (White Coat Syndrome) a great fear of Doctors'. I am finally able to go to a Doctor I feel comfortable with, as a matter of fact I just this summer got over Crying Spells before going to any kind of doctor appt. I would have to take off a full day just to prepare myself and still cry as I drove to the doctor's office. Only calming myself down once I parked. I only stopped crying so people wouldn't ask me what was wrong, as I would be embarrassed to say "I'm afraid of doctors and don't like to come to their office."

I would only be forced into seeing a doctor to get my necessary prescriptions refilled and nothing else. If my medical insurance is cancelled. I quiver and shake just thinking about going into a strange doctors' office, my breathing becomes labored and fast and tear drops began to fill my eyes just thinking about how hard it was getting to a doctor I truly trust and will possibly be losing. Even when he went on vacation, he would set me up with a colleague, whom he himself either mentored or had similar work habits plus I got to meet them. I pay the higher premium because of convenience and peace of mind.

In short, Please don't take away my HMO medical coverage.

Sincerely,

Evelyn Johnson

S. Kathleen Krach, Ph.D., NCSP
School Psychologist
Licensed Psychologist

12/9/2024

Re: Public Employees Benefits Program Plan to Eliminate the HMO

Dear Decision Maker,

Often, the assumption is that everyone who gets a Ph.D. wants to be a faculty member. That is not true in my field. We have a difficult time getting folks to join faculty because 1) they find it stressful, 2) they make more money in private practice, and 3) they want to provide services directly to children and families. However, one of the main benefits listed for joining academia is the solid health insurance options available to university faculty and staff.

I chose to be faculty because I love working with bright students, conducting research, and being an academic. When I chose to become faculty over private practice, I took an $80,000 pay cut to do so. And, when I chose UNLV over my previous institution, I was surprised at how much more that I spent here on health care costs. For example, our co-pays are much higher, and so are our deductibles. Also, I pay so much more out of pocket for medication. In general, my medical costs have risen about 40% just because I left one job to take another.

Now, I hear that there are talks about making our health insurance even more expensive with fewer benefits. This is a difficult pill to swallow!

Please note, we are trying to hire faculty in our program. We already have a low number of viable applicants for the position. Please don't make it harder to bring in excellent talent by continuing to make the cost of coming here more than the benefits of being here.

Thank you for taking the time to read through my concerns. Let me know if you have any questions.

S. Kathleen Krach, Ph.D., NCSP
Associate Professor in School Psychology
University of Nevada Las Vegas (UNLV)

Grant Spear - UNLV Athletic Grounds Supervisor

I have had continuous coverage through our HMO since starting here in January of 2004. If the HMO option is eliminated my costs of treating my [redacted] will undoubtedly skyrocket. With a PPO, I will have to cover out of pocket the deductible ($2,000? $5000?) and then most-likely at least 20% of my remaining costs for [redacted] ($750 to $1200/mo), [redacted] ($500/mo) and [redacted] ($150/ mo). Even with a 25% cost of living increase, I will not come out ahead. No thanks!

- Grant Spear

December 9, 2024

From: Lynn Marine

To whom it may concern,

I am writing in reference PEBP's plan to eliminate the HMO. It would be detrimental to many if this plan goes away. I am fortunate to be in great health but I would like to know I have more choices should I ever need them. The set costs under the HMO fit the needs of many and should stay in place. In addition to that, it is hard to find a good doctor that you are comfortable with, and for those who have been seeing the same doctor for years and have established that relationship, they should be able to continue for their physical health, as well as their mental health. This is not only a financial problem. Although when people have medical conditions, it is reassuring to know what the costs are for treatment and to know that they will be consistent.

I have only been a resident in the Las Vegas area for just over six years now and have yet to find a good primary doctor. The medical care here seems to be lacking in compassion and patient priority. For those on the HMO who need consistent and reliable care, this plan needs to stay in place. There are too many disruptions that would significantly affect my colleagues that have the HMO plan to even think of eliminating it. With all of the higher costs (gas, groceries, rent, etc.) this is not the time to even consider doing away with the HMO

Thank you for the opportunity to share my thoughts.

Lynn Marine
Administrative Assistant IV
Black Mountain Institute
University of Nevada, Las Vegas

William O'Donnell

The standard PPO is fine if you're young and Healthy. But as we age, we have more medical problems. My family switched to the LD PPO 2-3 years ago and have been very happy with it. I feel much safer paying the higher fees for the LD PPO than risking a huge bill for 20% of the cost of a major problem that needs surgery. At least the former can be figured into a budget.

Many of my colleagues at work feel the same way. Please don't remove the LD PPO option.

Sincerely,
William O'Donnell

Amelia Davis
12/9/2024
Public Comment

On the Possible Elimination of the HMO Plan from PEBP:

My name is Amelia Davis, and I have been an alumna and employee at the University of Nevada, Las Vegas (UNLV) for two and a half years.

The first PEBP meeting I attended was on September 26th at 9 a.m. I attended virtually via the Zoom link provided by my university and shared public comments about my concerns about PEBP potentially eliminating the HMO plan. I want to share more on why this concern is important to me, as with many others.

I currently pay over half my monthly income in rent and utilities, not including car insurance, gas, food, clothing, and emergency expenditures. With its predictable copays and a wide network of providers, the HMO plan has granted me assurance and stability where many Americans cannot say the same about their health insurance.

I practice a healthy lifestyle but suffer from a few chronic illnesses I will have to live with for the rest of my life. Being able to see specialist providers within a few weeks of making an appointment is essential for me, as is the provider-patient relationship I have built with some of my doctors for the past two years under the HMO plan. I know that I am lucky to say that I have providers who take me seriously and advocate for my health as a single, young female. They are some of the best doctors I have met and a testament to their field. It is, admittedly, a significant point of anxiety for me to imagine having to start from the ground up.

Should the HMO be eliminated, I could not afford health insurance.

I implore you to think about the people you serve when making this decision. The benefits we receive through the state help us feel appreciated when we come to work every day; however, our health insurance keeps us and our loved ones safe and healthy.

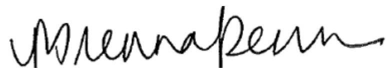
We are all more than just dollars saved.

December 9, 2024

Dear NSHE Regents,

I write as a licensed health care provider (clinical psychologist), Nevada resident, UNLV faculty, and mother and wife. As you are well aware, Nevada ranks among the very lowest states in the US for access to and quality of healthcare. Please do not implement a cut to our health insurance, either through elimination of HMO or high-deductible PPO, that would exacerbate access to and utilization of healthcare. Many of us make lower salaries as public servants and NSHE employees than we would in the private sector, and thus rely on lower premiums to offset the cost to our monthly paychecks. We need to emphasize ways to increase the health of our communities, including us as state employees.

Thank you,



Dr. Brenna Renn

April Reckling

Hello,
I have been using HPN for over 20 years and see 5 specialists besides my primary doctor. If I have to switch plans, I will need to find all these new doctors who can fill my prescriptions and keep me alive. I have serious conditions that need to be treated. Also, half my paycheck goes to rent and I cannot afford a higher Insurance plan/Prescription plan. This is a serious change that would effect my daily life and work load.

December 10, 2024

To: PEBP

Subject: HMO

All private companies have HMO and PPO for employees

Working for the State, isn’t the health insurance supposed to be better?

Why remove HMO when it’s a part of life for thousand of employees for the last decade?

With HMO, we know upfront the cost (only the co-pay), no headache after that.

With PPO, the cost is a mystery, we go home wondering what’s going to be a surprise?

Please keep HMO

Thank you

From: Christine Luu - UNLV

Public Comment regarding elimination of HMO

Anna Drury

Please reconsider eliminating the HMO. Before working for UNLV, I had worked in the medical field for 20 years and then I started, a new chapter, when I started working for the State of Nevada in 1996. When I worked in the medical field an HMO was not considered good insurance, so I was happy to have the PPO with the state. I transferred to UNLV in 2007 and during the recession the cost of my one medication went from $60 per month to $1250.00 per month with the PPO. During our election period that year, I spoke with benefits and, since I really needed this medication, I asked for the cost in the HMO. Benefits called me back and said it would be $60 per month with the HMO plan. After considering the rise in the monthly premium, I decided that long term the HMO was the right choice. I have been on the HMO ever since and have received excellent care. The HMO also found me co-pay assistance. Today it is so hard to get this type of help anymore from PEBP benefits – you are referred to the insurance company and the insurance company usually refers you back to your benefits department. Since my time with the HMO, I have established a relationship with my Primary Care Provider for over 10 years, and have an excellent neurologist. These relationships are crucial to me as I have a chronic condition that has been keep under control due to my relationship with both of these physicians. Due to the doctor shortage in Nevada, it takes months to get an appointment and to start this process over would make many people have their conditions worsen. So, in the long run it will actually wind up costing the state more, because of lack of providers, establishing care that was already in place prior, and treating people on an emergency basis while they were trying to receive care. The state needs to think long term and how it affects the people. Please do not make us start over!

Subject: Feedback on the Proposed Elimination of the HMO Option

To Whom It May Concern,

I have been an employee of UNLV for 15 years and have consistently chosen the HMO option for my health insurance coverage. This plan has suited my needs well due to its predictable costs, lower deductibles, and affordability for routine care. While I do not have major health concerns, I value the HMO's approach to managing care within a network of competent professionals. For me, the priority is receiving quality care, rather than selecting specific providers, and the HMO plan has provided a balance of quality and cost-effectiveness.

The proposal to eliminate the HMO option raises significant concerns. As an employee who intentionally selects this plan for its cost-control measures, I believe that employees who choose more flexible options, such as PPO plans, should bear the additional costs associated with those choices. PPO plans allow members to select any provider, often leading to higher costs for services. These plans may also inadvertently incentivize members to seek care from high-cost providers, which undermines the broader goal of controlling healthcare expenses.

The HMO plan is designed to help manage costs effectively while providing predictable healthcare expenses for members. Its structure supports a financially responsible approach to healthcare by encouraging competition among providers within the network. This contrasts with the PPO model, where members may select providers without considering the associated costs, leading to higher premiums and financial inefficiencies for all participants.

I strongly believe that removing the HMO option forces employees like me into a system that does not align with my values or needs. The lack of choice penalizes those of us who have intentionally opted for a responsible, cost-effective healthcare plan. If cost concerns are a driving factor for this proposed change, I would suggest implementing higher premium contributions for employees who choose plans that provide unrestricted provider access, reflecting the additional costs they generate.

In conclusion, I urge you to reconsider the proposed elimination of the HMO option. This plan is an essential choice for employees who prioritize cost control and value in their healthcare decisions. Removing it would not only limit options but also force many into plans that may not align with their financial or healthcare priorities.

Thank you for considering my perspective.

Sincerely,
Daniel Antoniuk

Instructional Multimedia Developer, UNLV

The HMO plan has been invaluable to me and my family. It provides comprehensive coverage, affordable premiums, and peace of mind. Losing this plan would create a financial burden for my family and jeopardize our access to essential healthcare services. I know many colleagues feel the same way. I urge the company to reconsider the decision to eliminate this plan.

Nevada Board of Regents:

I write this letter to support the retention of the HMO plan made available to NSHE employees. I have been with UNLV for 27 years and have been an HMO member since I started in 1997. I chose HMO as I had pre-existing conditions that needed attention at an affordable rate. HMO has and continues to provide that for me. During my 27 years at UNLV, I got married and my wife is also covered under my insurance, and she too, has pre-existing conditions that, like my conditions, require continual medical supervision. Costs without HMO is something I don't want to imagine or consider. If you value employees who have committed over half their lives to NSHE, please reconsider eliminated HMO to employees.

Sincerely,

John Jacobs

27 year UNLV employee

To all concerned,

This letter is to express my dissatisfaction with the proposal to do away with the LDPPO plan.
I have many examples of financial hardships I have had to endure while on the Standard PPO which were greatly lessened by the LDPPO - However since the change to UMR from Healthscope, I am unable to pull the EOB's which support my claims.

Nonetheless, I was able to find an old screenshot of a procedure which exemplifies the hardship the standard PPO has caused me in the past. It can be found on the last page of this document.
I kept this image as a reminder of how lousy our insurance at that time was, how calloused and overpriced the American healthcare system is, as well as how little the healthcare industry actually cares about a patient's healthcare and well-being.

The attached image is the EOB for my wife's procedure which was done at Hospital in .
She was suffering from debilitatingly painful .
For anyone who doesn't know - is the procedure to using .
This procedure was done before the LDPPO was available to employees, so I was on the standard PPO - which is what you want to force me back to.

Under the standard PPO Plan, Hospital would not perform the procedure on my wife unless I paid them $5000 prior to the procedure. This $5000 was the estimated out-of-pocket cost based their discussion with Healthscope regarding what we had for deductibles and copays. Rather than bill me after the claim was processed, they demanded my estimated cost upfront.

Let me reiterate so there is no doubt in anyone's mind as to what I mean.
Unless I paid Hospital $5000 PRIOR to my wife being admitted to the hospital, WOULD NOT perform the procedure on my wife.
was perfectly willing to let my wife suffer with , which were present in , and would have happily sent her on her way out the door in pain if I couldn't come up with $5000 to give them upfront.

Just for reference - According to the Federal Reserve's Report on the Economic Well-Being of U.S. Households in 2023, only 68% of Americans said they could handle an unexpected $500 bill.
While data on larger amounts is not available, I'd be willing to bet that number is far lower than 50% for a $5000 bill like this.

Another standard PPO example which I unfortunately can't back with an EOB right now, was a trip I took to an surgeon following a bicycle crash
The staff took my . The surgeon looked at the hospital X-Rays, as well as my , and quite quickly told me he didn't recommend surgery. I spent perhaps all of 5 minutes with the surgeon and 10 minutes with the staff.
Rather than paying $50 for the specialist visit that I pay now under the LDPPO, that little trip ran me $841 out of my own pocket because I was still below my deductible on the standard PPO.

I just can't imagine for the life of me why you would force many of us back into being on the brink of poverty due to medical deductibles, co-pays, and out-of-pocket expenses.

This story is an example of the way many of us have to think:
I woke up one morning around 3am (while on the regular PPO) with a heart rate of 135 bpm, rapid breathing, sweats and chills. Only my son was home.
The following was my actual thought process:
"Is this a heart attack?"
"Should I call an ambulance?"
"What if this isn't a heart attack?"
"If it isn't, I'm stuck with a $2400 ambulance ride and who-knows how many thousands of dollars of hospital debt."
"I could see if my neighbor could drive me to UMR, but then I'm still straddled with a huge hospital bill."
"I'm just going to take a metoprolol and see if this goes away."
Luckily, it did go away.
Well, kind of anyway. It was the onset of a really bad case of the flu.
Nonetheless, why should I risk my life because I don't want to put my family into deep medical debt due to lousy insurance?

In my personal case, I am the sole income for 5 people.
My wife can't work due to medical issues which doesn't qualify for SSI, and I have 3 kids in school.
My wife's issues cost us $50 per specialist visit with a frequency of 1 or 2 visits per month.
Without the LDPPO, that cost will go to $350+ per visit until the deductible is hit.
Now add in the increased prescription drug costs under the standard PPO – The prescription drug costs for myself, my wife, and 2 of my sons which are now $10 or $20 each under the LDPPO, ran us $hundreds every month under the standard PPO.

We already have enough uncovered medical hits.
Since we already don't have orthodontic insurance, I recently dropped $10k out of my own pocket for 2 kids to get braces.
That was bad enough with the LDPPO in place.
I wouldn't have been able to afford braces if we were paying for medical visits, drugs, and other increased expenses under the standard PPO.

I simply can't afford to start getting slammed with other medical debt again for things like specialist visits.
Not mention that everything else to survive has become expensive.
The LDPPO has been perfect for us to keep routine medical costs down.

I ask that you please reconsider taking the much needed LDPPO benefit away from people such as myself.

Thank you for your time,

Paul Ellison
Research Design Engineer
UNLV Physics and Astronomy

-- EOB ---

Service Date	Service Description	Proc Code	# Units	Billed Amount	Less Discount	Less Excluded	Less Adjust	Less Copay	Less Deduct	Equals Amount	(X) %	(=) Benefit
01/02/2015	Professional Service		1									
01/02/2015	Professional Service		1									
01/02/2015	Professional Service		1									
01/02/2015	Professional Service		1									
01/02/2015	Professional Service		1									
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01/02/2015	Professional Service		1									
01/02/2015	Professional Service		1									
01/02/2015	Professional Service		1									
		TOTALS:		**$43,154.40**	**$19,635.25**					**$23,519.15**		**$19,595.63**

PAID PROVIDER: C **$19,595.63**

PAYEE: B
P
P

Nicholas Barron
University of Nevada, Las Vegas

December 12, 2024

Nevada System of Higher Education

Dear NSHE Board of Regents,

My name is Nicholas Barron, and I am Assistant Professor-in-Residence at the University of Nevada, Las Vegas. I am writing to express my concern for the proposal to modify the state health benefits package. This includes the proposed elimination of the HMO option and the conversion of the Low Deductible PPO option to a standard PPO. The former poses a significant threat to the continuity of care for employees and their families who rely on the current HMO plan. I am thinking specifically of colleagues who suffer from chronic conditions that require specialists. If the proposed changes go into effect, these individuals (and their families) will need to wait until July 2025 (when they will receive their new insurance cards) to establish care with a new provider. As someone with a history of cancer, I know how difficult it can be to find a specialist and establish a new plan of care. Nevada already ranks 50th in access to healthcare, so I can only imagine what this process will look like for colleagues with severe cases who rely on the current HMO plan.

My partner (who is also an NSHE employee) and I have the low deductible PPO plan. As someone with a history of cancer who is in need of twice a year oncology visits, expensive PET and CT scans, and blood work, this plan is vital. I am concerned with the proposed conversion to a standard plan, especially when information regarding the cost of deductibles, doctors' visits, and copays under this plan have not been made clear. I can only assume that the cost will increase. As a Faculty-in-Residence, I make significantly less than my tenure and tenure-track counterparts. Moreover, my employment is renewed on a year-to-year basis. With my healthcare tied to my employment and my compensation being fairly limited, I am already in a fairly precarious financial and health situation. I worry that the move to a standard PPO plan will only intensify this precarity.

With these concerns in mind, I employer the Board of Regents to retain the current HMO and low deductible PPO options.

Sincerely,

Nicholas Barron

From Zach Perzan:

Dear Members of the Public Employees' Benefits Program Board,

As a faculty member at UNLV, I am writing to reiterate my strong support for retaining the Health Plan of Nevada HMO option in the PEBP offerings for Plan Year 2025, along with the EPO option for employees in northern Nevada. The HMO plan has been instrumental in ensuring access to quality, affordable healthcare for myself and my colleagues. Its predictable costs and continuity of care have been vital for maintaining both our health and financial stability.

The potential elimination of the HMO plan raises serious concerns. Continuity of care is critical for those of us managing chronic medical conditions. Many of my colleagues and their families have built long-standing relationships with healthcare providers under this plan. Disrupting these relationships would not only cause personal hardship but could also delay necessary treatment. In Nevada—ranked 50th in the nation for access to healthcare—patients often face significant wait times to establish care with new providers. For those with chronic illnesses or urgent healthcare needs, such delays could have life-threatening consequences.

The financial impact of eliminating the HMO plan cannot be overstated. While the HMO has higher premiums, it offers manageable copayments and predictable out-of-pocket expenses, making it the only viable option for many public employees. For example, a $25 copay for specialist visits and a $50 fee for outpatient surgery provide financial security to those of us living on limited incomes. Transitioning to the Consumer-Driven Health Plan (CDHP) or a Low Deductible PPO (LDPPO) would significantly increase costs, forcing some colleagues to forgo insurance or care entirely.

While the postponement of these decisions is encouraging, the lack of transparency regarding the proposed "standard" PPO plan remains troubling. Without clear details about deductibles, copays, and out-of-pocket maximums, employees cannot make informed decisions or plan for the future. Renaming the LDPPO without clarifying how it differs in cost or coverage adds unnecessary confusion and concern.

I urge the PEBP board to carefully consider the far-reaching implications of these proposed changes. Retaining the HMO and EPO plans ensures equitable access to healthcare and provides critical financial stability for employees across Nevada. These benefits provide essential support for public employees who dedicate their careers to serving our state.
Please preserve the HMO and EPO plans for Plan Year 2025.

Sincerely,
Zach Perzan
Assistant Professor
University of Nevada, Las Vegas

TO: Public Employees Benefits Program Board
FROM: David Fott
RE: Proposed changes to health insurance
DATE: December 16, 2024

As a member of PEBP, I write to protest two proposed changes to the health insurance program. First, eliminating the HMO would gravely harm many of my fellow members. You have heard from some of them that they would not be able to afford medical treatments or drugs for serious conditions. These members would become desperate to leave this state and find employment in a state that provided decent health insurance.

Second, details of changing the low-deductible PPO plan to a "standard" plan have not been forthcoming. You will forgive me for suspecting that the plan will become more expensive and thus put more of a burden on my fellow members, including my wife, and me. My wife and I both use the low-deductible PPO plan. If you make that change, you will greatly diminish our desire to remain at UNLV much longer.

December 18, 2024

To Whom it May Concern,

Please do not eliminate the HMO option. The HMO option works very well for me and this resource has been affordable and patient centered. I have accessed it regularly. Eliminating it would negatively impact me and my health.

Respectfully,

Nora Luna

Dear Members of the Public Employees Benefits Program Board,

I am writing to express my concern about the proposed elimination of the HMO plan and changes to the Low Deductible PPO without clear details about costs. While these changes may not directly affect me, I worry about the impact on coworkers managing chronic illnesses or serious conditions. Disrupting long-standing provider relationships and introducing unpredictable costs could worsen Nevada's healthcare access, which already ranks last in the U.S. (U.S. News & World Report).

Affordable mental health resources are especially critical. Gen Z, a growing part of the workforce, faces rising mental health challenges and needs robust support (Forbes). Additionally, past contributions to HSAs were among the most impactful benefits for employees like me, and similar measures could help mitigate rising costs.

I urge you to maintain the HMO, ensure affordable healthcare options, and prioritize transparency before implementing any changes.

Thank you for considering this perspective.

Sincerely,

Tammy Haddad

Nevada Public Employee

To Whom It May Concern,

I have been with PEBP for the past 4 years now with good care. To get to the point, I feel that if there comes a change with the elimination of the HMO option, we would truly suffer in many ways. The continuity of care and financial ramifications would definitely take a toll on the families. I hope you all can reconsider the facts and how it would negatively impact the group as a whole. Thank you for your time and Happy Holidays!

Sincerely,

Christina Lee

PEBP Public Comment

December 18, 2024

We (the members) require much more information regarding these proposed changes. How many members will be affected by this change? What are the new rates going to be? Are benefits of the PPO changing?

Completely removing the full HMO seems like a massive change. What research has gone into this?

I ask for much additional information to be public before any decisions are made.

Joseph Lednicky

Economist III

University of Nevada, Reno Extension

Extension, Community and Economic Development

Staff Employee Council Representative

To Whom It May Concern:

I am writing to express my concern regarding the increasing costs of health insurance and the apparent lack of affordable alternatives. For the past 12 years, I have chosen the HMO plan, which has been a suitable and manageable option for my healthcare needs as a state employee. However, recent developments seem to indicate that not only is this plan at risk of being discontinued, but the available alternatives are significantly more expensive, leaving individuals like me with little to no viable options.

Traditionally, when a service or plan is discontinued, a comparable and affordable replacement is offered. Unfortunately, this trend appears to be shifting, with employees being forced to shoulder higher costs without meaningful consideration of our financial circumstances or alternative solutions.

As a single individual, the majority of my salary already goes toward essential living expenses such as rent. I can only imagine the struggles that families must endure to meet the demands of rising costs in every facet of life. These decisions affect all of us—not just today, but in the long term. If we do not advocate for fairness and equity now, the lack of choice and rising financial burdens will eventually impact everyone.

I urge you to approach this matter with empathy and a commitment to fairness. Decisions like these have profound impacts on the lives of hardworking individuals and their families. By standing together and prioritizing accessible healthcare options, we can foster a better future for everyone.

Thank you for taking the time to consider my concerns. I hope that you will take steps to ensure that all employees are provided with equitable and affordable healthcare options.

Sincerely,
Yelé Glaster

Taylor Jenkins

I am disappointed to hear about the proposed changes to the Low Deductible PPO without providing any information about what those changes mean. I have a condition that requires routine medical care and exams. This will affect not only individuals but whole communities negatively.

Leah Churchville

Hello,

The changes proposed to our healthcare coverage are very concerning to me. Many of your most reliable and mature employees gravitated to the State of Nevada as an employer despite lower pay, and having almost a fifth of their income deducted for a retirement plan, *because* they wanted to *have* the stability and security of a retirement plan and *higher quality healthcare*. If you remove the *higher quality, lower cost, healthcare,* you also remove much of the incentive of working for the State of Nevada for new employees, as a result.

I have personally worked in other industries and retrained, reeducated, and refocused to join State of Nevada institutions that have these important things.

The average cost of a heart attack in the U.S. combined with any type of bypass surgery is around $75,000.00 - $100,000.00 and that can mean a lot of out-of-pocket expenses with the follow-up care and prescriptions if the medical insurance doesn't cover well. This is just an example of the type of thing people are worried about when they are threatened to lose higher coverage options.

The changes proposed will deeply affect the overall health of your staff. If the out-of-pocket costs are drastically higher, they will choose not to seek consultation and/or get treatment as often as they should. They will ignore early signs of more expensive and damaging ailments due to the costs of medical office visits and lab work. This has been prevalent in lower-income communities for ages.

This means higher costs for employers, like the State of Nevada's NSHE, in the end, due to loss of quality employees and lack of productivity. More people will be out sick and not getting real help when they should. It also means you will lose more staff while overworking those who remain at an unhealthy stress level- causing more ignored illnesses and a lack of treatment, resulting in more time out, more resignations, etc. in a vicious cycle.

I beg of you to take care of the staff that takes care of the entire State of Nevada, quite literally. Please protect the overall health of your most valuable resources and assets- your employees.

With warm regards,

Leah Churchville
Administrative Assistant II
University of Nevada Reno, Extension

Danielle Westlake

To whom it may concern:

Eliminating the HMO and converting the LDPPO into a standard PPO will create uncertainty, financial hardships, and/or declined health for many members and their families relying on these benefits.

With the LDPPO members choose to pay a higher amount per pay period without deductible, but this allows them to know exactly what their costs are even in the event of an illness. This is a sense of security without the worry of financial burdens in the event that a family member and/or they themselves need treatment for something unexpectedly. Changing this plan would mean more out-of-pocket costs especially for those who wouldn't normally meet the max deductible level per year.

Changing the LDPPO to a standard PPO will cause people to delay or not seek medical treatment at all even if needed due to the financial strain it could cause. Co-insurance is very costly for many procedures and adding a deductible on top of that will delay and/or prevent medical treatment. For those with larger families the financial strain is even greater.

With the recent COLA, money is finally going back into members' pockets. If the proposed changes go into effect not only will money be taken away but stability and health will as well.

There have been many recent studies done that show the correlation between higher deductibles and declined health. And with our healthcare system costs consistently rising we are paying more money into it each year while our health declines due to it.

Please consider maintaining the current options, as many of us rely on the affordability they provide.

Thank you,

Danielle

PEBP – PUBLIC COMMENT – 12/19/24 –
FOR NEXT MEETING REGARDING MEDICAL INSURANCE PLANS

An email notice from UNR's Benefits Team that came earlier this month had this mention within it:

> *"The PEBP Board's bimonthly meeting (every other month) had two agenda items of interest to employees. First, PEBP has been discussing the "program design options for Plan Year 2026" which may involve* ***the elimination of the EPO in the North****."*

I'm hoping you do not do this, as I like the EPO plan. My medical life is well-organized within the plan. I have my doctors selected and they are all within network. My prescription mail order works very well. My only complaint regards the brick-and-mortar pharmacies I can now use. Last year, I was able to use Smith's Grocery Store at the end of a long, hard day on my way home from work to get my latest COVID vaccine. This apparently changed as of 1/1/24 and they are no longer within our network. Going there made staying current with my vaccines a no-brainer as I never had to think twice about it or go out of my way. I usually received my vaccines from them yearly before Thanksgiving, but not this year.

In the past, I was also able to use CVS to get vaccines. Now I can't. I wish you would reinstitute these two companies into the plan and offer them incentives, or whatever you need to do, if the reluctance is on their side. It was nice swinging by Smith's, just a few blocks from my house, on my way home from work to get the latest COVID vaccine, or whatever. Very convenient. Now I'm left with Walgreens or Walmart, which are further away. And isn't Walgreens closing a slew of stores across the U.S.? Something like 1,200?

Meanwhile, if it ain't broke, please don't fix it! Thank you so much for considering retaining the EPO option!

December 20, 2024

Dear Members of the Public Employees Benefits Program,

I am writing to share my concerns about the possibility that the HMO option for Public Employees will be removed from the health care options available for current and retired public employees.

I opted for the HMO when I was hired at UNLV in 1984. I spent my entire career at UNLV, retiring in early 2022. I remain in the HMO in my retirement. I have over 40 years of experience with the HMO in Southern Nevada. I have developed important relationships with my healthcare providers. Those relationships help keep me healthy as the providers know me. New practitioners also have access to all of my records and can get up to speed on my health history quickly.

Upon retirement there are many matters to be concerned with and the possibility of having to start over with the management of my health care is daunting. I know where to go for all of my needs. I know how to manage the online and in-person administrative tasks associated with receiving and paying for care, I know how to manage the costs of care and who to call if I have questions about services and costs.

Additionally, my spouse, a 17 year employee of UNLV, now retired but not yet qualified for Medicare also uses the HMO. I am also one of those rare public employees who does not qualify for Medicare Part A services as I did not qualify for Social Security. This means I do not have hospital coverage. Being a member of an HMO makes it possible for me to know what an unanticipated hospitalization will cost and makes it possible for me to plan accordingly.

Most importantly, I have had excellent care throughout my 40 years with the practitioners and support staff associated with the HMO. Given the shortage of medical professionals and medical services in Las Vegas, I am very concerned that I will not be able to get timely appointments with the healthcare professionals I need. Assuming I do get the needed appointments, I will have to spend a good deal of their time and mine getting them up to speed on the services I need.

There are many others who have chosen to use an HMO and many of them are long time users of the services. We all have different reasons for choosing an HMO over other options (e.g., known costs for services, coordination of care, ease of sharing health history across providers within the HMO). As you consider removing the HMO option, put yourselves in our shoes. Think about the families with young children who have a pediatrician they adore, online clinics they can use to avoid urgent care visits, and urgent care facilities they know how to access should the needs arise. Think of the healthy family members who have access to group appointments for things like school physicals for sports teams and routine wellness checks that only take minutes. Think of the seniors who have special services for age-related health issues that often require a team of specialists that must communicate with each other to avoid conflicting

remedies for care. The seniors among us even have our own phone number to expedite getting appointments, handling Medicare-related and other billing issues, and helping with the electronic medical health care systems that can be challenging for those not used to such systems. Think about those of us who would have to start all over and traverse new systems of care to replace what we have had available to us for decades.

I know that you have the responsibility to manage the resources for Public Employees in a fiscally responsible manner. But you also have the responsibility to do so in a manner that balances the costs with meeting the needs of those you serve. We all need to have comfort that our health care needs are being met. For those of us opting for HMOs, those needs would be best met by keeping the HMO option available.

Thank you for your consideration.

Lori Temple
Emeritus Administrative Faculty Member
Retired UNLV Employee

Cheryl Collins

I am writing in support of keeping the HMO option. I've been going to [redacted] for nearly 20 years. My [redacted] specialists all have access to my records without me having to move them around from one to another. Part of what we are paying for is the integrated system they have developed that creates a team of doctors all seeing the same info. This was invaluable to me [redacted]. I would much rather have the option to pay for an HMO so I don't have to manage records and payments to all of these doctors individually. Having to change all of my doctors also adds a level of stress that I hope isn't going to be necessary. I am wondering if the people making the decision whether to keep the HMO have gone through a catastrophic illness like [redacted]. It was a great relief that I didn't have to worry about repeatedly monitoring activity with two [redacted] and two [redacted] at three different businesses. My mother didn't have an HMO [redacted], and the long waits for pre-approvals and tracking down lost records was brutal. I am really hoping the HMO option isn't taken away from us.

Name: Taylor Cayro

Topic: HMO Plan Retention

Public Comment: I have come to trust and love the health team I have built through my HMO program and would be devastated to rebuild if the HMO is eliminated. I have had the PPO through NSHE before and was not happy at all with the medical options available to me in the Vegas Valley. Please work to retain the HMO plan for myself and many others who trust the medical staff provided through this plan. Thank you for your time.

1/2/2025

To whom it may concern,

As a member whose care depends on the stability and predictability of my health care, I am writing to oppose the proposed elimination of the HMO and conversion of the Low Deductible PPO.

Because there is little information given regarding the true impacts of these changes, I fear this proposal would hastily change the healthcare that so many members have come to rely on. Principally, I am concerned about having to change providers (especially as it can take up to six months to schedule an appointment) and I am concerned about the financial impacts of such changes.

I believe it is unjust to change a healthcare plan upon which so many employees depend, but I am more concerned over the flippant push to change and/or eliminate them with very little thought concerning the practical application of such changes.

If it is the committee's decision to change and/or eliminate healthcare plans, it must be done with a reasoned and beneficent replacement care plan. The changes proposed by the Public Employees Benefits Program are hurried and unthorough.

I am staunchly against the plans to change and/or eliminate the Low Deductible PPO and HMO. I am urgently asking the decision making committee to pause and reconsider.

Thank you,

CJ Kelley

Program Officer I Healthy Foods System

UNR Extension

From: Dr. Maria Jerinic-Pravica, Associate Dean and Professor in Residence, Honors College, UNLV

Date: January 2, 2025

Re: Public Written Comment to PEBP Board in response to Public Employees Benefits Program plan to eliminate HMO

I am writing to protest the proposed elimination of the HMO option from the UNLV health insurance. As a long time faculty member (since 2005) who cares deeply about this campus community, I vehemently protest this proposed elimination for the impact it will have on my fellow UNLV community members as well as on my family.

In the almost twenty years that I have worked at UNLV and lived in Las Vegas, the cost of living has skyrocketed. Even in 2005 (when I joined UNLV full-time), we relied on the HMO as a more cost-friendly health insurance option for my family (of five). Eliminating the HMO option will impact our family significantly. Many campus members and their families are in a similar situation. **This proposed elimination will disrupt the continuity of care for all of the participants. In many cases, this situation will be life-threatening**. This move will impact UNLV as the relevant employees will not be able to address quickly health concerns. We already have difficulties accessing health care in the valley. The chaos that will ensue if the HMO is cancelled will intensify this problem.

Furthermore, the HMO option encourages regular visits to maintain wellness. Eliminating the HMO will deter people from routine preventative visits, which in the long run will impact both insurance costs and UNLV costs because employees will suffer from health problems which will impact their ability to work. If the HMO option is eliminated, current HMO-UNLV community members will be forced to spend hours of their time finding new health care providers and following through with paperwork and other requirements. This process will take away from the hours they spend on their work.

Furthermore, the increased costs related to the elimination of the HMO combined with the now soaring rent/housing prices and cost of living in the Las Vegas valley will make life very difficult for many UNLV colleagues. We already have had to establish a very active food pantry for our community. Are we going to make living conditions worse?

The campus climate will deteriorate significantly if the HMO option is eliminated.

Eliminating the HMO option will also impact the future reputation of UNLV, jeopardizing our Tier 1 status. Faculty and staff will leave UNLV. It will become increasingly difficult to hire competitive candidates. I have served on a number of search committees, most recently this past semester. I have witnessed how difficult it is to bring new hires to the valley because of the rising costs in living expenses.

Our university is critical to the health of Nevada. University members care about our broader community. Let us care for the people who work to support our fellow citizens.

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

Date: January 7, 2025
To: PEBP Board
From: Kent Ervin, Director of Government Relations, Nevada Faculty Alliance
Subject: HMO/EPO plan options

Happy New Year!

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 should be avoided.
- Because the employer contributions (state subsidies) are identical for all three plan options, there are no extra costs to PEBP 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 does 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.

Please 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

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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.

2024 NFA Faculty Survey Summary--Benefits Question

Surveys conducted November 2024
Surveys distributed by email via SurveyMonkey to professional employees as defined in Title 4 Chapter 4 of the BoR Handbook (academic faculty and adminstrative faculty ranges A-D), obtained through a public records request to NSHE as of 8/1/2024.
Percentages do not total to 100% because "I'm not sure" or neutral responses are not tabulated in this summary.

Survey Response Statistics

	Invitations	Responded	PerCent	Margin of Error (50%)*
CSN	824	292	35%	4.6%
GBC	131	62	47%	9.1%
NSU	297	112	38%	7.3%
TMCC	295	149	51%	5.7%
UNLV	2282	974	43%	2.4%
UNR	2232	850	38%	2.6%
WNC	107	49	46%	10.4%
Combined	**6168**	**2488**	**40%**	**1.5%**

*Statistical margin of error (+-95% confidence) for 50%/50% answer based on the number of responses.

I am satisfied with my employee health care benefits.

	Moderately or Strongly Disagree	*Moderately or Strongly Agree*	*N*
CSN	46%	50%	291
GBC	45%	47%	62
NSU	29%	69%	112
TMCC	37%	60%	149
UNLV	39%	58%	973
UNR	35%	63%	850
WNC	39%	57%	49
Combined	**38%**	**59%**	**2486**

I am satisfied with my employee retirement plan benefits.

	Moderately or Strongly Disagree	*Moderately or Strongly Agree*	*N*
CSN	24%	72%	292
GBC	15%	84%	62
NSU	13%	85%	112
TMCC	11%	85%	149
UNLV	14%	84%	974
UNR	13%	85%	849
WNC	14%	84%	49
Combined	**15%**	**83%**	**2487**

Please rate the following changes to compensation and benefits by how important they are for NFA to advocate for: (1= Not very important, 2=Somewhat important, 3=Very important)

	CSN	GBC	NSU	TMCC	UNLV	UNR	WNC	**Combined**
Across-the-board salary increases	2.59	2.76	2.62	2.60	2.54	2.48	2.48	**2.54**
Salary Increases based on performance	2.35	2.49	2.37	2.32	2.51	2.55	2.36	**2.49**
Lower employee health insurance premiums	2.46	2.37	2.35	2.43	2.44	2.26	2.19	**2.37**
Lower out-of-pocket health care expenses	2.59	2.56	2.46	2.53	2.56	2.45	2.38	**2.52**
Lower employee contribution to retirement plan	1.89	1.78	1.87	1.72	1.76	1.72	1.89	**1.77**
N	*281*	*59*	*87*	*141*	*941*	*827*	*47*	*2383*

The Public Employees' Benefits Program is considering the elimination of the Health Maintenance Organization (HMO) and Exclusive Provider Organization (EPO) plan options, leaving the high-deductible Preferred Provider Organization (PPO) Health Plan and a zero-deductible Preferred Provider Organization plan as the only two options. Please rate how important to you it is to have the following plan options available:

High-Deductible Health Plan (with Health Savings Account)

	Not Very Important	*Somewhat Important*	*Very Important*	*N*
CSN	29%	32%	39%	274
GBC	13%	49%	38%	55
NSU	27%	37%	36%	107
TMCC	24%	38%	38%	137
UNLV	21%	37%	42%	917
UNR	28%	38%	34%	796
WNC	30%	30%	40%	47
Combined	**25%**	**37%**	**38%**	**2333**

Zero- or Low-deductible PPO Health Plan with copays and coinsurance

	Not Very Important	*Somewhat Important*	*Very Important*	*N*
CSN	15%	35%	50%	275
GBC	9%	45%	45%	55
NSU	6%	40%	55%	106
TMCC	9%	40%	51%	137
UNLV	10%	33%	57%	915
UNR	12%	34%	54%	797
WNC	17%	26%	19%	47
Combined	**11%**	**34%**	**54%**	**2332**

HMO or EPO (copay plan limited to a local provider network)

	Not Very Important	*Somewhat Important*	*Very Important*	*N*
CSN	38%	29%	32%	274
GBC	42%	45%	13%	53
NSU	25%	32%	45%	103
TMCC	36%	34%	30%	136
UNLV	34%	34%	33%	915
UNR	38%	36%	29%	795
WNC	55%	26%	19%	47
Combined	**36%**	**34%**	**31%**	**2323**

What is your current position?

	Academic Faculty	*Administrative Faculty*	*N*
CSN	64%	29%	259
GBC	56%	35%	48
NSU	55%	38%	99
TMCC	56%	32%	131
UNLV	46%	47%	849
UNR	46%	48%	761
WNC	56%	36%	44
Combined	**50%**	**44%**	**2191**

How many years have you worked at _____?

	0 to 5 years	*6-10 years*	*11-15 years*	>15 years	*N*
CSN	28%	16%	14%	37%	259
GBC	41%	27%	10%	16%	49
NSU	63%	17%	7%	6%	98
TMCC	29%	25%	11%	27%	132
UNLV	39%	22%	12%	23%	850
UNR	39%	26%	11%	22%	763
WNC	41%	23%	5%	23%	44
Combined	**38%**	**23%**	**12%**	**23%**	**2195**

January 9, 2025

From: Dorianne Potnar
To: Nevada Public Employees' Benefits Program (PEBP) Board Members

Re: Elimination of the HMO and EPO Insurance Plans

Dear PEBP Board Members:

I am writing to express my grave concerns regarding Staff's recommendation to the PEBP Board (Board), to eliminate the HMO and EPO health insurance plans for State of Nevada employees.

This would be a catastrophic and harmful decision by the Board. Currently, State employees remain woefully underpaid compared to our counterparts. Additionally, State employees are preparing for yet another increase in our PERS contributions, and on the heels of a 2% PERS increase just last July 2024. Staff's recommendation to eliminate the HMO and EPO health care options adds insult to injury to State employees.

For Staff to recommend, and the Board to eliminate the HMO and EPO plans, is unsustainable to State employees, is reckless, derelict, and lacks compassion by Staff and the Board – the same Staff and Board whose sole purpose is to ***represent and advocate for State employees, retired State employees, and NSHE, by managing and negotiating reasonable health care options, and prices, on behalf of public State employees.*** Staff's recommendation to eliminate our HMO and EPO options, seems nothing more than a way of hurting State employees. It is ridiculous to conceive that the Staff is recommending such a massive and drastic action against State employees, and even more ridiculous that the Board would entertain such a recommendation.

Moreover, in preparing to make their recommendation, Staff apparently neglected to solicit feedback from State employees. Staff did not conduct a survey. Staff did not conduct a poll. Staff did not send an email. Staff did not include their recommendation in any newsletters. Staff did nothing to inform, or solicit feedback from, the very State employees for which they are statutorily obligated to advocate. State employees know very well that Staff knows how to communicate with employees regularly, but evidently, Staff deliberately chose not to do so regarding this topic.

Further, PEBP has been inaccurately saying for decades that State employees are "migrating away from the HMO plan." This is simply a false narrative manufactured by Staff in order to avoid the negotiating process with HMO, and EPO insurance companies. The standard PPO and CDHP plans are designed for individuals who do not anticipate health care needs, and / or emergencies. The HMO and EPO plans are designed for employees who are risk-adverse, and / or have ongoing health care needs. Equally important, Staff is not taking into consideration the increase to the State vacancy rate over the past few years, which impacts the number of State employees with insurance, and belies Staff's charts and information regarding migration away from the HMO and EPO plans.

Staff's discriminatory recommendation flagrantly harms multiple State employee demographics; and if the Board decides to accept Staff's recommendation, the Board, too, would be discriminating against State employee groups that include: older and aging State employees, pregnant State employees, single State employees with children, married State employees supporting a spouse who is not offered insurance through an employer, stay-at-home spouses, disabled State employees, including State employees who suffer from ongoing medical conditions, such as diabetes, heart conditions, COPD, and other ailments.

Staff's message in their recommendation, and the Board's message if the recommendation is approved, is that State employees are dispensable; that we are not worthy of affordable health care, and we should all be dumped into one of two health care options, (a standard PPO, or the CDHP). Ironically, both of these health care options require the least amount of managing effort by the Board on behalf of State employees.

Those of us currently on the HMO or EPO plans chose these plans due to financial, and medical circumstances. Moreover, State employees mindfully chose the HMO or EPO option being fully aware that we would pay higher monthly premiums compared to the Consumer Driven Health Plan (CDHP). We chose the HMO or EPO option to maintain peace of mind that we would not be surprised by out-of-pocket medical costs. Examples include: the HMO and EPO health plan options both offer predetermined copay amounts for doctor appointments, and laboratory blood tests are covered 100%. Conversely, both a standard PPO plan and the CDHP, do not offer these benefits. In fact, under a standard PPO plan and the CDHP, insured individuals must meet costly deductibles, and then are further obligated to pay a percentage of coinsurance for all other health-related appointments / procedures. Piling onto these costs, laboratory blood tests billed under a standard PPO and CDHP, are further exceedingly costly to the insured individual, and their family.

Forcing State employees onto a standard PPO plan, or the CDHP, would cause a financial burden to thousands of State employees, including myself. Mandating that we meet any type of medical deductible, and additionally burdening State employees to then pay a percentage of coinsurance toward health care, including laboratory blood testing, would impose a severe financial burden upon my family; and if a sudden medical emergency occurred, it would bankrupt me. This example would also likely bankrupt thousands of other State employees. These are only some of the reasons why thousands of State employees chose, and continue to choose, an HMO or EPO.

State employees are parents, some of us are single parents, we are struggling to live in an economy that is extremely costly, while dealing with medical issues, and we need access to affordable health care. Many of us have required medical appointments, as well as required laboratory blood testing, in order to obtain prescription medications.

These constant attacks on State employees need to stop. In speaking with many co-workers, colleagues, and other State employees, and after decades of service with the State of Nevada, so many of us cannot recall any meaningful time-frame when we felt at peace. We are in constant anxiety year after year waiting to learn how our salaries are going to be chopped up by PEBP via health plan changes and increased costs, PERS contribution increases, and some legislative changes that negatively impact State employees, (such as pay cuts, furloughs, frozen salaries, no COLA, etc.), and now a potential gut to our health care. These actions are extremely detrimental to our morale, and to our emotional and mental well-being. We are all struggling to make ends meet, to take care of our families, and to make a living through public service, and now the Staff is moving to revoke yet another benefit with zero consideration of the health and welfare of State employees.

State employees should not have to beg PEBP to retain an HMO and EPO health care option, it is disgraceful. Please do not eliminate the HMO and EPO health insurance plans for State employees. Thank you for your time.

Sincerely,
Dorianne Potnar

Public Comment from: MICHAEL PRAVICA

To whom it may concern:

I am writing to strongly protest the elimination of the HMO option from the UNLV health insurance. As a long time faculty member (since 2003) who cares deeply about this campus community, I vehemently protest this proposed elimination for the impact it will have on my fellow UNLV community members as well as on my family.

In the more than twenty one years that I have worked at UNLV and lived in Las Vegas, the cost of living has steadily skyrocketed. Even in 2003 (when I joined UNLV full-time), we relied on the HMO as a more cost-friendly health insurance option for my family (of five). Eliminating the HMO option will impact our family significantly. Many campus families are in a similar situation. This proposed elimination will disrupt the continuity of care for all of the participants. This proposed move will impact UNLV as the relevant employees will not be able to address quickly health concerns. We already have issues in the value of accessing health care in the valley. The chaos that will ensue if the HMO option is cancelled will only intensify this problem. Furthermore, the HMO option encourages regular visits to maintain wellness. Eliminating the HMO option will deter people from routine preventative visits, which in the long run will impact both insurance costs and UNLV costs because employees will suffer from health problems which will impact their ability to work. If the HMO option is eliminated, current HMO-UNLV community members will be forced to spend hours of their time finding new health care providers and following through with paperwork and other requirements. This process will take away from the hours they spend on their work.

Furthermore, the increased costs related to the elimination of the HMO combined with the now soaring rent/housing prices and cost of living in the Las Vegas valley will make life very difficult for many UNLV employees. We already have had to establish a very active food pantry for our community. Will this proposed action make living conditions worse in our community?

Why distribute Campus Climate surveys if we take this action? The campus climate will deteriorate significantly if the HMO option is eliminated. If we care about the campus climate and our community we will not cancel the HMO. Chaos will no doubt ensue if the HMO is cancelled will intensify this problem.

Eliminating the HMO option will also impact the future reputation of UNLV, jeopardizing our Tier 1 status. Faculty and staff will leave UNLV. It will become more difficult to hire quality candidates. I have served on a number of search committees over my 21 year tenure at UNLV. I have witnessed how difficult it is to bring new hires to the valley because of the rising costs in living expenses. Eliminating the HMO will make it even more difficult for UNLV to hire competitive candidates .

Please do not do this.

Sincerely,
Michael Pravica, Ph.D.
Professor of Physics
UNLV

January 13, 2025

From: Danielle Wright
To: Nevada Public Employees' Benefits Program Board Members (PEBP)

Re: Elimination of the HMO and EPO Insurance Plans

Dear PEBP Board Members:

I am writing this letter to voice my concerns regarding Staff's recommendation to the PEBP Board (Board), to eliminate the HMO and EPO health insurance plans for State of Nevada employees.

If PEBP adopts this recommendation, it would be devastating to State employees. Having access to an HMO and EPO healthcare option provides peace of mind to State employees. Many of us chose the HMO or EPO option to avoid the unknowns of being on the Consumer Drive Health Plan (CDHP), or a standard PPO plan. These unknowns include: having to meet deductibles each year, along with costly co-insurance payments based upon a percentage determined by the CDHP or a standard PPO; costly laboratory fees, and required medications, to name a few.

Removing the HMO and EPO options to State employees would result in nothing short of financial hardship to thousands of State employees, including myself. We are all trying to survive in this economy, and if the HMO and EPO plans are eliminated, for some of us, it would be a choice between feeding our families or seeking out medical care.

A few months ago, my teenage son . My son's accident caused so much anxiety for me as a parent. Had I been on the CDHP or standard PPO, I would have been even further petrified with all the unknown medical costs to treat my son. Being on an HMO allowed me to treat my son's with some peace because I knew exactly what I would be paying for his medical care – ***there were no hidden costs or fees associated with my son's care, via the HMO***. I paid $600 for the emergency room co-pay. However, being on the CHDP or standard PPO plan, would have resulted in thousands of dollars in medical costs, including hidden fees, which include emergency room and hospital bills, doctor bills, anesthesiology bills, radiology bills… the billing is endless! In fact, when one of my co-workers recently she was on the CDHP. She ended up with over $10,000 in out-of-pocket costs because she was billed by the hospital, multiple doctors, the anesthesiologist, laboratory,

It is the Board's duty to negotiate affordable health care on behalf of State employees. This does not mean taking the easy road by removing two major health plans that thousands of State employees rely upon; or, conveniently recommending only PPO plans, whereby the Board and Staff have very little managing responsibilities. It sounds like Staff and the Board simply do not want to be burdened by negotiating HMO and EPO health care, and would rather neglect State employees by throwing us to the wolves.

I also want to bring to your attention, that I only learned of this recommendation to the PEBP Board to eliminate the HMO and EPO plans through co-workers. In recently doing research, we learned that the recommendation came around September, 2024. It seems that Staff and the Board both neglected to reach out to State employees. Other than recently stumbling upon the recommendation while perusing PEBP's website, this is the only way a few of us learned about this absolutely catastrophic recommendation to eliminate the HMO and EPO plans.

On another note, we have been hearing for years that State employees are leaving the HMO plan for the CDHP plan. This is completely false. This is nothing more than fearmongering by Staff, when in fact, the HMO plan has remained intact, and has held thousand of State employees for years. The truth is that State employees are not jumping ship from the HMO to the CDHP, State employees are leaving State service altogether due to low salaries, which increases the State's vacancy rate.

In conclusion, Staff's recommendation is extremely harmful to thousands of State employees who are aging, older, who have chronic medical needs, or any State employee and / or dependent, that requires urgent and unforeseen medical care.

Please do not eliminate the HMO and EPO health insurance plans for State employees.

Thank you,

Danielle Wright

January 13, 2025

From: Mark Krueger
To: Nevada Public Employees' Benefits Program (PEBP) Board Members

Re: Public Comment
Proposed <u>Elimination of the HMO and EPO Insurance Plans</u>

Dear PEBP Board Members:

Please accept these public comments as an objection to Staff's recommendation to the PEBP Board (Board), to eliminate the HMO and EPO health insurance plans for State of Nevada employees.

Eliminating the HMO and EPO health insurance plans would detrimentally impact many State employees, and would leave only one option for health insurance. Choice in healthcare helps competition in the marketplace and helps to reduce plan rates. Please consider directing Staff to continue negotiations with numerous health insurance providers.

Thank you.