

Joanna Carrillo

6058 Autumn Rose Way

Las Vegas, Nevada 89142

June 16, 2020

PEBP Board

901 S. Stewart St, Suite 1001

Carson City, NV 89701

RE: Request for extension of Benefits due to Coronavirus

Dear Board,

My name is Joanna Carrillo, member [REDACTED] am an employee of the state of Nevada [REDACTED] and I am writing to you today because I feel frustrated currently with the lack of action taken by the board at this time to help members who are having to deal with the consequences of the Coronavirus Pandemic. I have been waiting many years to be able to have a medical procedure which I could not afford to have, due to the high deductible and out of pocket maximums with our insurance plan. This last fiscal year 19-20 unfortunately due to a grave medical episode in Nov 2019, I had high medical expenses which brought me not only to meet my deductible but also bring me really close to my out of pocket maximum. I decided in the beginning of the year to pursue my additional medical treatment being the right time financially and my health insurance helping me be able to move forward. Well my procedures were all put to a halt because of coronavirus and now I will not be able to complete the process before June 30, 2020. Which means that on July 15th I will have to reset and start at zero again. I work really hard and for many years and I planned this treatment to be compatible and completed within this last fiscal year and I believe it is unfair that due to thing outside of anyone's control I have to reset my benefits. I am asking or appealing at this point to be granted an extension to the approval of my procedures with the deductibles of the FY 19-20 for at least the months we were all out of being able to go to the Doctor.

I am never asked for help or anything for free, but it is impossible to every year have to meet 8 thousand maximum out of pocket before, having a bigger procedure done. I find myself all the time having to choose between my health and my pocket. We just got furloughs and our insurance rates have gone up. How can we keep expecting to pay almost 10,000.00 every year for medical expenses. There has to be some tolling for this fiscal year. The state employees take the hit always for the lack of funding and our insurance just keeps going up and up every year. Please take this letter into consideration and I hope that if I can get approval to move forward with my medical procedure to be able to complete it, otherwise I will not be able to afford it and it will be a great financial strain at this time to my household. May I add that I cannot even postpone this process because if I let time pass I have to restart from ground zero with all the initial visits and medical labs which will be even a greater strain financially progress I already have made this year and paid for already. It is unfair I would have to pay for it again.

You can respond in writing to my address [REDACTED], if you need to contact me, I can be reached at [REDACTED]

Thank you for your time and consideration,

RCVD JUN 15 20

Dear Executive Officer Rich:

As you know, I was waiting on the telephone line at the closing public comment period at Thursday's PEBP Board meeting (7/23/2020), but my number was not called. Thank you for this opportunity to put my comments on the record.

Dear PEBP Board members:

Thank you for your hard work on plan design policies. The conceptual ideas approved at the July 23 meeting are generally good, but the details will need to be fleshed out and carefully considered.

We are supportive in principle of the flat-dollar amount employer contributions regardless of plan they chose, as that seems a fair distribution of costs for the more expensive plan options—but **only** if the state contribution amount covers a base plan for a single employee that maintains current benefits or close to it. Otherwise, PEBP becomes a defined contribution plan instead of a defined contribution plan, shifting more costs to state employees. Legislators have stated their strong opposition to a defined contribution health plan. Legislators have also stated opposition to frequent changes in benefits, which is what the 5% reduction does by drastically increasing the deductible and out-of-pocket maximums, and decreasing the HSA contributions. With those reductions, the annual costs for members with serious chronic conditions become economically unfeasible—especially for those needing specialty pharmaceuticals.

Regarding the mixed Board votes on the HSA/HRA contributions for dependents, we have very serious concerns about the impact on and reduction of benefits to employees with families. We strongly urge reconsideration at the September meeting. Because the existing policy was not completely described in the Board packet, I'm not sure whether the magnitude of the reduction of benefits was fully understood. For a family with two children, the FY2021 HSA contribution is \$700 for the employee plus \$200 each for three dependents, for a total of \$1300. Under the new policy and without any other changes, the amount would be only \$700. So instead of \$1300 toward the family deductible of \$3000 (43%) the family would only get \$700 (23%). That compares with a single employee receiving a \$700 HSA contribution toward a \$1500 deductible (47%).

We recommend a policy that sets the state HSA contribution as a fixed percentage of the deductible, which is a simple method and consistent with the intended design of the Consumer Driven Health Plan to encourage savings by the participants while giving them flexibility in use of the funds. But regardless of the HSA contribution method, the PEBP Board needs a closer examination of the employer contribution (state subsidy) levels for employees versus dependents. Those percentages have varied over the years and they greatly affect the employee premiums for various tiers. With all of the other plan policy changes that affect employee premiums by both tier and by plan, the subsidy percentages for the base plan need to be reconsidered. As a starting point, we recommend a 100% subsidy for the employee-only base plan, then as high as possible for dependents given funding constraints (probably 75%-85%).

Again, thank you for your time and your work on behalf of participants.

Kent Ervin

Dr. Kent M. Ervin



To the PEBP Board,

I am writing you regarding the increase in state PPO health plan for Employee + Family. The cost went up \$89 a month which represents a 49% increase. As the sole provider for my wife and three children this is an extreme change and exceptional increase. I understand the cost was being held down by "extra" money in the recent past years and the pandemic has depleted the state and its agencies' spare change. However, on top of this state employees will most likely be facing a one, unpaid furlough day a month as well as no merit increase. I am told our PERS contribution has gone up as well. I implore you to please not increase the monthly cost for health insurance in plan year 2022 (and of course lowering it would always be happily accepted).

Perhaps one way to keep costs down is by requiring something in order to receive extra HAS funds. For example in FY 2018 to get an extra \$100 employees had to get a physical, blood work, dental exam and cleaning. FY 2019 required registering for Blue book and Doctor on Demand. Last year nothing was required. Perhaps the extra money, or even a larger portion of the HAS contribution, should only be given to employees who go do the required physical/checkups, log exercise or something along those lines. I know it's not much but it's something.

I know I have some bias since I'm not a tobacco user, and there could be some silly HIPAA against it, but is it possible to charge more for tobacco users and charge less for tobacco free users? I am more than happy to submit to blood tests to keep my family's costs down. Can there be price breaks for people who log a certain amount of exercise with a FitBit, or don't use alcohol or illegal drugs? I worked at State Farm for 4 years and think health insurance should start giving rate adjustments for people who are far less likely to have health issues than those that do things that make them much higher risks.

Thank you for your considerations. Please do everything possible to keep family health plans down!

Jacob Roberts

HAVA Program Officer II

