

From: [Talisman, Barbara](#)
To: [Wendi Lunz](#)
Subject: PEBP Board Public Comment
Date: Thursday, April 23, 2020 12:12:52 PM

I think the Board needs to think very carefully about approving budget savings by passing it onto members given the economy and need for more not less health. Members having to make a choice between a medication or food or seeing a doctor because of increased:

- Premium surcharge
- Reducing life insurance (with Covid taking the lives of more than 160,000 people nationwide?)
- Increasing out of pocket maximum when we may need more not less healthcare
- Percentage paid for specialty prescriptions – it barely covers them now

Thank you,
Barbara Talisman, CFRE
Executive Director
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CSN FOUNDATION
A Foundation for Growth in Nevada

To: [Wendi Lunz](#)
Subject: Re: [EXT]RE: PEBP Board Public Comment
Date: Friday, April 24, 2020 11:41:40 AM

I am asking the Board to think of ways to save money without putting ALL budget savings onto members. Think innovatively.

WE as members can make our health better through wellness opportunities. Provide incentives to do so.

- LIKE NO or refund premium surcharge IF we do x, y and z.
- Ask our doctors about RX prices or download the GoodRX app and AVOID using Express Scripts – they are a pain in the neck and we can get it cheaper without them FOR SOME PRESCRIPTIONS.
- I don't think we leverage Healthcare bluebook enough because it is confusing and cumbersome to use
- Provide education on how to lower your healthcare costs. Mini blog or video did you know.....
- Discounts at gyms, massage, alternative health care providers, Weight Watchers, chiropractic services, etc. We are a BIG group use that to our advantage and help us reduce our healthcare costs while you reduce the budget.

If we are going to have HIGHER out of pocket and premiums with less benefits – What is PEBP going to do to help us be better advocates for our own health, how we talk with our healthcare providers, make decisions that result in better health and finances.

Everything proposed either costs members more and/or provides less health care.

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April 23, 2020

TO: Laura Freed, Chair, Public Employee Benefits Program Board
& Members of the PEBP Board

FROM: Douglas Unger, Member, UNLV Employee Benefits Advisory Committee
& Member, UNLV Faculty Senate Executive Committee

RE: UNLV Recommended Budget Strategies to Address Governor's Mandated
6% Budget Reserve Options for PEBP Health Plans

Dear Chair Freed and PEBP Board:

In response to item #4 on the April 27th PEBP Board meeting agenda, the UNLV Employee Benefits Advisory Committee and the UNLV Faculty Senate Executive Committee, representing nearly 3,000 faculty and staff of UNLV, wish to present to the PEBP Board a number of recommended strategies for addressing the 6% mandated Budget Reserve for PEBP plans for fiscal year 2021. Please know that we have shared these suggested strategies with UNLV Administration, including President Marta Meana and Provost Christopher Heavey, and the President's Advisory Council, and also have their approval to submit our suggestions to the PEBP Board. We do so with no little distress at having once more to see our health plans in danger of incurring cuts to benefits when they have as yet to recover levels of benefits for state employees following the 2008-09 recession in our state. However, as Nevada employees and public servants who are devoting our professional lives and careers to the benefit of all citizens of our state and the public good, we also understand the current revenue crisis caused by the COVID-19 pandemic and present these suggestions in a full spirit of solidarity and cooperation with Executive Officer Laura Rich, all the good staff of PEBP, and with the Chair and devoted members of the PEBP Board. As with the COVID-19 pandemic and its effects, we are all in this together; and if we all work together toward achieving the most logical, data driven, humane solutions, we believe we will overcome this crisis and be able to recover and eventually resume our previous direction of improving and enhancing our employee benefits rather than cutting them. In sum: we submit these suggestions to the PEBP Board in trust that they are temporary measures and temporary only; and that, once the COVID-19 pandemic has resolved and state revenues are restored, the PEBP Board and the Governor and Legislature will agree to restore what needs now to be adjusted or set aside from our plans to meet the current emergency.

Thank you for considering the attached page of PEBP budget reserve options, as we understood them to be working with figures and estimates as of April 21st, to the best of our knowledge. We understand the amounts have changed since, and that our estimates are rough calculations only. Still, we believe the Chair and the PEBP Board will easily

UNLV

see these suggestions as among the many possibilities you may consider with different adjusted financial impacts as reflected in the most up-to-date information you will have available on April 27th. Please note: **the unanimous consensus of our employee representatives is most respectfully to urge the PEBP Board to find ways to meet the necessary Budget Reserve Options without cutting further any of our current health plan benefits.**

As ever, we thank the Chair and the Board for your diligent service to and care for our state, and in advance for the careful decisions you will make at the April 27th meeting.

Sincerely,



Douglas Unger



UNLV Employee Benefits Committee PEBP Budget Reserve Recommendations 4-21-20:



(All figures listed below are estimates – from previous PEBP reports & coordinated with NFA estimates)

Hiring freeze for PEBP administrative staff (4-6? unfilled positions)	=	\$300,000
SaveOn Pharmacy Program (specialty copay assistance to PEBP)	=	\$2,000,000
ESI Market revenue check to PEBP (April, 2020)	=	\$4,500,000
Fund HRA reserve at 75% instead of 100%	=	\$9,000,000
Reduce Catastrophic Reserve from 60 days to 50 days	=	\$7,000,000
Temporary COVID-19 surcharge to all CDHP & EPO/HMO rates @ \$4.95 per month per employee actives + \$1.98 per/month .8 dependents	=	\$2,200,000
GFO requested budget cut target: 10% of PEBP state budget (estimate)	=	(\$25,000,000)

SUGGESTED BUDGET TARGETS FOR PEBP CUTS 2020-2021	=	<u>\$25,000,000</u>

Notes:

"Temporary" means for FY2021 only, with future PEBP Board action required to extend. Any realized net savings remain in PEBP accounts (reserves) per NRS 287.044(7), unless legislative action is taken during a regular or special session during FY2021. The position of the UNLV Employee Benefits Advisory Committee is that cuts to approved plan benefits be avoided, especially during these challenging times.



Tessa Jacobs
Administrative Assistant 4
Risk Management and Safety
Department
University of Nevada, Las Vegas



I appreciate the opportunity to have my voice heard at the upcoming PEBP Board meeting on Monday, April 27th, 2020.

Good Morning Board Members:

Thank you for allowing my comment to be heard at today's meeting.

I have been employed as an Administrative Assistant at UNLV since October 24, 2014. In FY20, I opted out of my HMO plan and enrolled in CDHP. This change wouldn't have been possible if it wasn't for the subsidies afforded to us this year. I understand that health care services aren't cheap, however, despite the subsidies and monthly payments I contribute to my HSA account, I have been struggling to pay my out-of-pocket medical expenses. Decreased subsidies and increased monthly premiums in FY21 doesn't make things easier however, I was prepared to "tighten my belt" so I could continue with my current plan.. Nobody likes the idea of falling further into debt, however, the quality of care and options available to me through CDHP far outweigh the costs. After today, maybe "tightening my belt" won't be enough.

Last fall, I tore the meniscus in my left knee. It was discovered during surgery that the tear could not be repaired. My surgeon was listed in the Healthcare Bluebook app as a doctor that used lower cost hospital facilities and "usually" charged lower fees for procedures. My procedure capped out at around \$8,000 according to Healthcare Bluebook; the invoice I received was for \$24,000. This did not include the \$800 I had to pay for administrative fees before he would even perform the surgery.

I'm sure my story is nothing new, and that there are others who have much worse stories to tell about being caught off guard by inflated medical bills. It is important for the Board to understand just how expensive health care can be for the average worker and his family. Hopefully the Board will take this into account and be sensitive to these

issues. With the exception of Options 2 and 5, each of the nine (9) options being considered by the Board to meet the budgetary requirements of the State specifically target employees by compromising their health care benefits and their pocketbooks.

We are currently experiencing a worldwide health crisis, devastating in its scope. We know our employees did not cause this terrible tragedy. If we all agree that this is true, should our employees be forced to pay the price?

A Scenario

At a Board meeting in another state, far, far away, the discussions begin:

"We need to cut back."

"How do we do *that*?"

"This is bad."

"Any suggestions?"

"Let's see. Well, we all know there's a pandemic going on."

"No kidding. People are losing their jobs left and right."

"A lot of people are going broke!"

"A lot of people are getting *sick*."

"Seems like more people are getting sick every *day*."

"More people are *dying* every day."

"Terrible. But what about the cut backs?"

"I don't want to think about it."

"Depressing."

"Wait! I've got an idea!"

"What is it?"

"Let's cut back on....HEALTH CARE!"