

I read the RPEN review upon receipt. I am disturbed to read that PEBP Executive Officer, Laura Rich proposes to discuss and possibly implement a COVID surcharge on unvaccinated members. Is there a surcharge on smokers? How about those who are suffering health issues as a result of the vaccine? I am not a follower who does what told to do, but an educated, informed citizen and member who researches and thoroughly investigates questionable medical practices. I am saddened that this valuable information is held back. The many armed forces personnel, law enforcement, medical personnel, & highly educated persons, etc. who refuse this "shot" should not be penalized or persecuted for their right to refuse this political action. Sad that we are not provided the truth. We are losing our freedoms as fast as sand through an hourglass. I question the right of the board to even entertain this idea. Have you educated yourselves on how many people are dying monthly as a result of this "shot" - it is horrifying. Good luck on finding that information as a result of the control of the government and media - it is out there. I and many of my friends who have lost family members as a result of this mandate are very concerned that this type of control is creeping into every facet of our lives. And the mask issue: like putting up a chain link fence to keep out mosquitos!! Another health issue in itself. As an American wishing to retain our freedoms, I request this email be read into the discussion on November 18th. Thank you.  
(Note: RPEN & PEBP are excellent and do a wonderful job for we retired employees.)



**Dr. Patricia Davin**

Marriage & Family  
Therapist  
Substance Abuse  
Counselor

August 21, 2021

To: PEBP Board

From: Dr. Patricia Davin

Re: Transition from Hometown Health to Aetna Signature Admin.

I am a psychotherapist in private practice in Carson City. I have provided services to State of Nevada employees for over 40 years. I am also a preferred provider for many insurance companies

I have been working diligently with ASA to receive In-network provider status due to the discontinuation of the contract with Hometown Health. It is important to me to continue to provide services to State employees.

I submitted my application to ASA on May 5, 2021. I am recognized by Aetna as a credentialed provider, but not in-network. I have been repeatedly told by Aetna that I will be receiving a contract via email. To date no such contract has been received. I have further been unable to ascertain the reimbursement rate I may expect to receive.

All phone calls are answered by a call center in the Philippines and there is no access to the actual credentialing department. In my 43 years of practice, I have never experienced such unprofessional conduct and difficulty navigating an insurance company. My patients are frustrated and cannot get information from Aetna as well.

I am hopeful you will re-evaluate this contract. My greatest hope is that you may come to some agreement with Hometown Health and re-instate that contract. This has become an absolute nightmare, occupying inordinate amounts of my time and energy. Claims submitted for July 2021 and forward have been denied due to Aetna's horrid handling of this transition.

Thank you in advance for your consideration in this matter.

Dr. Patricia Davin, Ph.D.

From: EDWIN F [REDACTED]  
Sent: Saturday, November 27, 2021 12:49 AM  
To: Wendi Lunz <wlunz@peb.nv.gov>  
Subject: PEBP Board Meeting

Dear PEBP,

I am currently seeing by the doctors affiliated with the University of Utah Hospital in Salt Lake City. I had twice a surgery last April, 2021 with them and also my radiation therapy just recently.

I saw under your new (proposed) contract that Aetna is being replace by United Health Choice Plus as for our out of state network provider. I tried to search the University of Utah Hospital but it is showing an out of network provider. I am saddened and worried since my condition is not available to be treated here in NV so my original neurosurgeon here in Las Vegas referred me to University Of Utah Hospital. With them, being considered an out of network provider by July 1, 2022 what will happened to me?

I am hoping that UMR / United Health Choice plus network add the hospital as in network when the new plan starts. I also double check other United Health plans network and the University of Utah Hospital is considered in network but not yet under United Health Choice Plus network.

Please consider my request.

Thank you,

Edwin Forges  
NV State Employee

Dear PEBP Board,

I am writing to voice my concerns with the proposed COVID surcharge for unvaccinated members. I believe that the proposed surcharge is inappropriate and excessive.

Individuals make many health decisions that impact their utilization of medical services. Among these decisions are smoking, lack of exercise, substance use, and COVID vaccine adoption/avoidance. The purpose of insurance is to pool risks across a broad population to keep costs down. Enacting this proposed surcharge specific to COVID vaccination while ignoring these other risk factors is inequitable.

Individuals have many reasons for deciding not to become vaccinated for COVID. Many of those with natural immunity to COVID have chosen not to be vaccinated because the long-term impact of vaccination on naturally immune individuals has not been well studied. In addition, many Nevadans have concerns with the use of fetal cell lines in the development and testing of the COVID vaccines. Individuals should not be asked to drop their personal religious beliefs or face a fine. This is discriminatory. Although religious exemptions will technically be considered, very few are being approved through NSHE's process. Since PEBP proposing adopting a similar process, I would anticipate that the results will be similar.

Furthermore, I believe that the proposed amount of the surcharges is excessive. In particular, \$175 per month for unvaccinated dependents over age 18 is extreme. Many households will struggle to pay nearly \$3,000 per year to maintain their medical autonomy and religious beliefs. If this surcharge is approved, I will have to consider dropping my dependents from my health insurance and they will become uninsured. I don't believe that increasing Nevada's uninsured rate during a pandemic aligns well with the purpose and vision of the PEBP board or the state of Nevada.

Recommendations:

1. Do not approve the COVID surcharges.
2. If the surcharges are approved:
  - a. Provide an exemption for unvaccinated individuals with natural immunity.
  - b. Reduce the monthly surcharge for dependents to a more reasonable level.

Thank you for your consideration.

Ellen Crecelius

**From:** Linda Gannon [REDACTED]  
**Sent:** Monday, November 29, 2021 2:05 PM  
**To:** Wendi Lutz <wlunz@peb.nv.gov>  
**Subject:** please restore all PEBP benefits

As a PEBP participant, I am writing to ask you to please support full restoration of pre-pandemic PEBP benefits including Long-Term Disability Insurance. Public employees have persisted through the past few years of turmoil and furlough and deserve our share of the funds being sent to Nevada to mitigate the effects of the pandemic on our great state.

Thank you for your consideration,

Linda Gannon, Nevada Faculty Alliance member

November 29, 2021

Dear PEBP Board,

I am extremely concerned with PEBP's proposal to implement a COVID surcharge for unvaccinated members and their dependents over the age of 18 years. As an Active State Employee with two of my dependent children on my health plan, I currently pay \$255.06 per month for coverage for all three of us on the EPO plan. Using the current premium, this proposal would increase my monthly premium by \$230 per month (\$55 for myself, \$175 for my son who is an 18-year-old dependent) to a whopping total of \$485.06 per month. This is a **90% increase** to my current monthly premium which contradicts PEBP's Mission Statement to *"Provide employees, retirees, and their families with access to high quality benefits at affordable prices."*

I vehemently believe this proposal is politically driven and not an attempt to recoup costs on PEBP's part or increase the health and wellness of its members. If the intent were "health promotion and disease prevention", then members would also be penalized for unhealthy lifestyle and medical choices, such as: smoking/tobacco use, alcoholism, opiate addiction, obesity, diabetes, risk-taking repeat injuries, etc. To implement this surcharge for members that are not vaccinated against COVID sets a dangerous precedent for PEBP to implement additional surcharges down the road for a variety of reasons under the guise of "wellness".

There are various studies that have proven young men, like my active, healthy 18-year-old son, could end up with a heart condition as a result of the COVID vaccine. How would this save the state or PEBP money if he is coerced into receiving the COVID vaccine that has a strong probability of inflicting a new medical condition upon an otherwise healthy young man?  
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html>

Medical insurance premiums are developed using a risk pool and then allocated among all members to drive down individual costs. To create this exception for COVID vaccines and provide vaccinated members with preferential treatment will have unintended consequences. Members may opt out of PEBP insurance and seek other financial means to pay for their medical expenses. Medical insurance is supposed to provide a safety net for the insured. If the monthly cost exceeds what members would pay in cash, why should members even elect to be covered?

If this surcharge is imposed, my son will join the uninsured population as the increase is not financially sustainable for a young adult earning too much to qualify for Medicaid but too little to afford such a high premium. He could invest and earn interest on that \$175 per month and build a personal safety net fund to pay for his medical costs in cash, which is typically a far lower expense to patients than what medical providers charge insurance companies for the same service. I anticipate a large majority of young, healthy adults will simply opt out of

medical insurance, as they have in the past, which will greatly and negatively affect the risk pool to all PEBP members.

Recommendations:

1. Do not impose the COVID surcharge as it will result in unintended consequences such as increasing the uninsured population and creating a mass exodus of members opting out of employer sponsored health insurance.
2. Provide exemptions for those with natural immunity as well as reduce the barriers to approval for medical and religious exemptions.
3. Spread the costs among all PEBP members as is customary and develop an incentive program that promotes healthier lifestyles among participants such as premium discounts for improved health conditions.
4. Increase education on the natural options for reducing the severity of COVID complications such as: ensuring adequate Vitamin D levels, consistent exercise to include strength training, yoga, and cardio, weight loss and dietary modifications to reduce inflammation, etc. These initiatives would reduce many comorbidities known to exacerbate COVID symptoms through intensive case management and support for members which would effectively reduce healthcare costs for all Nevadans.
5. Reduce or eliminate weekly COVID testing and/or vaccine mandates on a state level as other states are doing: <https://www.beckershospitalreview.com/workforce/11-states-banning-covid-19-vaccine-mandates-how-it-affects-healthcare-workers.html>. The state mandate and weekly testing requirement has created an unnecessary financial burden to funds that could be allocated elsewhere to create a Healthier Nevada.

Thank you for your time and consideration,

Shanna Cobb-Adams

**From:** Kelly Macdonald [REDACTED]  
**Sent:** Monday, November 29, 2021 2:52 PM  
**To:** Wendi Lutz <wlunz@peb.nv.gov>  
**Subject:** Public Employees Benefits Program Board meeting December 2, 2021

Since I was not given much notice on where to send my comments, I am doing it right now since today is the last day to submit it to you.

I object to charging unvaccinated employees to continue the inconclusive Covid-19 testing which has been known to be accurate sometimes and not accurate other times. We all know that the vaccinated employees are carriers and can pass the virus on to others whether you are vaccinated or not. Those who are vaccinated have less of a natural immunity than those who are not vaccinated, this was proven with the CDC and other scientific studies. I personally will not take the vaccine due to my religious reasons and past health issues with myself and family members concerning [REDACTED]. Also, I have an older brother who had a very serious reaction to the experimental polio vaccine back in the early 50's where my parents almost lost him however; he did survive but it did leave him with serious mental deficits that he has had to live with for the last 66 years. Mandating people to get vaccinated and or tested is uncalled for and unconstitutional. You will be discriminating against unvaccinated employees of the State of Nevada if you move forward with the Covid-19 testing costs imposed on them and not everyone else within the State since it is known that vaccinated employees have breakthrough cases as well as these Covid-19 tests being inconclusive.

Thank you, for letting me share my opinion.

Kelly Macdonald

**From:** Casandra Davis [REDACTED]  
**Sent:** Monday, November 29, 2021 3:22 PM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** Dec 2nd pebs meeting

Good afternoon,

I have read the proposal regarding implementing monthly surcharges to unvaccinated employees. The unvaccinated did not request to be tested every week. The governor made that rule. The unvaccinated should not have to foot the bill for the agency's unjust decisions. The fact is vaccinated and unvaccinated employees both can contract and spread the virus equally, yet the state has decided to only put the hardships on the unvaccinated unfairly. I have been testing for over four months per the state's mandate and not one time has it been positive. I work 100% from home yet they still require me to come and get tested. The state is the one wasting resources not the employees. What the state needs to realize is being vaccinated does not reduce the chances of getting or spreading COVID. It only reduces the likelihood of hospitalizations. So really this is and has been an unfair and pointless protocol to make unvaccinated test every week. When someone comes to work sick the state doesn't make them go test for flu so why are we making the unvaccinated test regardless of symptoms or exposure. It's wasteful and costly and it's the state that is at fault. The employees have suffered enough unfair treatment and punishment, please don't add to it. If the governor wants to continue to test the unvaccinated for no just reason then make him pay for the tests.

Thank you,

Casandra

From: Lori Goulart [REDACTED]  
Sent: Monday, November 29, 2021 4:52 PM  
To: Wendi Lunz <wlunz@peb.nv.gov>  
Subject: Unvaccinated

So does this mean if you are overweight, drink alcohol, have an std, etc you should be paying more also?

Lori Goulart

**From:** Kristy Scott [REDACTED]  
**Sent:** Monday, November 29, 2021 4:58 PM  
**To:** Wendi Lunsz <wlunz@peb.nv.gov>  
**Subject:** Public Comment 12/2/2021 PEBS Board Meeting RE: COVID-19 Update

I am asking the PEBP member board to vote down this Covid surcharge for anyone unvaccinated. My reasons are below:

1) You are penalizing your members for their PERSONAL health choices pertaining to COVID, but have nothing to say about other risky health behaviors that should have opened the door for this conversation many years ago. What about things like: smoking, vaping, alcohol and drug abuse, extreme sports, obesity, the list goes on.

2) If PEBP was genuinely concerned about mitigating risk, then why not review the top money maker for the healthcare industry - the smoking industry? If you review the website for the "Truth Initiative", in Nevada, you will find the following information about the costs for smokers just in Nevada in 2019 - let's not even talk about the second hand smoke in front of most state buildings:

- Smoking-caused health care costs: \$1.08 billion per year.<sup>4</sup>
- Smoking-caused losses in productivity: \$1.09 billion per year.<sup>5</sup>

3) I refer you to PEBP's own Mission Statement: "Provide employees, retirees, and their families with access to high quality benefits at affordable prices". We are already dealing with escalating premium rates and declining benefits. Adding such a high amount to the dependent surcharge in order to "leverage dependent surcharges to collect sufficient revenue to cover the expected costs" because what is legally allowable for the employees is not enough, is not only unethical, it is not giving your employees "affordable prices".

4) Your 2018 Strategic Plan has the following information contained within under "Values"

• Service • Innovation • Accountability • Transparency • Fairness • Integrity • Compassion • Sustainability • Collaboration • Health Improvement

I fail to see how requiring an employee to pay such an exorbitant amount PER UNVACCINATED DEPENDENT falls under these values. \$55 per employee, so a family with a spouse over 18 unvaccinated is \$175, let's say they have another over 18 dependent, that's another \$175 and now you are charging this family alone \$405 ON TOP OF THEIR PREMIUMS because they have made a personal medical choice not to vaccinate? They may never even catch COVID or may have natural immunity. Where is that under your value of "Fairness" or even "Compassion"???

5) Will you now expect each dependent to release their medical records to you so that you can determine who is unvaccinated? Or will you require them to provide you with their vaccination status? You have absolutely no authority to demand anything from a dependent, someone not employed by you. Will you then penalize the employee?

6) I see absolutely NOTHING in your agenda pertaining to natural immunity. You know, those individuals who have had COVID? Not one mention in your Agenda, why is that? Why aren't you recognizing the natural immunity present in all of these patients that allegedly drove up all these health costs? The fact that you make absolutely no reference to natural immunity confirms my belief that this is nothing but another political ploy by the governor to force vaccination for all individuals in the state he governs. Know this, just because he is governor does not give his policies any more weight than what WE THE PEOPLE approve. Yes, that's correct, we are governed by the people, not by one individual. If the costs to test all the employees are prohibitive, then I would suggest two possible solutions:

A) Rescind the testing mandate

B) Figure another revenue source to pay for the testing. The testing was required due to the governor's mandate. If he wants testing, then why should it come out of the PEBP funds? Aren't those funds for healthcare reasons?

Finally on page 7 of your agenda, I notice that you devote an entire paragraph as to why you cannot require a surcharge that is beyond "affordability" under the ACA. How do you come up with the fact that "the employee surcharge limit to be approximately \$55" but then charge 3 times that PER DEPENDENT? Is that not beyond "affordable" under the ACA? PEBP is making a statement that is very transparent as to the meaning... the way I read it is that you cannot legally charge more than \$55 for the employee, so you are going to make it up by overcharging each dependent. Is that truly ethical?

I offer no alternative, I don't see anything feasible without starting a surcharge for any unhealthy behavior. This is a choice not to vaccinate. There is no guarantee that ANY of these individuals will even wind up having COVID. So you are penalizing people for medical costs for a virus they may never have. Where is the sense in this?

Kristy Scott  
Former Investigator Nevada Attorney General  
Former Employee of NV DHS  
Former Employee of NV DOI  
Current spouse of a State Employee



**From:** Amber T Raety [REDACTED]  
**Sent:** Monday, November 29, 2021 8:21 PM  
**To:** Wendi Lutz <wlunz@peb.nv.gov>  
**Subject:** PEBP Meeting Public Comment for 6.3 on 12/02/21

Hi Wendi,

This comment is in regards to Agenda item 6.3 - Possible Implementation of COVID-19 Premium Charges.

The the most sensible way to cut the cost of the Covid testing is to stop the weekly testing mandate for COVID-19 of the unvaccinated. Never before has there been any circumstance in which perfectly healthy people displaying no symptoms get tested weekly for no reason. The Covid-19 vaccines do not prevent transmission of the Covid-19 virus which means the vaccinated are still catching and spreading COVID-19. Why is it mandated that only the unvaccinated require weekly testing when the vaccinated employees can also be carriers and spreaders of the virus? This makes no sense and is complete discrimination. The CDC has stated the vaccines do not prevent an individual from contracting the virus or from spreading the virus, so to penalize unvaccinated individuals for medical decisions they have made to not take the vaccine is discriminatory and illogical. In the beginning of the pandemic screenings were done upon entering the workplace. Anyone who displayed symptoms or had possible exposure to someone infected with the COVID-19 virus was then requested to get a COVID-19 test. This should be the procedure now as everyone should be getting screened at this point as both vaccinated and unvaccinated employees are both at risk of catching the virus. To single out the unvaccinated causes segregation and also draws attention to medical decisions chosen by the unvaccinated individuals which should remain private per HIPPA laws. Charging an insurance premium to unvaccinated employees who are just as much at risk of catching the virus as the vaccinated is not the wisest way to scale back on funding lost for testing. Implementing this measure will cause a number of unvaccinated employees to break their service with the state and cut the workforce. Pressuring, coercing and threatening to implement financial setbacks for employees is not an incentive for anyone to go and take a job of something they have already declined to this point thus far. I pray the board will take this comment and all submitted comments into serious consideration. Thank you for your time.

Amber T. Raety  
[REDACTED]

**From:** Annette Amdal [REDACTED]  
**Sent:** Tuesday, November 30, 2021 9:28 AM  
**To:** Wendi Lutz <wlunz@peb.nv.gov>  
**Subject:** Comment on proposed surcharge to insurance rates for unvaccinated employees

Dear Ms. Lutz,

I'm writing today with a comment for the upcoming meeting to discuss a surcharge for unvaccinated state employees. I strongly oppose this measure!

Many who are unvaccinated have already had Covid so they are protected with antibodies against the disease. Many others have medical reasons prohibiting them from taking the vaccine. And many others cannot take the vaccine because of strongly held sincere religious beliefs.

The statement outlining this fee indicates that the surcharges will be used to defray the cost of testing. For whom? If the unvaccinated have to submit to weekly testing at their own expense to keep their jobs even though they have received a medical or religious exemption, who gets the benefit of the defrayed cost? It would seem that those already vaccinated would be the beneficiaries. And the unvaccinated would be doubly charged. Since the Covid vaccines do not prevent the transmission of or the illness itself, what is the point of testing those who are not ill? Everyone should test each week or no one should test.

I would also like to state that financially punishing someone for a sincere religious belief is persecution and unlawful under Title VII.

Will you also be discussing a surcharge for anyone who smokes, drinks, doesn't exercise, or is overweight?

Thank you for your time.

Respectfully,

Annette Amdal

Administrative Assistant IV  
[REDACTED]

**From:** Maggie Huerta-Garza [REDACTED]  
**Sent:** Tuesday, November 30, 2021 1:21 PM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** Public Record Statement for PEBP Meeting on Dec. 2, 2021 at 8:30 AM - Please acknowledge receipt

Ms. Lunz and PEBP Members,

My name is Dr. Margarita Huerta.

As a professor and researcher at UNLV, I strongly oppose voting in the surcharge being proposed for unvaccinated employees.

I am appalled that you would consider committing such uninformed, irrational, coercive, and discriminatory measures; though the measures this state has voted in prove many will not listen to facts, rational, or ethics and Civil Law.

So perhaps, this will fall on deaf ears. But perhaps some will listen. And, at least, the message will have gone out. For, in keeping silent, all I would do is perpetuate the uninformed, irrational, coercive, and discriminatory spiral this state and its institution have moved into.

Yes, these measures are uninformed and irrational.

- You have provided ZERO convincing data regarding the cost of vaccinated vs. unvaccinated.
- You have failed to acknowledge the fact that vaccinated transmit the disease just as the unvaccinated.
- You have failed to acknowledge what the CDC states regarding testing: It should be for ANYONE who HAS SYMPTOMS. Screening measures are what should be considered. Go read the CDC page. This would also save your precious dollars.

Yes, these measures are coercive and discriminatory.

- Employees who are unvaccinated are unvaccinated for health or sincerely held religious beliefs. Yet, in a communication with Laura Rich, she clearly stated that this measure might urge more people to get vaccinated. How does this make ANY RATIONAL SENSE?
- First, those who cannot vaccinate due to medical conditions or sincerely held religious beliefs will not do so.
- Second, those who have sincerely held religious beliefs are going to be discriminated against because of their religious beliefs.
- If these measures are passed, then there should be surcharges for the overweight, those who smoke, those who do not have other vaccines, etc.

I urge you to think. I know it's hard.

But if this state and institution has even an inkling of hope to come out of ignorant fear, retaliatory politics, and greed, then I urge you to vote against this unbelievably uninformed, irrational, coercive, and discriminatory surcharge.

Dr. Margarita Huerta  
Associate Professor  
UNLV

**From:** Charlotte Stewart [REDACTED]  
**Sent:** Tuesday, November 30, 2021 3:23 PM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** Comments for increasing insurance cost for unvaccinated

Hi I'm a resident in Nevada with several close friends who work for the state. Here are my concerns regarding the new policy you are voting on.

The vaccine does NOT prevent transmission. In fact, the vaccinated often bear symptoms of covid after being vaccinated, increasing the spread. The only lasting "claim" the vaccine has is that it might reduce symptoms. How is this reducing transmission? It ISN'T. One could argue that the reduction of symptoms could be increasing the spread of COVID. Fact: places with highest vaccination rates have highest covid cases and severity. Fact: places with lowest vaccination have lowest numbers of cases and severity. Fact: places using ivermectin have best outcomes. Ivermectin is still an approved treatment. It is safe and effective therefore there is no need for an unknown injected therapeutic with grave side effects. Fact: people who have had covid and not vaccinated have antibodies which are safe and more effective against covid cases. The unvaxxed have already UNWILLINGLY PAID for the treatment the vaccinated are receiving (the mRNA) and the government is reaping the profits, NOT the invested taxpayers. The majority of hospitalizations are the vaccinated. The unvaccinated are the ones already paying for the poor health choices of the vaccinated in many ways: funding the vaccine distribution, and covering their asses when they can't work. Also, how are they (1) identifying the "mutations" when the virus itself has never been isolated (2) distinguishing between vax side effects and the "omicron" sure they can prove there are just as many unvaxxed suffering the symptoms of "omicron" than the vaxxed, otherwise—those are Vax reactions and NOT a new variant.

I hope you take these things into consideration before imposing a potentially illegal discriminatory policy.

Thank you  
Charlotte Stewart

Comments for December 2, 2021 PEBP Board Meeting, Item #6.3.

*Thank you for the opportunity to comment on the PEPB Board issues today.*

As a member of PEBP's health plan, I fully support the charging of COVID-19 treatment costs to those members who decide not to receive a vaccine due to their personal views (Item 6.1-3). However, those individuals who cannot receive a vaccine due to health concerns raised by their physician should not be assessed a premium since the lack of getting this protection is not their choice, which you recognize.

Generally, cost causers should bear the expenses they incur. The anti-vaxxers should pay for their choice since their freedom is not free. It may cost hospital and health professional visits or another innocent person's life. All which could have in the majority of cases been avoided.

I would suggest the "premium" instead be discarded for a "discount" (the "carrot" method) for compliance with Covid-19 vaccination. Although this may be a smaller amount the \$55 per month per member it may incent individuals to get the vaccine.

The unvaccinated individuals are directly costing me money by re-directing funds to pay for their care which are avoidable costs. They are subverting vaccinated members property rights by increasing premiums (a suggestion at Item 6.3) and reduced services which increase personal costs. These people are not entitled to vaccinated members' money or resources. I recommend you charge unvaccinated-by choice members for their Covid-19 related care.

Have good holidays.

PEBP  
901 South Stewart St. Suite 1001  
Carson City, NV 89701

*Comments Supporting a Reduction of Member Copayments*  
*Re: PEBP Board Meeting*  
*12-2-2021*

Greetings,

I am writing to the Board to support a reduction or elimination of the current copay percentage. I write this since it appears this is the least desirable option recommended for members' relief currently suggested to the Board. This is in regard to the \$4,000,000 to determine plan design restorations and enhancement prioritizing deductibles, out-of-pocket maximums and co-pays, as well as federal relief money, if any.

The reduction to member monthly premiums is a welcome yet minimal benefit shifting costs to those members who may need health care. This is not an equitable solution for sharing costs among the various groups the member base is composed of whose costs on the Program differ. needs or costs imposed upon the PEBP resources is reshuffled apparently on age.

Given increased copays currently assessed for health services, members facing those costs may elect to defer, or forego necessary health procedures.

I have not seen supporting evidence to re-shuffle the health benefits, and therefore oppose it.

Accordingly, I recommend the Board approve restoration of members' copay benefits to pre-pandemic amounts.

Regards,



Jeffrey Galloway

From: Paula [REDACTED]  
Sent: Tuesday, November 30, 2021 5:23 PM  
To: Wendi Lunz <wlunz@peb.nv.gov>  
Subject: Increase to unvaccinated

I believe this is totally unacceptable to do this to your employees. State workers compared to other county and local entities are so under paid in comparison plus have the highest deductible health insurance as it is.

Pushing this issue to get the vaccinated rates our current administration is trying to force, is creating division within the employees and discriminating against employees who for personal reasons have chosen to not get the vaccine.

Shame on you Governor and your senior staff.

**From:** Lori Follett [REDACTED]  
**Sent:** Tuesday, November 30, 2021 5:14 PM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** Public Comment for the 12-2-2021 Public Employees' Benefits Program Board Meeting

To Whom it May Concern,

I am typing this in the late hours of the evening because I just found out that there is a suggestion to place a surcharge on all unvaccinated employees that will be heard in two days. Why was this not sent out to all employees to let them know your plans?

I am outraged to hear that this is even being entertained. This is not a vaccine, it is a shot. There is already a booster because the first 2 shot series is no longer effective and now a strain that will make that booster obsolete. I have worked for the state for many years and recall when there were incentives to be healthy. To have low BMI, not to smoke and obtain baseline labs annually. That was done away with, likely because someone felt they were being discriminated against. We are not promoting health here with incentives like the ones I mentioned. We should be promoting health by encouraging exercise, healthy eating and food as medicine. Instead we are forcing a shot. The vaccinated still get COVID and still spread COVID. Are you going to penalize those who are overweight? Those that smoke? Those that choose not to exercise? Those that are alcoholics? Those are all health factors as well. If you do not plan to penalize those individuals then to penalize those that are not vaccinated is discrimination.

Have you all personally educated yourselves on the side effects of the shot? The deaths reported from the shot?

If you wish to impose a surcharge this would need to be across the board to all employees. I request that this be read by the board and placed in public record for this meeting.

Thank you,  
Lori Follett

To the NV PEBP Board Members;

This correspondence is intended to be entered into the December 2<sup>nd</sup>, 2021 public minutes for agenda item 6, consisting of 6.1 Possible Restoration of Covid-19 Cost Sharing, 6.2 Surveillance Testing Coverage, and 6.3 Possible Implementation of Covid-19 Premium Surcharges.

Good day NV PEBP Board Members, my name is Jonathan R. Allen-Ricksecker and I am a tenured State of Nevada Employee with over 21 years of service with the State. I am deeply concerned with the proposed increases and the rationale used to justify these increases I have read material that accompanied this agenda item, most significantly the inclusion titled, "COVID-19 Update, Coverage Options and Potential COVID Surcharge for Unvaccinated Members. As I read through the divisive discriminatory report and the rationale utilized, several problematic and concerning elements jumped out, the most significant being that certain proposals appear to be contrary to federal and state law, and should definitely be thoroughly reviewed by a legal councilor before implementing.

Section 6.1, under the COVID Cost Sharing section, the NV PEBP states it is looking at several options including; Restoring cost sharing for unvaccinated members only, and Restoring Cost Sharing for those who are age-eligible for the vaccine only. This is irrespective to whatever reason the individual is unvaccinated such as a religious and or medically disability based reason(s). Many applicable federal laws explicitly prohibit discrimination based upon these protected factors such as but not limited to: The Civil Rights Act, ADA/ADAA/Rehabilitation Act, and the Affordable Care Act 2010 which the U.S. Department of Health and Human Services (HHS) has formalized in its 2016 anti-discrimination rules. The Nevada Legislature has codified several statutes that prohibit discrimination based upon these protected statuses. It is likewise illegal for an insurance company to charge an individual more due to a pre-existing condition, in this case there really is no pre-existing condition. It is most curious how the NV PEBP believes it will be able to circumvent these applicable laws, and for how long. Will there be different premiums based upon religious belief, denomination, or sect or severity of a recognized ADA disability? If so, how will those be determined? Even OSHA's own Emergency Temporary Standard (ETS) recognizes religious and medical exceptions to the mandate, and the applicability of all pre-empting federal anti-discrimination anti-retaliation legislation limiting OSHA's authority, the NV PEBP Board apparently does not?

Section 6.2 deals with the Employer Mandated Testing, and cites that the State of Nevada implemented weekly testing requirements for unvaccinated employees. In fact, the Nevada Department of Corrections (NDOC) was conducting weekly testing for both vaccinated and unvaccinated employees. This is because the preliminary BinaxNow test are inconclusive as originally stated by the manufacturer, detect and provide a positive reading for COVID in addition to, influenza, and upper

respiratory infections. The preliminary test are suppose to be verified using additional more comprehensive specific follow up test. As new COVID strains emerge such as the Delta and Omicron variants which infect both the vaccinated and unvaccinated alike as reported by the most highly vaccinated countries, how does the NV PEBP justify selectively raising recouping cost to only one group? It is note worthy that the NV PEBP cites the Biden Administrations rule requiring large employers to mandate weekly testing for employees who remain unvaccinated, when this arguably unconstitutional mandate has been halted in the Federal Courts, and will certainly have to be deliberated by the U.S. Supreme Court. Perhaps awaiting the SCOTUS opinion before implementing this reform maybe prudent. If the Feds want the test, they can pay for them, and as Nevada Sisolak has asked for suggestions on how best to spend the Federal money in the bank, I suggest the NV BEPB Board seek recoupment there. The NV PEBP has cited several other questionable options such as opting to deny coverage for employer mandated testing, which is obviously a business expense the board wishes to place upon the unvaccinated in the immediate future, and would necessarily due to other COVID variants shortly thereafter encompass all employee plan participants. Secondly, 2) the board could opt to provide coverage for surveillance only through approved low-cost testing onsite. This makes the most sense. Or, 3) The plan could opt to provide coverage for all types of COVID testing, and the cost be absorbed by the plan. This is somewhat more equal, but does not address problems that arise from dependent testing. As noted within this section, "All the options above will result in increased cost to the plan and will require a new funding source to avoid impacts to benefit levels." Perhaps a combination of discovering new options, which does not include the discriminatory policy of price gouging only unvaccinated public employees anymore than raising the premiums and deductibles of chronically ill plan participants would be wise. Where was all that Federal money burning a hole in the state's pocket going again?

The last section, 6.3 addresses the prospect of Surcharges. That is a fancy way of putting lip stick on a discriminatory policy, and making it appear like something else. NV PEBP cites an ill advised plan by Delta Airlines "recoup;" anther fancy wording of a "revenue generating scheme" that in this case erroneously asserts that unvaccinated members are more frequently hospitalized. Now, the hospitalization may not always be related to COVID, and as greater numbers of the population have voluntarily or coercively been administered the "vaccine", the numbers of hospitalizations of the vaccinated for both COVID related and unrelated reason has spiked, as self reported from the highly vaccinated countries. This of and in itself, should call into question the viability of this scheme. Perhaps looking at another Airline such as United Airlines pre-covid that had to settle an EEOC case for instituting discriminatory policies for disabled employees which cost them \$850,000 should be review before embarking on this course. The whole concept of applying a surcharge of up to \$55 per employee and \$200 per dependent for unvaccinated plan participants (the reason(s) for the unvaccinated unidentified or deemed irrelevant) to one group, a group that is virtually identical in make-up and characteristics of the other, and which for all intense reasons unrelated to COVID will likely relatively experience the same number and kind of medical services, seems problematic and unjust. This also sets a dangerous precedent of dispensing unequal medical coverage. What, if in the future, hopefully not, if it is discovered that there are additional adverse side effects to the various COVID shots? Will there then be a vaccinated covid surcharge, in where the tables are turned, and these plan participants will bear the front of these large increases in health insurance at a time they would be medically most vulnerable? I have a large family of seven four dependent adults , and for a combination of religious and medical reasons we are unvaccinated, and we assume those risks. Your optional surcharge would increase my medical expenses and decrease my income by approximately \$855 per month, not taking into account

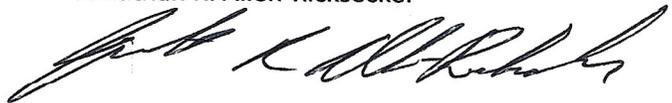
the premiums or other applicable deductibles. That would be more than unaffordable, and in excess of 9.83% of the household income not counting the 22.75% I pay into NV PERS. The option to take into account surcharges in conjunction with the \$55 per employee and \$175 per dependents likewise offers little incentive to retain state employees. I would have insurance in name only, and probably be unable to use it except under the most dire of circumstances.

Throughout the submission, the NV PEBP repeatedly makes reference to the Health Insurance and Portability and Accountability Act (HIPPA). I would like to cite another relevant law, Genetic Information Non-discrimination Act 2008 (GINA) which prohibits the use and disclosure of genetic information by covered health plans for under writing purposes which include eligibility, determinations, premiums computations, applications of any pre-existing conditions, and any other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits. It was almost like this law was written for just a circumstance such as this. I noted that the NV PEBP Board did address the possibility of looking at religious and medical exemptions. The NDOC has similarly attempted to outwardly fulfill this process, and has violated just about every law ever written. Stating that there is a process and implementing the process are two distinctly different creatures.

I do not envy your decision, nor have all the answers. However, I am certain that this course is seriously flawed. Perhaps, mirroring the automotive insurance industry model, plan participant's may choose from a list of coverage option that they feel best fit there own needs. Do I want a higher or low deductible? Do I need free towing, glass repair, or pet insurance? Do I need COVID insurance? The consumer weights their options, tailors a plan based upon the information and their ability to pay. I am unvaccinated, and am perfectly willing to decline the COVID insurance option after weighing the risks, benefits, and cost.

Thank you for your time and consideration;

Jonathan R. Allen-Ricksecker



**From:** don hicks [REDACTED]  
**Sent:** Tuesday, November 30, 2021 7:34 PM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** Pebp meeting

Good afternoon,

I have heard that pebp is planning to increase rates of unvaccinated State employees to cover costs for state testing of covid. The State of Nevada has received a tremendous amount of money to cover this activity. Imposing additional costs on state workers is counterproductive in Staff retention and unnecessary. These issues are currently in litigation across the Country and should be suspended until the Courts make their decisions.

Don Hicks

[REDACTED]  
**Sent:** Tuesday, November 30, 2021 7:37 PM

**To:** Wendi Lutz <wlunz@peb.nv.gov>

**Subject:** Public comment pebp meeting 12/2

I'm not sure why such discrimination is being allowed to take place against unvaccinated workers. Vaccinated workers are spreading the virus just as fast as unvaccinated workers. Also vaccinated workers aren't being tested but they are showing up to work sick and no test is being conducted.

Please stop this measure for charging unvaccinated workers and dependents. Violations of HIPPA as to whoever releases personal medical information to PEBP.

Please keep my name anonymous as I have already been retaliated against by my supervisors.

**From:** kellen prost [REDACTED]  
**Sent:** Tuesday, November 30, 2021 7:48 PM  
**To:** Wendi Lunn <wlunn@peb.nv.gov>  
**Subject:** Covid costs

Good evening-

My name is Kellen Prost and I am an employee of the NDOC. I am the infectious disease nurse for my facility. I would like to point out that the NDOC is testing all employees vaccinated and unvaccinated currently. Expecting 1 group of people to pay for testing for the whole department/ state is an unrealistic expectation.

Per the EEOC, "To "discriminate" against someone means to treat that person differently, or less favorably, for some reason".

"The laws enforced by EEOC protect you from employment discrimination when it involves:

- Denial of a reasonable workplace change that you need because of your religious beliefs or disability."

Changing the costs for unvaccinated staff and their family members is discriminating against their religious beliefs and/or medical disabilities.

Please reconsider and look for other options.

Thank you for your time-

Kellen

**From:** Nicole Mills [REDACTED]  
**Sent:** Tuesday, November 30, 2021 9:00 PM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** Agenda Item 6.3, Possible Implementation of COVID-19 Cost Sharing

Dear Ms. Lunz:

In response to the Public Employees' Benefits Program (PEBP) Board Meeting, Agenda Item Number 6.3, "*Possible Implementation of Covid-19 Premium Surcharges*," I hereby submit my public comment via email, on this 30th day of November, 2021.

First off, this is outrageous and a complete disaster. The state is receiving millions of dollars in federal funds to cover the COVID crisis. The thought of PEBP even considering this is a disservice to the State of Nevada employees and incredibly disappointing.

On Page 7, paragraph 4, PEBP states that, "health insurance must still be deemed "affordable" under the Affordable Care ACT (ACA), meaning that the least expensive premium option must be less than 9.83% of the employee's household income, but since household income cannot be accessed, IRS provides safe harbor rules to determine affordability....which include federal poverty levels and minimum wage....and using this information, PEBP determined the employee surcharge limit to be approximately \$55. Do you not realize the impact this will have on employees? Do you know how many people will suffer and have to choose between a \$55 surcharge and gas or food for their family? I cannot, for the life of me even imagine that situation. Can you?

PEBP knows and I know that state employees do not make a killing off of their wages. Needless to say, those of us working for the state, and some who are single parents or in a single household, trying to make a living or provide for a family ALONG with an already high cost health plan, \$55 is a lot of money. So, with inflation, increase in GAS PRICES, GROCERIES, RENT, HEALTH INSURANCE, you want to impose an additional \$55 for unvaccinated people? So those people already trying to survive in an already disastrous economic crisis, now have to choose between high cost of health insurance, groceries, gas, and now a \$55 surcharge for a COVID test that is being mandated by the state? This is not a choice. This is something that has been MANDATED by the State of Nevada and those who are not vaccinated are paying the price and being punished and discriminated against. This is a punishment and another wicked way to force people to get vaccinated or choose to quit their job and find something more affordable. Starbucks, grocery stores and other private industries are not requiring the testing and paying \$15-24 per hour. You're forcing people out of the workforce for the State of Nevada.

If you impose this surcharge, are you going to charge those high risk COVID patients who continue to get COVID despite their vaccines and multiple booster shots?

Last but not least, is this mandated testing even legal? And please site where it is legal for the state to impose this co-pay against unvaccinated employees.

I strongly request that you reconsider this for the health and well-being of ALL Nevadans. There should not be a label or punishment placed on those who choose their own health care decisions.

Nobody has the right to force someone into a health care decision that is not conducive to their thoughts and beliefs. You are going to cause greater harm to this state and its employees if this surcharge is forced.

Thank you for your time.

**From:** Roy D. [REDACTED]  
**Sent:** Tuesday, November 30, 2021 9:02 PM  
**To:** Wendi Lutz <wlunz@peb.nv.gov>  
**Subject:** Possible Restoration of Covid-19 Cost Sharing

This is discrimination pure and simple, you're setting yourselves up for a class action lawsuit.

Robert Douglas



NEVADA FACULTY ALLIANCE

840 S. Rancho Dr., Suite 4-571

Las Vegas, Nevada 89106

Date: November 30, 2021  
To: PEBP Board Members  
From: Kent Ervin, Nevada Faculty Alliance  
Subject: Public Comment on PEBP Board Decisions for 12/2/2021

At your December 2<sup>nd</sup> meeting, important decisions will be made regarding the future of PEBP and state employee benefits. Thank you for your time and dedication in considering these issues.

The regular PEBP budget reports for the final close of FY21 and for the quarter ending 9/30/2021 have not yet been made available to the Board or the public, which is a problem with transparency and for allowing Board members to make fully informed decisions. Transparency is a [core value of PEBP](#). This analysis uses the publicly available information.

Excess reserves (a.k.a. “differential cash”) were \$46.8M as of the most recent budget report of 6/30/2021. An additional \$8.6 million is coming from CARES Act reimbursement of COVID-related medical claims, which was not accounted for in setting rates for FY22. About \$4.0M in excess reserves was “spent” for FY22 at the 3/25/2021 board meeting to smooth employee premiums between FY22 and FY23, and \$10.3M was “spent” to increase Medicare HRA contributions in FY22 and FY23 per the PEBP budget closing in May 2021. That gives \$41.1M in unallocated excess reserves. At the 9/30/2021 meeting, AON estimated an increase of \$12M in FY23 for deferred medical claims, which should be updated but leaves \$29.1M in available excess reserves.

The chart on page 3 below shows the breakdown and historical trend of the reserves. Every biennium for the past dozen years, PEBP has made plans to “spend” excess reserves down to zero or a few million dollars by the end of the biennium but it never seems to happen. We are unconvinced that the assumptions and projections are any less over-conservative now. This hurts participants by forcing cuts to benefits that become permanent.

For the 12/2/2021 meeting, the amount available as estimated by AON and PEBP staff was increased from \$12M to \$26M due to the CARES reimbursements and cost savings on provider contracts currently in the Request for Proposal (RFP) process. The latter cost savings are not accounted for in the estimate of \$29M calculated above, so it is presumably larger.

Agenda item 6.1 asks the board to start full cost-sharing of Covid-related claims as of January 1, 2022, rather than as of July 1, 2022, as decided at the September board meeting. The board packet gives no estimate for the dollar amount that would be shifted to participants and accrued to excess reserves. The total COVID claims cost was \$3.4M from April through September 2021 (per AON’s report in September), but more PEBP members are vaccinated now so it may decline.

Agenda item 6.3 asks the board to implement surcharges in FY23 for unvaccinated adult members, which would generate an estimated \$18.4M to offset COVID testing expenses. This assumes that no further federal or state funding of Covid testing for employees will be forthcoming, even though those expenses are due to federal and state mandates. The State as the employer should cover those expenses or charge the unvaccinated employees directly for surveillance testing, rather than placing an unfunded mandate on PEBP.

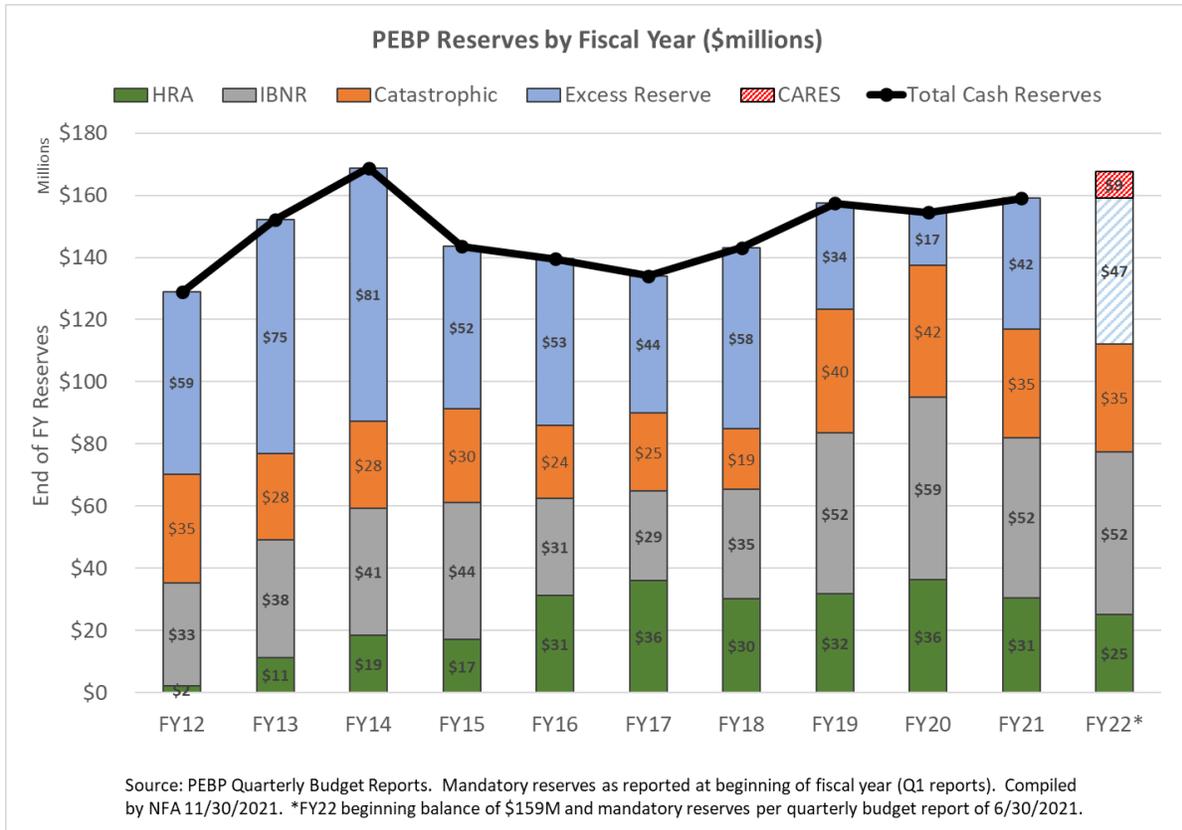
The Nevada Faculty Alliance is neutral on Covid surcharges for unvaccinated employees. All NSHE employees are required to be vaccinated as a condition of continued employment after 12/31/2021, with medical and religious exemptions rigorously reviewed by a committee process. Therefore, NSHE employees should be exempted from any additional requirements by PEBP to document their vaccination status. Any surcharges should fairly allocate expenses to those who generate them, i.e., to unvaccinated employees versus unvaccinated dependents. Fairness is a [core value of PEBP](#). If Covid cost-sharing and surcharges are approved by the board, the net expenses for continuing Covid costs should be reduced for FY22 and FY23 by at least several million. That implies that substantially more than \$26M to \$29M in unallocated excess reserves will be available.

For agenda item 7, option 3 comes closest to restoring pre-pandemic benefits (deductibles, out-of-pocket maximums, co-pays, and co-insurance) and therefore is strongly preferred. It is implied but not stated that employee premiums would not be reduced to pre-pandemic levels. The estimated cost of \$34M over three years appears to be within the available excess reserves, and is very conservative compared with past PEBP policies of “spending” down excess reserves by the end of the current biennium. The cost for FY23 (roughly one-third of \$34M) is only a fraction of the available excess reserves. Option 3 should be recommended by the board, subject to the Governor’s and Interim Finance Committee approval per section 21 of SB459/2021. Even if the excess reserve and benefit cost estimates prove too optimistic in FY23, however, because the \$34M in allocated excess reserves are being distributed over three years through FY25 there would be plenty of time to make adjustments via the 2023 budget process. The state swept \$24M from PEBP in FY21 through the employer premium holiday, then cut the PEBP budget by \$49M in FY22-FY23 compared with the FY20-FY21 biennium. With the Nevada economy rebounding, the state budget for PEBP should be restored.

Option 3, however, needs adjustments. It does not fully restore the HMO/EPO to 0% coinsurance (leaving it at 10% generally and 20% for unspecified other services). This should be corrected, even if it increases employee premiums back to FY21 levels (the HMO/EPO premiums were reduced for FY22). The middle “copay” plan is shown with a zero deductible, which runs counter the original intent of the middle plan being a traditional “low deductible plan”. A modest deductible of several hundred dollars could allow reductions in copays or coinsurance and better position the plan between the CDHP and the HMO/EPO plans. Note that benefit changes to the middle and high plans do not affect the cost to the state because the cost differential above the flat employer contribution across all three plans is borne by the participants who choose the higher-cost plans. It is important that the design for the plans make the additional premiums worthwhile to participants. For FY22, the deductibles and coinsurance for the HMO/EPO plans have led to dissatisfaction and uncertainty in costs—providing certainty in costs through fixed copays is the whole attraction of a high-premium HMO-style plan.

Finally, in agenda item 8 a major change to the provider network is contemplated. The details of the RFPs are still confidential, so we cannot determine whether this is a good move. It is incumbent upon the Board to use your authority under NRS 287.04345(4) to be fully informed about the recommendations of the evaluation committee (in a closed meeting) prior to deciding whether to award the contracts. The change to the Aetna network for FY21 has caused unexpected disruptions and hardships for members, especially those who need the services of specialists. We trust the RFP evaluation committee process as long as the Board is fully informed and comfortable with the decision.

Thank you again for your time and consideration.



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The [Nevada Faculty Alliance](#) is the independent statewide association of faculty 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. The NFA works to empower faculty to be wholly engaged in our mission to help students succeed. The NFA is the exclusive representative for faculty collective bargaining units at the College of Southern Nevada, Truckee Meadows Community College, and Western Nevada College.



TO: Laura Freed, Chair, and Public Employee Benefits Program Board

FROM: Douglas Unger, President, UNLV Chapter, and Government Affairs Representative,  
Nevada Faculty Alliance

E-mail: [REDACTED] [REDACTED]

**PEBP BOARD MEETING – 12-2-2021 – WRITTEN PUBLIC COMMENT**

Doug Unger, President, UNLV Chapter, and Government Affairs representative, Nevada Faculty Alliance. Thank you Chair Freed and members of the PEBP Board for your service, and to Executive Officer Laura Rich for her good communications.

For the record, we must express how disappointed we are at the Governor’s apparent lack of support for restoring PEBP benefits through American Rescue Plan funds. The Governor and Legislature do not even indicate they plan to put back the \$25 Million the Legislature “swept” from the PEBP budget due to the COVID-19 economic crisis, the first time in the history of PEBP that such a “sweep” has not been restored. We are baffled as to why. It seems Governor Sisolak’s commitment to “strengthen our public health systems across the State” does not include state employees, many of whom are frontline workers taking risks every day of this godawful pandemic, including teachers of in-person classes. We ask the PEBP Board to support our strong request to the Governor and Legislature to restore the PEBP budget and benefits to pre-pandemic levels.

Regarding the Board agenda today: for item 6, the COVID-19 surcharge, the NFA takes a position neither for nor against, as our faculty must be vaccinated by NSHE mandate. We urge all state employees to get vaccinated against COVID-19, for personal health, and for the safety of their workplace communities. For item 7, the proposed plan designs for FY 23, we urge the Board to vote for Option #3 which offers plans closest to restoring benefits, lowering deductibles and out-of-pocket maximums the most to bring relief to state employees most in need. And if Option #3 begins to appear unsustainable because of unanticipated claims, there’s time to make adjustments next year. Regarding agenda item 8, the new contracts under consideration, we can’t express enough praise for and even amazement at the dedicated work and due diligence that the PEBP staff, Executive Officer Rich, and the Board have devoted to stewarding so many contracts through the RFP process in a single year. We support PEBP’s recommendations. You all deserve a bonus and extra vacation time. We wish we could unwrap that for you as a gift, but will instead simply thank you, and wish you happy, healthy holidays.

**From:** R G [REDACTED]  
**Sent:** Tuesday, November 30, 2021 10:50 PM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** Public Comment - 12/02/21 PEBP Board Meeting

Hello - I would like to submit the following for public comment on the December 2, 2021 PEBP Board Meeting.

+++++

For the record, my name is Rosalie Garcia, [REDACTED]  
[REDACTED]

In reference to Agenda Item 6, I strongly oppose applying surcharges on a specific group of members due to their personal health preference. There have always been health care costs associated with individuals based on their personal health preferences. However, historical precedence has established that the PEBP membership as a whole shoulder the burden or "foot the bill" for the entire membership, regardless of health situations.

Outcome-based, health contingent programs as a part of a PEBP Health and Wellness Program have not been implemented in previous years as they were looked at and considered discriminatory and a 'stretch' to comply with HIPAA. Perhaps I am out of touch - do we apply a surcharge on smokers, type 2 diabetics, obese persons due to excess food intake, persons that attempt suicide or any of the other medical conditions that occur due to personal health choices? If not, then perhaps we should include those members in this proposal as those types of health events have historical data to support that these expensive health care events can be avoided. I agree, my proposal is ridiculous - but when discussing reducing costs, it is exactly what will be required in order for PEBP to ensure that membership is treated equitably and fairly and that a specific group of members are not targeted with excess fees under this proposal.

Also, why only charge non-vaccinated? I know of members that choose to test because they are fearful of being asymptomatic and possibly spreading to family or friends; in addition, many people are now travelling and testing is required -will vaccinated members (including Retirees) be surcharged for testing?

I submit that the program maintenance of a monthly premium COVID surcharge would be extremely cumbersome and costly to maintain - more so than projected. In addition to the continual maintenance of employee and dependent COVID records, which executive PEBP employee would make the determinations regarding 'legitimate'

religious or health exemptions? Would PEBP need to hire one or two consultants to review the exemption requests or would the PEBP Board need to convene for appeals? Who would cover the lawsuits that are sure to be filed? All of these are added costs for a program meant to eliminate costs. Also, as more data becomes available, current health reports indicate that vaccination does not permanently guard against COVID-19 or the variants and does not stop transmission. Will PEBP refund the fees when it's determined that all persons need to be continually tested to ensure they too are not a danger to society?

Of the available options, I sincerely hope that the PEBP Board recognize the surcharge as discriminatory, not consider the PEBP Staff recommended COVID testing surcharge and instead say "No" should it come to vote. Thank you.

**From:** Ron Hannah [REDACTED]  
**Sent:** Tuesday, November 30, 2021 11:23 PM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** Non vaccinated staff possibly having to pay more for insurance

To whom this may concern,

I wanted to address the issue of proposed insurance surcharges for non vaccinated employees and dependents. This is an absolutely ludicrous and irresponsible proposal, as it is well known that vaccinated and non vaccinated staff all have to be tested and vaccinated staff contract and spread the virus also. So this is just another way to punish the people who are not falling in line with what the Governor (ONE person) has decided was best for everyone. These individuals have their own personal reasons for not wanting to be vaccinated. Some are just cautious or even down right scared, as our Governor keeps telling us that there is nothing to fear with the vaccines, yet we still keep seeing our friends and family members get extremely, and sometimes, gravely ill from these vaccines. We also see the vaccinated individuals contract the virus, pass it on to others, with some ending up in the hospital the same as non vaccinated individuals. The statement "Someone has to foot the bill. So do you spread those costs across everybody? Or do you propose that those responsible for the costs are paying the costs?", from the Carson Now article, is ignorant, as vaccinated individuals are responsible for costs as well, since they are tested the same as non vaccinated, they contract the virus the same as non vaccinated, spread the virus the same as non vaccinated, and end up in hospital the the same as non vaccinated, which all generates costs. When are these bullying tactics going to stop. The last I checked we still lived in a free America, but our government is now using the tactics of a dictatorship against it's own people. Thank you for taking the time to listen.

Thank you for this opportunity to provide written public comment. The UNLV Employee Benefits Advisory Committee (UNLV EBAC) represents all employees at the University of Nevada, Las Vegas, with representatives from academic faculty, administrative faculty, and classified staff.

Regarding agenda item number 7, we strongly support Plan Option 3. The continuous cuts to our benefits along with the extensive costs of inflation in our daily lives has challenged our constituents and our institution. Our ability to maintain our staff has been tested. Additionally, our recruitment efforts have been stifled based on these cuts. Most importantly, approving Plan Option 3, which seeks to restore our benefits to pre-pandemic levels, will provide our constituents with much needed relief from the exorbitant costs of our current plan. It will also encourage our colleagues to obtain the much needed medical care they have neglected as they have not felt they could readily afford it. Finally, it will demonstrate the commitment the PEBP Board has to the health and well-being of our community.

While we applaud your efforts to work through the complicated details of plan design options to present opportunities for a better tomorrow, we implore you to approve Plan Option 3 to ensure that our basic health care goals can be furthered.

Thank you,

Raven Sumner, Administrative Faculty representative (author)

Shaun Franklin-Sewell, Co-Chair

Jason Wasden, Co-Chair

Larese Patillo, Classified Staff Council Representative

Douglas Unger, Post-Chair Faculty Senate

Liliana Magana, Human Resources Representative

**From:** kpomeara@aol.com [REDACTED]  
**Sent:** Wednesday, December 1, 2021 7:40 AM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** Increased Insurance costs for unvaccinated

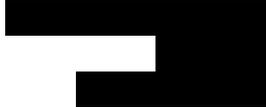
I have read your six-page Agenda Item regarding COVID-19 Surcharge for Unvaccinated Members. It is coercive and discriminatory. While I understand your position of wanting to raise funds for COVID treatment, I am shocked that you would purposefully fail to mention that this "vaccine" is EXPERIMENTAL. The clinical trials, by all pharmaceutical companies involved, will not end until January of 2023. Already, however, the known adverse events associated with it are numerous, including myocarditis, pericarditis, blood clots, Bells Palsy, and numerous neurological adverse events to name a few. Your proposed increase on those who choose not to obtain the EXPERIMENTAL gene therapy is nothing short of coercion. I cannot even imagine you getting away with increasing the premiums of any other group of people who live with infectious diseases. All hell would break loose. More than that, though, I am amazed that you fail to understand that currently in the US, the majority of hospitalizations for COVID are those who have received both gene therapy shots. Honestly, let's call it what it is. To understand the hesitation with getting this gene therapy, one only need review the FDA's VAERS report on a weekly basis. The incidents of death and serious adverse events increases weekly. And, what happens should I be harmed by the "vaccine?" I have to prove that the "vaccine" caused the harm, which we all know is next to impossible. What if I am harmed to the point of not being able to work? Who accepts the responsibility of my disability or death? Thank you, but I'll skip the experiment. You should be ashamed to even consider this discriminatory action. I wonder if you'd get away with this tactic if you were imposing it on the Gay community for fear they may cost you more due to HIV? Or, what about obese people? I could go on and on. This EXPERIMENTAL gene therapy does NOT provide immunity. This EXPERIMENTAL gene therapy does NOT stop the "Vaccinated" from spreading COVID. What, then, is the point of penalizing those who decline the EXPERIMENTAL gene therapy? I am healthy. I have not had a "vaccine" since I was eight years old and do not intend to start with an EXPERIMENTAL gene therapy that is toxic. Stop the Coercion. Stop the Discrimination. This is beyond the pale and very similar to 1939 Nazi Germany.

Thank you,  
Kelly O'Meara

From: Roxanne Starbuck [REDACTED]  
Sent: Tuesday, November 30, 2021 4:28 PM  
To: Wendi Lutz <wlunz@peb.nv.gov>  
Subject: Public comment

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

I would like to express the disappointment I have in this state and the discrimination against a persons freedom of choice. Especially when dependents who do not have to get vaccinated for their jobs, you will penalize us in surcharges. This state is a joke!



PEBP Board

Via email

December 2, 2021

For the record, these are the comments of Brooke Maylath.

Access to health care saves lives. Paying for accessible health care is what health insurance coverage is for. That's the principle that underlies the purpose of this board. A healthy workforce is more productive, efficient, and loyal than a workforce that is unable to access the medically necessary care that each individual requires to maintain or achieve the best level of health for that person. Unfortunately, there can be gaps in what is actually covered, seen in examples such as "administration" of determining what is appropriate, which lead to the needs of marginalized people being restricted from coverage, due to ignorance, bias, or even bigotry. Medical needs are universal; however, the needs are personal. Arbitrary exclusions, based on perceived cost justifications, lead to limitations of accessible health care and can result in poor physical and behavioral health.

For transgender people, being able to have health insurance coverage for medically necessary treatment of Gender Dysphoria, the diagnosis that refers to the health condition experienced by transgender persons, opens the conversation for the other 99% of health care issues that are shared with the rest of humanity. When gender affirming procedures are excluded from coverage, other issues tend to go untreated, including obesity, cardio-vascular, diabetes, cancer screenings, and more. These chronic conditions are expensive to treat, needing years of treatment to reverse or even to moderate the effects of such disease. The costs of treating chronic disease far outweigh the cost of covering medically necessary procedures for Gender Dysphoria. Creating artificial, administrative barriers, is detrimental to the well-being of employees and employers, and increases overall costs to the Health Plan.

The plan's Executive Officer has used the narrative of cost of coverage to resist the inclusion of certain gender affirming procedure coverage. Let's address the facts. The first fact is that, using the Plan's own numbers from Senate Testimony, current gender affirming procedure coverage cost the Plan 0.09% of total health care spending in 2020, or approximately \$250,000. The Executive Officer stated that the plan's actuarial consultant projected a doubling of expenditure for adding a limited number of certain procedures. I remind the board that this is the same firm that in 2014 projected that adding any gender affirming coverage (in place since July 2015) would cost more than \$3 million per year. Historical evidence shows that the consultant knows nothing about this area of health care and has a pattern of offering arbitrary, inflated estimates in subjects that they know nothing about.

Let's go back to that number of actual, current spending on limited coverage of gender affirming procedures for 2020: 0.09% of total spending. Those that do not have close experience with transgender persons may not be aware that these procedures are life saving measures. Denial of coverage and denial of treatment leads to suicidal tendencies, self-harm, self-medication, alcohol or substance abuse, black market medications and treatments, and putting off treatment of other, potentially life-threatening health conditions. In order to save a hundredth of a percentage point in spending, the Executive Officer of the plan is choosing to deny coverage for a protected class of people.

Fact number two. Consider the cost of continued denial of coverage. On August 16, 2019, in *Flack v. Wisconsin*, U.S. District Court for the Western District of Wisconsin granted summary judgment to transgender plaintiffs holding that exclusions violate Section 1557, the Medicaid Act, and the Equal Protection Clause. Not only did Wisconsin have to cover all medically necessary gender affirming procedures, in the final resolution of the case the State had to pay a \$2.2 million monetary settlement, including compensatory damages to the four individual Plaintiffs and class counsel's attorney's fees and costs. On November 19<sup>th</sup> of this year, in Iowa District Court, *Vasquez v. Iowa*, ruled that the State must not only cover medically necessary gender affirming surgeries, but overturned a 2019 statute specifically written to deny coverage for such procedures. The cost to continue to deny coverage of these procedures far outweigh the cost of covering the procedures.

I ask the board to take the prudent, fiscally responsible, and morally appropriate decision to immediately provide coverage of medically necessary gender affirming procedures, as defined in World Professional Association of Transgender Health Standards of Care, Version 1, (WPATH SOC V7) to avoid the very real probability of litigating the existing exclusions, which have been found to be in violation of Title VII, the Affordable Care Act, and potentially, NRS 613.330. It is past time to treat transgender employees like other people and have their medically necessary health care needs met.

Respectfully submitted,

Brooke Maylath

**From:** Lorenzano, Natalie [REDACTED]  
**Sent:** Wednesday, December 1, 2021 9:16 AM  
**To:** Wendi Lutz <wlunz@peb.nv.gov>  
**Subject:** RE: Covid Update- Coverage

Greetings,

I do not understand why our insurance is so pricy when the service in not great. It is hard for us “the working class” to get immediate appointments. We are not getting salary raises, have been working through Covid and in my case assist the clientele on a one on one basis. We do not choose to get sick and don’t want Covid hitting our doors but we have a responsibility to our work. It is ridiculous that the government provided money for the Covid emergency and now those of us who have insurance need to pay while those that don’t won’t.

To top it off, God forbid we have an emergency because ER visits are 600. Why? Who is coming up with these numbers? Not someone working pennies on the dollars. So why is it that casino workers pay less insurance and have better service? Will we have to reach he point were it would be better to not be insure because the prices are so high?

Thanks,

Natalie Lorenzano

**From:** Sherrean K. Whipple [REDACTED]  
**Sent:** Wednesday, December 1, 2021 10:30 AM  
**To:** Wendi Lutz <wlunz@peb.nv.gov>  
**Subject:** Public Comment: PEBP Meeting 12/2

Being a dedicated State of Nevada Employee and working during the COVID Response, I am truly disappointed that the State Of Nevada has not considered reinstating the State Employees original health benefits prior to the COVID Incident. We sacrificed so much, so that the State could stay above water! It did! Now, the State should return the favor to help their employees stay above water! The State will lose valuable employees if those employees aren't treated with respect. What each of us has sacrificed, should matter to the PEBP Board.

**Thank you,**

**Sherrean K. Whipple**  
**Executive Assistant**

**From:** Ashley Thompson [REDACTED]  
**Sent:** Wednesday, December 1, 2021 10:35 AM  
**To:** Wendi Lutz <wlunz@peb.nv.gov>  
**Subject:** Public Comment for PEBP Board Meeting

Good Morning Ms. Lutz,

I am writing an email request for the PEBP Board to consider the reinstatement of our benefits and pay during the furlough this past year as we as state employees have continued to work even through a pandemic and are considered essential employees. The limitations and restrictions from the furlough and decreases in our benefits have significantly made an impact in everyday and continue to increase frustration with the organization. Please let me know if there is additional information, questions, or processes that I should take at this time.

Thank you!

Ashley Thompson  
Southern Nevada Liaison/Management Analyst II

**From:** Espinosa, Jennifer [REDACTED]  
**Sent:** Wednesday, December 1, 2021 11:08 AM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** Public Comment

To whom it may concern,

My name is Jennifer Espinosa, I am a new instructor here at the West Charleston campus of CSN for the Veterinary Nursing program. I am submitting this statement to serve as my public comment for the upcoming board meeting. Seeing as I only received the email this morning Wednesday December 1<sup>st</sup> at 8:58am, I sincerely hope my public comment is still heard since the email states I was supposed to submit my written comment two days prior to the meeting.

My comment is regarding the possibility of denying coverage for employer mandated testing and implementing additional surcharges for the unvaccinated. I feel this to be discriminatory to those that chose to not get vaccinated. There have been two new variants of the Covid-19 virus; Delta and more recently Omicron. While studies are incomplete the World Health Organization states on their website that the original vaccines that were made available may not protect against these new variants. Not to mention that those that have been vaccinated are still contracting the virus as well as spreading it. Studies are still being conducted and inconclusive. A fair and non-discriminatory option should be that ALL individuals, regardless of vaccine status should be tested weekly and should not be the responsibility of the employee.

I feel that PEBP is making rash decisions that affect individuals like myself monetarily in an economy this still currently dealing with a recession and inflation. Furthermore, these decisions are also being based on the Covid-19 virus landscape that is changing by the day and we are suffering the consequences.

I submitted my religious exemption and appeal, which was granted, however I feel some of these possibilities that I will face as an unvaccinated individual are a form of retaliation for something that is completely out of my control.

Thank you for your consideration.

**From:** Dawson, Harold [REDACTED]  
**Sent:** Wednesday, December 1, 2021 11:57 AM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Cc:** [REDACTED]  
**Subject:** Employee Benefits Comments for the Board Meeting

Good morning:

I only JUST received your email from a NDEM contact. I did want to state for the board meeting that Nevada employees are already below the income level that makes us competitive with the private sector and it's very hard to hire competent, experienced personnel, especially since PEBP continues to cut away our benefits. Retirements and/or folks just leaving for better paying jobs are at an all time high. Since there actually was **no** budget shortfall due to COVID, PEBP needs to reinstate benefits already taken away and repay furloughs **before** working on new cuts. It's simply not sustainable to keep whittling away at the easy target of state employees' benefits. Our staff strength and experience are weakening and we've already reached a point where bringing new people aboard is greatly affected by poor salaries and benefits, the second of which continue to decline in quality. We're very close to a point of no return, after which the quality of work and care we provide to Nevadan's will not be sufficient.

Thank you,

**Hal Dawson**

**From:** Eicher, Krista [REDACTED]  
**Sent:** Wednesday, December 1, 2021 12:08 PM  
**To:** Wendi Lunn <wlunn@peb.nv.gov>  
**Subject:** My Public Comment

My name is Krista and I am a Senior Specialist at the West Charleston Campus of the College of Southern Nevada. I wish to make a public comment regarding the proposed PEBP Covid-19 updates. Since I have just received this email today 12/1/21 at 8:59am, the request to submit comment via email "at least 2 days prior to the meeting" is impossible and I hope my comments will still be heard and taken into consideration.

According to current reports, CDC and WHO, both the vaccinated and unvaccinated populous can and are testing positive for COVID-19, meaning they both can carry and infect others. These people then seek medical attention as needed, whether it be treating with OTC (over the counter) remedies for symptoms or seeking more aggressive and comprehensive treatments from medical professionals. As in the past, a new variant has been discovered and the effectiveness of the current COVID inoculations with ALL the boosters, are in debate.

To discriminate between the two categories by surcharging one and not the other is morally and legally reprehensible. There are no surcharges for any other viral infections, respiratory or even the common STDs, which if left untreated can also cause great harm to the populous. The surcharge appears to be selective, discriminatory, and retaliatory. It is directed towards the people with their viable medical reasons or free choices of autonomy, that have not consented to the current COVID-19 inoculation protocols. As to the proposed and continuous testing, ALL PEBP members regardless of VAX status should be required to do so, and NOT at the expense of the members. The testing policy should be for ALL or NONE!

Thank you for this opportunity.

*Krista Eicher, LVT*

December 1, 2021

Dear PEBP Board Members:

On behalf of the interests of ALL state of Nevada Employees, we are absolutely appalled at the blatant discrimination this Board is considering imposing on state employees who have made the legal choice to **NOT** receive a COVID-19 vaccine that continues to remain under Emergency Use Authorization only.

This is arbitrary and capricious in nature as such a consideration to impose a surcharge on a specific group of state employees in Nevada has NEVER been imposed in this State's history. This is yet another gross attempt by the State of Nevada to threaten and punish a state employee for exercising their right to decline an unlawful medical procedure and poisonous injection.

According to the article published by Carson Now on November 27, 2021 which states, "Though it's likely the policy will convince more of the estimated 5,000 unvaccinated state employees and 1,250 Nevada System of Higher Education employees to get the jab, PEBP Executive Director Laura Rich framed the proposals — which also include changes to the testing policy and reinstatement of cost-sharing for COVID treatment — as a question of who should bear costs."

And, "What we've seen from other employers who have implemented surcharges similar to this — the vaccination rate ... increased very, very quickly and the surcharges seem to have a direct impact on the vaccination rate," Rich said.

May we remind you that coercion is illegal in the State of Nevada, and the statements made by Laura Rich, and the action being considered by this Board is exactly that... **coercion**. NRS 207.190 states:

**NRS 207.190 Coercion.**

1. It is unlawful for a person, with the intent to compel another to do or abstain from doing an act which the other person has a right to do or abstain from doing, to:
  - (a) Use violence or inflict injury upon the other person or any of the other person's family, or upon the other person's property, or threaten such violence or injury;
  - (b) Deprive the person of any tool, implement or clothing, or hinder the person in the use thereof; or
  - (c) Attempt to intimidate the person by threats or force.
2. A person who violates the provisions of subsection 1 shall be punished:
  - (a) Where physical force or the immediate threat of physical force is used, for a category B felony by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years, and may be further punished by a fine of not more than \$5,000.
  - (b) Where no physical force or immediate threat of physical force is used, for a misdemeanor.

The State of Nevada has created the very issue it is now attempting to "solve." **A MANDATE IS NOT A LAW**. Forcing testing on only State employees (through coercion by threatening their jobs) who have chosen to legally decline COVID-19 vaccination also meets the above standard for arbitrary and capricious discrimination.

A recent CDC Funded Study shows there is no significant difference in COVID-19 transmission between the vaccinated and unvaccinated: [CDC Funded Study Shows No Significant Difference in COVID-19 Transmission Between Vaccinated and Unvaccinated \(thegatewaypundit.com\)](https://www.thegatewaypundit.com/2021/11/cdc-funded-study-shows-no-significant-difference-in-covid-19-transmission-between-vaccinated-and-unvaccinated/)

The CDC Director has even recently admitted that vaccination does not stop the transmission of COVID: [CDC Director: Vaccines No Longer Prevent You From Spreading COVID | Video | RealClearPolitics](https://www.realclearpolitics.com/cdc-director-vaccines-no-longer-prevent-you-from-spreading-covid/)

Here is Fauci stating the vaccinated are as infectious as the unvaccinated: [Fauci says the vaccinated can be as infectious as the unvaccinated - The Advocate-Messenger | The Advocate-Messenger \(amnews.com\)](#)

Since the PEBP Board believes it can simply place arbitrary surcharges on a select group of employees, please address the following:

- Is the PEBP Board going to apply a surcharge to the vaccinated employees who will be subject to multiple boosters being “mandated” in the future?
- Is the PEBP Board going to apply a surcharge to vaccinated employees who must be hospitalized due to COVID-19, a failed immune system due to the EUA vaccines they opted to accept, or who become vaccine injured?
- What about employees who choose to smoke cigarettes or other substances and suffer from the numerous health effects from such a behavior – are surcharges going to be imposed on them?
- Or how about employees who participate in behaviors that expose them to STD’s and AIDS; or those who are obese but continue to make poor eating choices subjecting them to a multitude of health issues such as diabetes, heart disease and cancers... are you going to subject this group of employees to a surcharge as well?

The forced testing that is currently occurring on some state employees is illegal as the testing being “mandated” is also under Emergency Use Authorization only which requires informed consent with the option to refuse with no consequence to the individual:

“Federal law, [Title 21 U.S.C. § 360bbb-3\(e\)\(1\)\(A\)\(ii\)\(I-III\)](#) of the Federal Food, Drug, and Cosmetic Act, states the following about products granted emergency authorization usage:  
Individuals to whom the product is administered are informed—

(I) that the Secretary has authorized the emergency use of the product;

(II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and

(III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.

It has been proven worldwide that the PCR tests do not work and produce such a high level of false positives that the FDA removed its emergency use authorization, and the CDC is discontinuing its use of these tests as of December 31, 2021 as noted in the following sources:

**The Centers for Disease Control and Prevention (CDC) announced this week that its PCR test has failed its full review and will have its Emergency Use Authorization revoked.**

The Innova SARS-CoV-2 Antigen Rapid Qualitative Test, the CDC’s benchmark COVID diagnostic testing system, will be withdrawn for Emergency Use by the end of 2021 due to an inordinate frequency of false positive and negative results.

“The FDA has identified this as a Class I recall, the most serious type of recall. Use of these devices may cause serious injuries or death,” the FDA [stated](#) on its website. [Innova Medical Group Recalls Unauthorized SARS-CoV-2 Antigen Rapid Qualitative Test with Risk of False Test Results | FDA](#)

The CDC acknowledges this PCR test is under Emergency Use Authorization, and as of December 31, 2021 will withdraw its request to the FDA to continue its use (Lab Alert: Changes to CDC RT-PCR for SARS-CoV-2 Testing). Ironically, this corresponds well with the 120-day illegal testing program the State has implemented – which expires this month.

These tests are a fraud. There is ZERO need, and it is unlawful to test anyone. It has been proven that these tests cannot tell the difference between old regular flu particles, old cold particles, any virus or COVID-19 and any variants.

This week alone, multiple courts have blocked ALL of the Biden Administrations attempts to mandate vaccines across multiple arena's protecting all employees, both public and private, mandates in schools, and the Pentagon's own mandate. These blocks are in addition to the OSHA enforcement which was blocked in the Courts (OSHA has no authority to make laws – nor does the PEBP Board for that matter) <https://www.osha.gov/coronavirus/ets2>

The consideration of the PEBP Board to enact such a discriminatory and illegal surcharge on select employees is grossly premature and not supported by any existing current law – according to both the United States Constitution and the State of Nevada. Contrary to the Carson Now article stated above, it has been made very clear that any mandate of this nature will not survive the judicial process – regardless of what Laura Rich believes.

The solution is simple... The State of Nevada MUST stop the illegal forced testing and vaccination coercion imposed on Nevada state employees.

However, if the State (and the PEBP Board) chooses to continue down this road, there is yet another concern that must be addressed:

The Federal Government, through the use of tax dollars that State of Nevada employees have already paid, has provided billions of dollars in relief to the State of Nevada. ARPA funds which the State has recently received can be used to cover the costs of even the illegally mandated COVID testing the State of Nevada has imposed on its employees. Therefore, **UNVACCINATED EMPLOYEES HAVE ALREADY PAID THE PRICE THAT THE PEBP BOARD IS CONSIDERING IMPOSING.** An additional “Surcharge” is just word salad and imposes a double dip “tax” on the unvaccinated. It is intellectually dishonest to say this surcharge is nothing more than coercion for the unvaccinated to accept the vaccination or be punished if they don't.

There are multiple laws being broken as noted above. It is with the upmost concern that we notify you as such and include the following:

The forced COVID-19 testing, the forced wearing of masks, and the forced vaccines are all in direct violation of the Federal Government's Emergency Use Authorization. DWSS as well as the DHHS cannot force masks, testing, or vaccines without providing informed consent and my right to refuse without the threat of retaliation and/or coercion.

**The United States Government as well as all States and their Officers, who participate in this forced program of unlawfully mandating COVID-19 masks, tests, and vaccines are in direct violation of the Nuremberg Code, the United States Constitution, as well as the Federal Government EUA.**

**“Federal law, Title 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act, states the following about products granted emergency authorization usage:**

**Individuals to whom the product is administered are informed—**

**(I) that the Secretary has authorized the emergency use of the product;**

**(II) of the significant known and potential benefits and risks of such use, and of the extent to which such benefits and risks are unknown; and**

**(III) of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.**

EUA products are, by definition, experimental, and thus require the right to refuse. Any entity or organization that requires EUA COVID-19 vaccinations, COVID-19 tests or masks are in violation of federal law.

**Under the Nuremberg Code, the foundation of ethical medicine, no one may be coerced to participate in a medical experiment. Consent of the individuals is “absolutely essential”**  
<http://www.cirp.org/library/ethics/nuremberg/>).

The Preamble of the Nevada Constitution states, “We the people of the State of Nevada Grateful to Almighty God for our freedom in order to secure its blessings, ensure domestic tranquility, and form a more perfect Government, do establish this CONSTITUTION”

**Section. 1. Inalienable rights.** All men are by Nature free and equal and have certain inalienable rights among which are those of enjoying and defending life and liberty; Acquiring, Possessing and Protecting property and pursuing and obtaining safety and happiness[.]

**Sec. 18. Unreasonable seizure and search; issuance of warrants.**

The right of the people to be secure in their persons, houses, papers and effects against unreasonable seizures and searches shall not be violated; and no warrant shall issue but on probable cause, supported by Oath or Affirmation, particularly describing the place or places to be searched, and the person or persons, and thing or things to be seized (**DNA**).

According to the State of Nevada Employee Handbook, it appears that the Agency/State is in violation of Improper Governmental Action.

As quoted in the handbook: “The law specifically encourages any State Officer or employee to disclose improper government action to the extent not expressly prohibited by law. It is the intent of the legislature to protect the rights of the State Officer or employee who makes such a disclosure.”

“*Improper governmental action*” means any action taken by a State officer or employee in the performance of his/her official duties, whether or not the action is within the scope of his/her employment, which is:

- (a) In violation of any State law or regulation;
- (b) An abuse of authority;
- (c) Of substantial and specific danger to the public health or safety;
- (d) A gross waste of public money.

State officers or employees are prohibited by State law from using their authority or influence to prevent disclosure of improper governmental action by other State officers or employees.

*“Official authority or influence”* includes taking, directing others to take, recommending, processing, or approving any personnel action such as an appointment, promotion, transfer, assignment, reassignment, reinstatement, restoration reemployment, evaluation, or other disciplinary action.

In the interest of the State of Nevada and its employees, we implore this Board to vote no to any such unlawful surcharge being discriminately charged to unvaccinated employees.

Regards,  
Michelle Austin

**From:** Jake [REDACTED]  
**Sent:** Wednesday, December 1, 2021 7:15 PM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** Pepb covid increase

Hello.

My name is Randall Casto. I've been a state employee for 10 years now. In that short time I've experienced pay freezes, furloughs twice, and loss of benefits. I have worn my mask at work as directed, social distanced, gotten my vacations, and booster. I am "essential" and never had the luxury to work from home as other state employees.

I work with several people who think the masks and vaccinations are a joke. Whatever.

But now my family may be punished for their irresponsible behavior and putting up with their "scientific" talking points they received from politicians. No thanks!

Please do not pass the buck to employees who adhered to best practices. I want to work. I want to help. But I don't want to be punished for being a helper.

Respectfully,

Randall Casto

**From:** Michelle [REDACTED]  
**Sent:** Thursday, December 2, 2021 7:39 AM  
**To:** Wendi Lunn <wlunn@peb.nv.gov> [REDACTED]  
**Subject:** Public comment for meeting today

Hello,

I apologize for the late email, please accept this as part of the public comment for today's meeting at 8:30am.

In regards to the meeting Agenda on December 2, 2021, Item Number: VI, Title: COVID-19 Update, Coverage Options and Potential COVID Surcharge for Unvaccinated Members:

Please do NOT implement this additional cost to state employees and family members, if they haven't been vaccinated. Most of the people I know who have contracted COVID-19 ARE vaccinated. Whether or not you have been vaccinated has NO bearing on whether or not you'll contract COVID-19.

Additionally, this is an unfair and unjust mandate! As we are seeing all around the country, there are reversals on the mandate to the medical community - they are around COVID-19 patients the most and if they don't want the vaccine, and the mandate has been reversed, that should say something.

Many of us have been working the entire time, since the beginning of this pandemic, myself included. I have taken steps to boost my immune system and protect myself. I haven't received COVID and feel the risks far outweigh the benefits of this shot.

Due to the unreasonable and unfair mandate, we shouldn't be charged if we decide to NOT get vaccinated. There are many medical reasons that I have for not getting vaccinated, as recommended by my doctor, but my doctors are afraid of the backlash in their career and are not willing to write an exemption.

Please consider the financial impact this will have not only on individual state employees but also those who have families. There are federal resources for testing and instead of incentivizing people by giving away millions of dollars to get the shot, that money should have been spent elsewhere and not penalize the state employees who make FAR less than their counterparts who work in city and county government agencies as well as those in the public sector.

Please protect your state employees, they have been working hard for their state community and shouldn't be punished for a personal health decision.

Thank you,  
Michelle Campbell

**From:** Lorayn Walser [REDACTED]  
**Sent:** Thursday, December 2, 2021 7:59 AM  
**To:** Wendi Lutz <wlunz@peb.nv.gov>  
**Cc:** Lorayn Walser [REDACTED]  
**Subject:** Written Testimony - PEBP Board Meeting 12/02/2021

My name is Lorayn Walser and I am a member of AFSCME Local 4041 and a state employee for 19 years.

I am asking the PEBP Board to stand up for State employees and reinstate our benefits which were sacrificed to make up for the budget shortfall due to the pandemic. The American Rescue Plan has been provided to states in order to restore their budgets, and Nevada has received those funds.

Refusal to restore our benefits is a clear violation of the intent of the American Rescue Plan, and a blatant display of disrespect for hard-working Nevadans. We have suffered financial loss throughout the pandemic, and the additional costs and reduction in benefits of our health insurance are unacceptable.

Respectfully submitted,

Lorayn Walser

Carson City, Nevada

-----Original Message-----

From: James Morrow [REDACTED]

Sent: Thursday, December 2, 2021 9:04 AM

To: Wendi Lutz <wlunz@peb.nv.gov>

Subject: Public comment for the 12/2/21

If a state employee or their dependents who are receiving PEBP benefits are not yet vaccinated and do not qualify for an exemption, then they alone should pay for those added costs. Everyone has had enough time to get vaccinated.

**From:** Lisa Pineda [REDACTED]  
**Sent:** Thursday, December 2, 2021 9:32 AM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** COVID Surcharge opposition

Good Morning,

I have worked for the state of Nevada for the last year. I took a \$6 an hour pay cut to come here in the hopes of moving up within the state as well as better benefits and having a long term career with the state. The wages are substantially lower than anywhere else and to give you an idea I can apply for a job in my same field that makes \$25 an hour and I currently make \$18.35. The amount of these proposed surcharges are astronomical, prejudicial and divisive. Everything else in this world is my body my choice. Why is this Vaccine for COVID not the same? Why do I have to choose between my livelihood or my job? Why does my job or state have the right to tell me what I should put in my body? I have Auto Immune diseases and can not compromise my body any further for the sake of appeasing my state or my employer. Since I have started work here I have been furloughed and subjected to weekly testing which I did not complain about. The reports that are coming out regarding COVID are that both the unvaccinated as well as vaccinated are both getting COVID yet only the unvaccinated are required for testing. We have ppl in our office that have gotten COVID that are vaccinated yet they are not required to get tested. This is completely prejudicial and imposed as an inconvenience to the unvaccinated in hopes that they will succumb to the vaccine. In the last almost 2 years if we as unvaccinated have not changed our mind and have strong reasons why we can not receive this vaccine why would we change our minds now? There are far worse medical issues that people should safe guard against that cost the state far more money but no surcharges are recommended for them. It is my strong belief that the government nor anyone's employer should be involved in health decisions for a person. That is a complete privacy violation and not anyone else's business but the individual.

I also agree that the newly acquired AARP funds should restore state benefits to pre pandemic rates and plans. We as state workers have sacrificed a lot to work here and done so with no complaints for the greater good but seems we are constantly asked to sacrifice more with no trade off. I implore you to please look at what will be the greater good for the employees that give their time freely for this state.

Thank you for your time 😊

**From:** Tessa Grundy [REDACTED]  
**Sent:** Thursday, December 2, 2021 10:10 AM  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Question regarding today's board meeting

By the time these surcharges go into effect I will have two dependents over 18. By the time they are 18 I can no longer "MAKE" them get vaccinated. How am I supposed to convince my adult dependents to get vaccinated? They have the right to do what they want with their bodies. This would be an additional \$405.00 a month. This makes it almost not worth it for me to work.

**From:** Jon M. Bakkedahl [REDACTED]  
**Sent:** Thursday, December 2, 2021 1:34 PM  
**To:** Wendi Lunz <wlunz@peb.nv.gov>  
**Subject:** Employee benefits

Hi ma'am,

I wanted to write in to let you know my complete disappointment with our benefits, especially the EPO turning into a PPO and losing the HMO features. There is no EQUITY in our benefits statewide. The south has way better benefits (including an HMO), which is not right.

There were also many changes that were buried or not explained at all. Specifically diabetic durable medical goods, a \$3000 hit to me (and many other diabetics) a year.

This whole year, with the state getting CRF and ARPA, and our benefits again take a huge hit. This is very disappointing.

Sincerely,

Jon Bakkedahl

**From:** mindy pierson [REDACTED]  
**Sent:** Thursday, December 2, 2021 1:42 PM  
**To:** Wendi Lunn <wlunn@peb.nv.gov>  
**Subject:** Extra fees for unvaccinated individuals

Good afternoon,

I want to express my opinion on how unfair and completely discriminatory it is to charge people who chose not to get the vaccine (no matter what their reason) an extra \$55 a month plus \$175 for dependents. You don't do this with the flu which is just as deadly. Or what about people who smoke? Do they get charged extra? How is this any different! And has it been taken into consideration that a lot of people already have had Covid and still have the antibodies which have studies that show is more effective than the vaccine? And by getting the vaccine after having it could be more harmful?? Also, if every agency followed the governors mandate that every state office had to test until 70% than no one would be still testing. I know for a fact our office is at 70% and we still have to test every week even though we only go in one day a month. That would solve the problem of the extra fees.

Sincerely,  
A disappointment state employee