

From: Nanette Paulson Perkins [REDACTED]
Sent: Thursday, September 16, 2021 1:11 PM
To: PEBP Member Services <memberservices@peb.nv.gov>
Subject: COMPLAINT RE: AETNA!! Please share with the PEB Board

Hello,

I am retired from the State of Nevada and am so upset at your choice of picking Aetna. TOO many doctors do not like them and won't use them. Or, they are making them wait for approval while the doctor's patients have to sit without a doctor.

I had a wonderful therapist who helped me throughout the years with misc issues. He is a good psychologist and I was looking forward to having him help me in the future but he has had bad experiences with Aetna. They don't pay ontime, and don't pay enough. So, I tried the ONLY psychologist on your plan and it was like talking with some old guy who just woke up and was unkempt.

Next, my doctor at Carson Medical Group is much too busy so I cannot see him for months so I planned to go back to Dr. Bottenberg. He is one of several MDVIP doctors in the area that patients pay \$1650 per year to have him as their doctor. He is able to see patients in a day or two, helps them on weekends if needed, and is approachable. That is the kind of doctor he always wanted to be, and not be ruled by outside companies who might say he has 5 minutes per patient. Now he is just waiting for Aetna to grant him acceptance so he can see his patients. So far, a quarter of the year has gone by and he is still waiting and so are his patients!!!! This is SO WRONG!

Please do something about this!! Please help Dr. Bottenberg get approved and please get rid of Aetna so we can all go back to our doctors!!!!

Nanette Perkins
[REDACTED]

From: Mark Smedinghoff [REDACTED]
Sent: Monday, September 27, 2021 2:43 PM
To: Wendi Lunz <wlunz@peb.nv.gov>
Subject: Public Comment

Agenda Item: Presentation and possible action regarding COVID-19 coverage changes and potential COVID surcharges

Hello, my comment is in regards to the proposed changes for COVID-19 coverages. In principle, I agree with not covering 100% of COVID-19 charges, as there is now a vaccine available.

In practice, I have concerns regarding the execution of this proposed change. In three areas specifically. One, for children under the age of 12 which the vaccine is not available for. As the delta variant has swept through the country, pediatric cases of COVID-19 have surged. Two, for those with a legitimate, documented medical reason for not getting the vaccine, either because of an allergy, or other medical reason. These people are dependent on others to get the vaccine and in effect would be punished for not getting something their doctors have recommended against. Third, and finally, some future variant that may evade the protective capabilities of today's vaccines. I realize this would be a larger national issue, but we could very easily find ourselves starting over if a new variant takes hold.

Thank you for hearing and considering these concerns.

Mark Smedinghoff



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

Date: September 28, 2021
To: Director Laura Freed, Chair, and PEBP Board Members
From: Kent Ervin, State President, Nevada Faculty Alliance
Subject: **PEBP Excess Reserves and Restoration of PEBP Benefits**
(public comment for 9/30/2021 board meeting)

Many thanks to PEBP Board members for your dedication and service to state employees.

During the past 18 months, PEBP has been forced to cut health care benefits for state employees to accommodate budget reductions including \$25M through an employer premium holiday in FY2021 and budget reductions of \$32M for actives and \$17M for retirees for the 2021-2023 biennium. Benefits have been drastically reduced compared with the pre-pandemic FY2020 CDHP plan. For FY2022 deductibles increased 17%, out-of-pocket maximums increased 28%, the HSA contributions decreased 45%, and employee-only monthly premiums increased 44%. The life insurance benefit for active employees was cut 40% and the long-term disability income benefit—an essential safety net—was completely eliminated. Deductibles and coinsurance were added for the HMO/EPO plans.

The State has unfortunately not yet made decisions on restoration of the PEBP budget and benefits using part of its \$2.7B in Coronavirus State and Local Fiscal Recovery Funds from the American Rescue Plan (ARP) Act of 2021. Per section 1.1(b) of [SB461](#), ARP funds of \$1.086 billion were transferred to the state General Fund. According to SB461 and the Governor's [Every Nevada Recovery Framework](#) the priority use of these funds is to “Address Budget Shortfalls”, exactly such as the Covid-related cuts to PEBP. We are anxious to hear the Executive Officer's description of PEBP's application for ARP funds as directed by the Board in July.

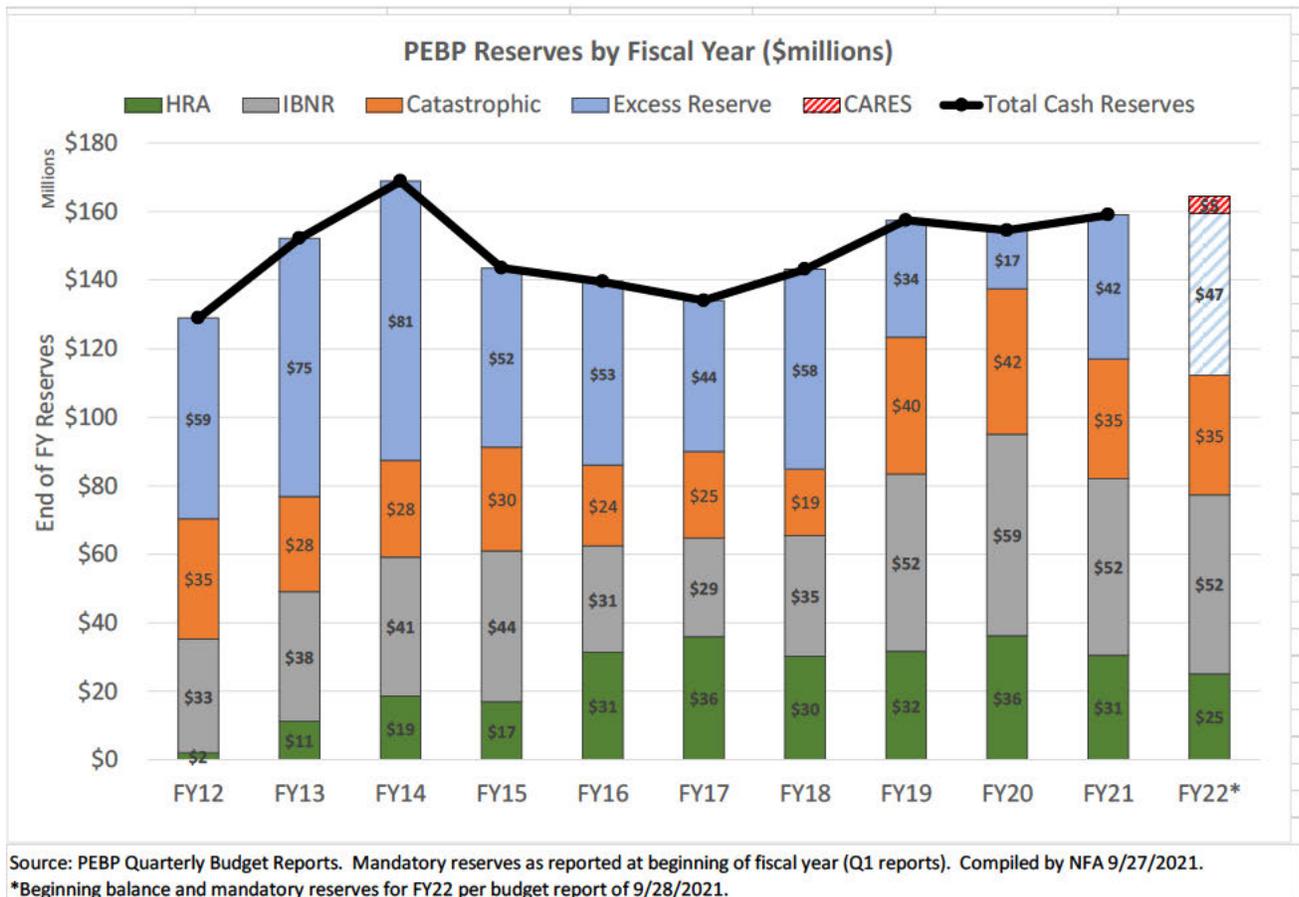
In the meantime, the total cash balance at PEBP at the end of FY2021 reached a seven-year high and the Excess Reserve (a.k.a. the euphemistic Differential Cash but essentially the operational profit) is \$47.3M as of the beginning of FY2021. The attached chart shows the history of PEBP reserves since FY2012. The Budget Report (final paragraph of item 4.2.1) indicates that unspecified budget adjustments result in a reduction in the Excess Reserves from \$47M to \$38.6M—to *what is that allocated?* According to AON's report, \$9.1M has been allocated to buy down FY2022 employee premiums, \$5.2M to restore Medicare HRA contributions, and \$12M needs to be reserved for deferred medical claims. In addition to the Excess Reserves, \$5M in CARES Act funding for direct Covid-related claims is likely to be approved at the October 21, 2021, meeting of the Interim Finance Committee. That leaves at least \$17.3M and perhaps up to \$26M in Excess Reserves for allocation in FY2023, but PEBP should also plan for the possible receipt of ARP funds rather than wait until it is too late to affect FY2023 plan design.

On agenda item 9, we ask the Board to direct staff to prepare options to convert the Excess Reserves into improved benefits for participants and for the use of potential ARP funds to fully

restore benefits for FY2023 and submit the proposals to the Interim Finance Committee. Current and recent-past participants, not future participants, have paid for the Excess Reserves through higher out-of-pocket expenses—especially employees with serious and chronic conditions—or by forgoing treatment. Our order of priority for restoration of benefits is lower out-of-pocket maximums, lower deductibles, restoration of Long-Term Disability Insurance, restoration of basic Life Insurance, and lower employee premiums.

Finally, the repeated and now continuing annual generation of Excess Reserves far beyond projections and despite plans to spend it down is a serious problem. It indicates that the program is operating at a profit rather than using its full resources to provide benefits to employees. Projections have been erratic: the projected excess for the end of FY2021 was budgeted at \$9M as of 12/31/2020, was projected as “more than \$20M” in February and March, then upped to \$34M at the PEBP budget closing in May, and finally rose to \$42M actual at the official close of the fiscal year budget. We again call on PEBP to secure an independent audit of its actuarial, rate-setting, and budgeting methods and get to the bottom of this pattern.

Thank you.



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 Southern Nevada Government Affairs Representative, Nevada Faculty Alliance

E-mail: [REDACTED]

PEBP BOARD MEETING – 9-30-2021 – WRITTEN PUBLIC COMMENT

Thank you to Chair Freed and members of the PEBP Board for your service, and especially to Executive Officer Laura Rich for her good meetings and communications with state employee advocates during such an unusually busy time, which is very much appreciated.

Regarding Agenda Item #9 for today’s meeting, the possible Board consideration of options for the expenditure of \$12 Million in anticipated Excess Reserves, and for the allocation of future such reserves (which we believe will be forthcoming) and/or restored state contributions or new contributions from ARP funds, in considering new plan designs (for both FY 23 and FY 24), we suggest that PEBP staff create and submit for the Board sliding scales of benefits restorations across the three plan designs, as follows:

- 1—a scale for lowering out-of-pocket-maximums to the lowest amount permitted by available Excess Reserves allocations over two years until they reach 2019 levels;
- 2 —a scale for lowering deductibles to the lowest amounts possible over two years until they reach 2019 levels for the CDHP plan; and for eliminating the HMO/EPO deductibles and lowering copays for the PPO as much as is prudent and possible to maintain a good comparable balance among the three plans; and –
- 3 —only as a last choice using Excess Reserves or other new ARP funds to lower premiums.

Regarding Agenda Item #7: we believe a COVID-19 surcharge administered by PEBP would prove an administrative burden on already overworked staff time, and that it would be difficult to administer fairly or accurately through existing resources. We hope that state employee and NSHE vaccination mandates and other state inducements will make such a surcharge generally unnecessary. We also ask the PEBP Board to consider continuing 100% coverage for all medical treatment, prescriptions for specialized drugs, and for COVID-19 testing through June 30, 2022, with a planned reconsideration of this 100% coverage for the following plan year.

Thank you –

September 29, 2021

Thank you for this opportunity to provide written public comment on today's agenda, especially agenda items numbers 7 and 9. 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. (The author of this public comment is Shaun Franklin-Sewell, a co-chair of the UNLV EBAC.)

Regarding agenda item number 9, we continue to urge the restoration of benefit cuts imposed upon employees during the last budget cycle. Our committee prefers the use of reserves over a span of two years (\$6 million per year) versus three years (\$4 million per year). However, we understand Executive Director Rich's desire to plan conservatively.

We prefer that previous deductible amounts be restored first, followed by restoration of previous out-of-pocket maximum amounts, then restoration of previous copay amounts. We also recommend enhancements to dental and vision coverage, including but not limited to a dental buy-up option, and the restoration of all other cuts - especially if American Rescue plan funding is allocated to allow for the restoration. We reiterate our philosophical disagreement with premium credits.

Regarding agenda item number 7, we would prefer that vaccinated members continue to receive the 100% coverage benefit for hospitalization and treatment and that all members receive that benefit if federal dollars are still available to reimburse the plan for those costs. However, we understand that it would be difficult for PEBP to determine who is and who is not vaccinated given current technological systems.

Difficulties in determining who is vaccinated or not would also be problematic in implementing a COVID surcharge for unvaccinated plan participants. Other questions include:

- Will there be a waiver for the surcharge for those who have exercised an exemption whether it be for medical or religious reasons?
- Also, can the surcharge, if implemented, be waived at any time during the year should someone decide to become vaccinated after the surcharge is applied?

We certainly have no problem with PEBP staff researching possibilities to craft a plan for future public discussion and board approval. We would point out that the Nevada System of Higher Education is meeting September 30 to implement a vaccine mandate for its employees. We wonder if the COVID surcharge could instead be a COVID vaccine incentive program, wherein PEBP might apply a premium reduction or other benefit for vaccinated individuals.

From: Sue Hall [REDACTED]
Sent: Thursday, September 30, 2021 8:11 AM
To: Wendi Lunz <wlunz@peb.nv.gov>
Subject: PEBP Board Meeting: Thursday, September 30, 2021 Agenda Item Number VII COVID-19 Update, Coverage Options and Potential COVID Surcharge for Unvaccinated Members

Good morning,

In regards to PEBP Board Meeting: Thursday, September 30, 2021 Agenda Item Number VII COVID-19 Update, Coverage Options and Potential COVID Surcharge for Unvaccinated Members;

As a PEBP member, I am submitting my objection to passing this proposed change based upon many factors identified below.

Your proposal intends to raise premiums on healthy, unvaccinated members, thereby penalizing a very specific group of members. Forcing a targeted group to pay a higher premium to cover the costs of funds consumed in the past by unhealthy members is unfounded, discriminatory and contradicts your argument based upon the few examples that you used.

*According to Title VI of the Civil Rights Act of 1964: Overview
Discrimination in the procurement of certain health care services based on an individual's race, color, or national origin is strictly prohibited by Title VI of the Civil Rights Act. As with other federal anti-discrimination laws, this applies to health care programs that receive federal funding, such as Medicare and Medicaid. This law is enforced by the Office for Civil Rights (OCR) within the U.S. Department of Health and Human Services (DHHS).*

Other types of services that may be affected by the law include nursing homes, adoption agencies, day care centers, family health centers, and substance abuse treatment centers.

The law makes it illegal to take any of the following actions in a discriminatory manner:

Deny services or other benefits (including financial aid) otherwise provided by a given health care program

Provide a service or benefit that is inconsistent with what is offered to others in the program

Segregate patients with respect to services, financial aid, or other benefits

- This proposal assumes that healthy unvaccinated members are now, or will be in the future, the cause of further financial deficit the plan is presently facing. A deficit caused by a decision made by administrators without question or consent of those members paying into the plan.
- This proposal leaves out the fact that many unvaccinated members have had the covid-19 virus and have full immunity which has been proven over centuries to be single best way to prevent the spread and reinfection of a transmittable illness.

<https://finance.yahoo.com/news/natural-immunity-covid-19-legality-substitute-vaccination-123106323.html>

[Perspective | Natural immunity to covid is powerful. Policymakers seem afraid to say so.](#)



Perspective | Natural immunity to covid is powerful. Policymakers seem a...

People making decisions about their health deserve honesty from their leaders.

- This proposal leaves out the fact that throughout this pandemic, there has always been proven prophylactic and preventative measures as well as treatments available which were suppressed by media, medical professions by threat of license suspension, and here in Nevada, the stockpiling of hydroxychloroquine inside our state prison system and banning it's prescription by Governor Steve Sisolak. For example, hydroxychloroquine (quinine) which has been used for decades to treat similar viruses as well as Ivermectin. We were told by medical professionals that vitamin D3, vitamin c, and zinc deficiencies made people more vulnerable to contract covid-19.

<https://alethoneews.com/2020/12/22/hydroxychloroquine-hcq-the-suppression-of-a-proven-covid-remedy/>

<https://townhall.com/tipsheet/bronsonstocking/2020/04/04/nevada-governor-found-hoarding-hydroxychloroquine-after-restricting-access-to-the-drug-n2566360>

[Dem Governor Who Banned Hydroxychloroquine Gets Caught Hoarding It | KPRC AM 950 | Kenny Webster's Pursuit of Happiness](#)



Dem Governor Who Banned Hydroxychloroquine Gets Caught Hoarding It | KPR...

Is this Democrat leader playing partisan politics with people's lives?

- This proposal leaves out the fact that healthy unvaccinated people will be forced to carry the burden of people who choose unhealthy lifestyles such as using illicit drugs, smoking cigarettes, abusing alcohol, poor eating habits and others that are the leading causes of heart disease, diabetes and cancer. The statistics show that the two main demographics impacted the greatest by covid-19 were the unhealthy with at least one or more comorbidities and the elderly.
- This proposal leaves out the fact that there is presently a large number of hospitalized covid-19 patients that have been **fully vaccinated** and therefore consuming a large portion of PEBP benefits. Why are the vaccinated excluded from the targeted member in this proposal?

Pursuant to Center for Disease Control (CDC) "Serious adverse events after COVID-19 vaccination are rare but may occur". <https://www.cdc.gov/coronavirus/2019ncov/vaccines/safety/adverse-events.html>

CDC states the following are adverse events that "may occur" with the COVID-19 vaccination:

- *Anaphylaxis after COVID-19 vaccination is rare and has occurred in*
- *Thrombosis with thrombocytopenia syndrome (TTS) after Johnson & Johnson's Janssen (J&J/Janssen) COVID-19 vaccination*

- *CDC and FDA are monitoring reports of Guillain-Barré Syndrome (GBS) in people who have received the J&J/Janssen COVID-19 Vaccine. GBS is a rare disorder where the body's immune system damages nerve cells, causing muscle weakness and sometimes paralysis.*

- *Myocarditis and pericarditis after COVID-19 vaccination*

- *Reports of death after COVID-19 vaccination*

Wherefore, your employers are in fact using criminal coercion and threatening you in the forced vaccine that if taken has the potential to cause significant physical injury if not death or lose employment, and face destitution and financial devastation and assume no responsibility if you become injured from it.

<https://www.fastcompany.com/90667213/delta-variant-devastation-florida-hospitals-show-vaccinated-vs-unvaccinated-icu-patient-data>

This leads to many questions that need to be answered prior to approving this change.

If passed when will it be implemented?

If proposed to be implemented prior to the end of the plan year before open enrollment for 2022-2023 FY then it must be considered a qualifying event allowing those members impacted by the premium increase the option to opt-out.

The results could be financially devastating. If you lose all the members impacted by this increase then the plan will suffer a greater loss of revenue. There are many affordable open market plans which will gladly accept healthy PEBP members.

I respectfully request that you do not implement this change and reconsider a plan that punishes the healthy and propose a fee scale that rewards the healthy and penalizes the members with unhealthy lifestyles, but also encourage and incentivize those who make changes in lifestyle, with discounts

Sincerely,

Sue Hall

September 29, 2021

To: PEBP Board

From: Anonymous State Employee

Good morning,

I have been employed with the State of Nevada for 11 years. I am submitting my comments anonymously to avoid possible harassment.

With regard to Agenda Item 7, I am strongly opposed to the idea of a monthly financial surcharge for unvaccinated members. We have the right to make choices related to our body. If the PEBP Board is going to punish members for choosing not to take the COVID-19 vaccine, the Board should also implement the same surcharge for members who choose to smoke, vape and use recreational marijuana; members who are overweight and obese; and members who choose not to take other vaccines. Implementing a financial surcharge only for members who are unvaccinated is discrimination.

Thank you for your time.