

Dear Board Members,

My name is Raul Betancourt, and I have worked for the State of Nevada for more than 15 years. I am writing to state this as clearly and directly as possible: the proposed PY2027 premium increases are unacceptable, unreasonable, and completely disconnected from the financial reality of State employees and retirees.

An 80%–133% increase in one year is not a “rate adjustment.” It is a massive financial blow that will push families into crisis. These increases would cut deeply into take-home pay, wipe out already-stretched budgets, and force employees to choose between maintaining health coverage and paying for basic necessities. No responsible employer would treat its workforce this way.

Let me be very direct:

What incentive is left to work for the State of Nevada?

Over my 15+ years of service, I have never seen morale this low. Every time the State has a budget problem, employees are the ones who pay for it—furloughs, frozen wages, no step increases, eliminated longevity pay, no meaningful incentives, no retention strategies, and now the largest premium increase in PEBP history. This pattern is consistent, and it is exhausting. The message employees receive is simple: when there is a problem, the employees will be the ones to sacrifice.

These proposed increases will make recruitment and retention worse, not better. Agencies already struggle to keep positions filled, and this will push even more employees out of public service.

There is another question that deserves a direct answer:

Will Nevada’s elected officials be required to pay these same premium increases? I think most of us know the answer, and that double standard speaks volumes.

I am also formally requesting a clear, detailed explanation of how these increases were calculated and why placing the overwhelming burden on employees was seen as the primary solution. As someone who manages state and federal grants, I know that every financial decision must be justified with documentation, assumptions, alternatives, and options.

Employees deserve transparency. We should not be told “this is the rate” without being shown the reasoning behind it.

If the State is serious about attracting and retaining employees, there should be real incentives—such as free or subsidized childcare, which would cost a fraction of the long-term damage caused by these premium hikes. Instead, the State continues to chip away at the few remaining benefits employees have left.

It feels like State employees are constantly expected to absorb every financial hit, while leadership avoids making difficult decisions that would impact them personally. This approach is not fair, not sustainable, and not responsible.

I strongly urge the Board to reject these increases and present a balanced solution that does not place the entire burden on the workers who keep this state functioning every day.

Sincerely,

Raul Betancourt

As public service workers, we are the backbone of our communities. Yet rising health care costs and shrinking coverage are pushing many of us to choose between essential medical care and basic household needs.

These increases are unsustainable, and workers cannot continue absorbing them.

March 18, 2026

PEBP

The cost of everyday living rises everyday: Gas prices, groceries, housing costs, PERS, while our pay stays the same. Now you want to raise our health insurance costs, when we already struggle to keep up with meeting our necessary appointments, prescriptions, procedures, etc. This is just another form of how the system, our government is failing its people! I have heard rumors the reason for this increase is due to the fact that PEBP has no money, which is straight BULL! How does an insurance company (the highest paid company from its employees) not have money? I will tell you, it is being funneled out! Stolen. And you are trying to make us, the people pay for it! THAT IS NOT OK!

As public service workers, we keep our communities strong. However, rising health care costs and decreasing coverage are forcing us to choose between medical care and basic necessities. Workers cannot shoulder these cost increases alone.

We urge the Board to prioritize protecting our current coverage in the short term and to pursue meaningful structural changes in the strategic plan.

I am submitting this Public Comment on behalf of myself, my co-workers, and my family. Please do the right thing!

In Solidarity,

Jennifer L Friend

To the PEBP Board:

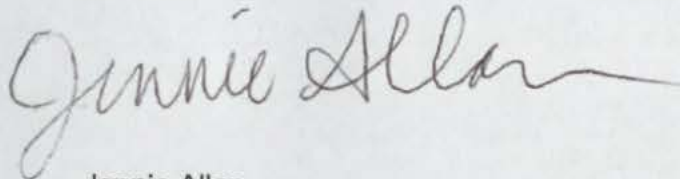
I have been a part of the TMCC community since January 6th, 2020. Since this time, the cost of living in Nevada has dramatically increased I am increasingly concerned about the continued rise in health insurance rates, especially in the context of rising costs for essentials like food and gas, along with what appears to be decreasing coverage. It is difficult to understand how these increases are justified, and I would like clear transparency regarding the factors driving them.

I also want to be direct about the impact this has on my health. I have [REDACTED] and [REDACTED], and I have struggled with [REDACTED] for most of my life. Treatments such as [REDACTED]—which could significantly improve my health and quality of life—are not accessible under our current coverage. That is deeply frustrating and raises serious concerns about the adequacy of our plan.

At \$250 per paycheck for my family's coverage, this is a significant financial commitment. It is reasonable to expect that level of contribution to provide meaningful, comprehensive coverage, including access to medically necessary treatments.

I am asking for a clear explanation of these rate increases and what steps are being taken to ensure that employee healthcare coverage is both affordable and truly supportive of our medical needs.

Sincerely,

A handwritten signature in cursive script that reads "Jennie Allan". The signature is written in dark ink and is positioned above the printed name.

Jennie Allan

Public Comment for PEBP meeting March 19, 2026

To Whom It May Concern:

I am a state employee and have been working in public safety for nine years. When I began working for the state, it was difficult to obtain a state job because everyone wanted one because you had heard about the great benefits and retirement. However, year after year the benefits have dwindled yet the premiums have risen. There are many open positions in all state agencies because the state is not the ideal place to work as it once was.

PEBP has gone from an excess of \$33 million to a \$26 million deficit in the span of six years. This is due to poor leadership and planning. However, hard-working, state employees are expected to pay the price. We have already seen premium increases and loss of benefits. I know of many co-workers who have had to fight with our carrier to get their needed prescriptions covered or a treatment prescribed by a doctor approved.

These proposed increases are unacceptable, and a better solution needs to be found. If these increases are implemented, you will lose more dedicated employees, and the ramifications will be felt throughout the state.

Katie Fraker

TIERNEY FROST

As economic tensions rise in this country, it's beginning to feel like you have to be lucky to "make it" at all. The American dream becomes more and more of a fantasy- owning a home or starting a family seem impossible when we can barely afford ourselves. The average person's finances are already wearing thin.

A large portion of the people I've spoken to in my department are struggling to get by, ranging from lower-level employees like myself, to important higher-ups who keep the department from falling apart. Many of these people have families to provide for, and additional expenses will be devastating in their already fragile financial situations. If a major insurance rate increase were to come out of this situation, it would spell doom for the state's most essential workers. They would be failed by the very organizations that are supposed to protect them.

Please do not ignore these people, as they beg you not to destroy their lives.

Alexandra Sims

My name is Alexandra Sims, and I am a state employee and a parent. I'm sharing my experience because the rising cost of health care and the ongoing reductions in coverage are directly affecting my ability to stay healthy, work safely, and support my family.

I have a neurological condition that requires daily medication in order for me to function. The name-brand medication **prescribed by my doctor** allows me to stay awake, drive safely, work an eight-hour day, and care for my child. Unfortunately, none of the health plans offered to state employees cover the name-brand version of my medication, only the generic.

The problem is that the generic medication does not work for me. I have experienced complete therapeutic failure on the generic formulation, leaving me unable to stay alert or safely perform basic daily tasks. This has been medically documented. Despite this, my prior authorization request for the name-brand medication was denied because I am not "allergic" to the generic ingredients - even though the issue is not allergy, but lack of effectiveness.

Because of this denial, I have been forced to pay **\$460 out of pocket every month** just to access the medication that allows me to function. This is not sustainable for me or my family. I am now in a position where I may not be able to work because I cannot afford the medication that keeps me stable and safe.

I understand that costs rise over time, and I am willing to pay my fair share. But when premiums and out-of-pocket expenses increase year after year, I expect the level of care and coverage to improve - not decline. Instead, I am paying more while receiving less, and the consequences are affecting my health, my job, and my ability to care for my child. I shouldn't have to pay over \$200 a month for health insurance and still be forced to pay \$460 out of pocket for the only medication that allows me to function safely and maintain employment.

This is exactly why rising premiums and reduced coverage are so harmful. When essential medications are denied or restricted, people like me are left choosing between our health, our jobs, and our financial stability. No one should have to pay nearly five hundred dollars a month just to remain functional enough to work for the very system that provides their insurance.

I am asking the PEBP Board to consider the real-life consequences of these decisions. Rate increases and reduced coverage don't just show up on paper, they show up in our health, our livelihoods, and our ability to care for our families. If rate increases are absolutely

Thank you for listening and for considering the impact these policies have on the people who rely on this insurance every day.

My name is Rita Wright-Vogelpohl and I work for the Department of Motor Vehicles, Administrative Hearings Office as a Legal Office Manager. An increase of this magnitude to health insurance would be devastating. Last year when I received my step-increase, I took home a measly \$9.00 extra every pay period. This was due to the increase in health insurance and the increase in PERS. If this occurs again this July 2026, I will be taking home even less, making it so that the step-increase I receive in July will just be non-existent. I must seriously consider whether working for the state of Nevada is even beneficial. I, unlike other employees, can choose to leave the state, take my pension and Social Security. I know my cost of Medicare will be less than what PEBS wants for health insurance will be and I at least will be taking home more money. Maybe the state truly wants employees to leave and just doesn't have the balls to do layoffs. You have no problem doing furloughs, you do have problems giving pay raises!

Dear PEBP Board Members,

I am writing to express my very strong opposition to the proposed increase in health insurance premiums for State of Nevada employees and retirees. I am shocked that you would even consider inflicting such an adversity on employees/retirees. How do you justify a 133% hike for insurance premiums? Why was this "proposal" not sent to each and every member?

State of Nevada employees have, thus far, suffered pay reductions through increased PERS deductions, as well as the already escalated insurance premiums. Instituting such a preposterous increase to member health insurance premiums - which threaten access to quality, affordable healthcare coverage - would compound the issue of employees/retirees that are already struggling.

Without a significant pay rate augmentation, even a gradual increase would still result in significant hardships. I urge you to reconsider this proposal. Affordable healthcare is essential for staff members and retirees that have been committed to serving the State of Nevada.

Most Sincerely,



Zachary Cola

Nevada State Employee

Good morning,

My name is Jesse, and I am a State of Nevada employee with over 11 years of State service. I am here today because the proposed increases to our insurance premiums is not just a rate adjustment-it is a pay cut. For my family, this increase takes my monthly premium from \$801 to \$1497, that is the equivalent of a 9% reduction in my take home pay.

No State employee received a 9% raise this year, No State employee can absorb a 9% pay cut without consequences. This increase is not a cost share, it is a cost shift, and it shifts the burden of budget shortfalls onto families. Especially, families with children, medically unwell dependents, and it forces impossible choices. The employees might have to leave PEBP entirely, drop dependents, or leave State service for employers who offer stability.

I cannot afford this loss, in addition to other losses from the legislature not funding our contract and cutting out incentives that we previously had. In closing, I expect accountability, what options were looked at? Why wasn't this brought up before contract negotiations, so that legislation could fund pay increases to offset this? What internal financial decisions over the last two plan years have contributed to this shortfall, and who is accountable for them? Did PEBP make funding requests to the Governors officer and Legislature to prevent this? Has there been a survey conducted on how many State employees will be forced to drop dependents or leave state service because of this increase? How does the board justify calling this a premium adjustment when the real term is a 9% pay cut for the families of employees that serve this State?

3/19/2026

Dear PEBP Board,

I'm sorry, I was delayed and didn't get this in during today's meeting, but I think it should be considered as a possible option. Maybe too late today, but something going forward.

I'm an actuarial analyst for the Division of Insurance in the Life & Health section. We make it a point of educating all of our new hires on the advantage of going with the CDHP, there are not many situations where it makes financial sense to go with these other plans.

Based on Segal's presentation, page 12, I estimate that between 75 and 90% of members in the LDPPPO and EPO/HMO hit their OOP maximum. The MOOP as we call it is the same for almost all plans, EPO having a small and negligible difference. This means that 75%-90% of the enrollees in these more expensive plan options would financially benefit from the CDHP. Not only would they have the same MOOP every year, which they reach, but they would have a significantly lower premium and benefit from the state funded HSA.

Some people are worried about their upfront costs for the doctor's visits. These individuals can contribute everything that they would expect to pay in premiums, \$250 more per month let's say, to their HSA that they can then spend on the care they need. Anything extra they contribute above their MOOP is theirs to bank for later, actual realized savings.

Honestly, a review could be done to see how many people truly benefit from these higher premium plans, it is a low percentage, and compute the actual average financial benefit to them. If it is minimal as I expect, then PEBP should consider eliminating all options except for the CDHP w/HSA. This would definitely require some public educational outreach, but most would benefit.

Additionally, this would solve the subsidization issue which is a part of the current rate increases. If all belong to the CDHP, then it becomes a single risk pool and the "subsidization" becomes a natural consequence. I'm not sure what would happen to the overall rates, my guess is they would need to be an increase from the CDHP. Something similar to a weighted average of the current premiums to the membership.

This outside the box option just seems like it has potential to fix several of the issues before the board today.

Regards,

Jeremy Christensen

Dear PEBP leadership,

As a concerned state employee, I am writing to express my serious concern about the proposed PY2027 Premium increases because the scale of the projected increases would create severe financial hardship for State employees, retirees, and their families at large. I am employed by the State of Nevada Department of corrections; I am submitting this comment in my capacity as a private citizen and State employee.

I understand that rising healthcare costs are a complex and ongoing challenges, the approach of shifting more of that burden onto employees feels increasingly punitive. As State employee I am already contributing significantly toward retirement through PERS, along with covering rising costs in nearly every aspect of daily life. When additional expenses such as higher health insurance premiums, deductibles, and out-of-pocket costs are layered on top, it creates a situation where employees are effectively being asked to captivate most financial pressures.

This trend gives the imprint that employees are expected to pay for everything, with little respite or shared responsibility. For many of us, wages have not kept pace with inflation or the cost of living like Housing, food, and transportation costs continue to climb. As active state employee with family coverage under the EPO/HMO plan would see monthly premiums rise from \$801.97 to \$1,868.59 an increase of over\$1,000 per month reportedly as high as 133% is deeply concerning. these increases would effectively reduce take-home pay by thousands of dollars annually. The increases could force difficult decisions between maintaining health coverage and covering essential living expenses such as housing, food, and utilities. Premium spikes of this size may also discourage qualified professionals from seeking or remaining in State employment, negatively affecting recruitment and plexus.

I strongly urge PEBP board members to reconsider this proposal and explore alternatives that do not excessively impact employees.

Sincerely,

Francis Mhondo

First, why send out an email with a bad contact email address? I have tried sending this twice now and the email is blocked each time. I had to look online for a better contact method to reach you.

Second, can you elaborate as to the actual reason healthcare premiums are increasing? If you are committed to full transparency, please provide the full reasons as well as the cost-saving options. If people cannot afford even those options, what are they to do?

You state that the PEBP actuary explains there are spikes in healthcare costs. What are these budget challenges coming from? The misnamed Big, Beautiful Bill?

We will receive NO cost-of-living increase for a second year in a row, yet more money is taken from us. What advice do you have for such challenges?

Dear PEBP leadership,

I am a concerned employee working for the Nevada Department of Corrections, I feel compelled to express the serious impact the proposed health insurance rate increases will have on our workforce. While we acknowledge that the Department of Corrections received a substantial raise under the FOP 2023 contract, the reality for many of us is that those gains have already been significantly offset.

- In 2023, staff received a 20% raise.
- In 2025, PERS contributions increased by 4.5%, followed by only a 1% COLA for two consecutive years.
- This left employees effectively **3.5% short in year one and 2.5% short in year two**, with non-police/fire members receiving no COLA but an additional 1.6% increase.

Now, with the proposed health insurance increases—some exceeding **50% or more**—employees stand to lose **15% to 40% of their pay**. Personally, this would cost me approximately **\$400 more per month**, while others could lose **\$1,000 or more monthly**.

For example:

- **Family HMO Plan:**
 - Prior 2025: \$651.51
 - **Current: \$801.97**
 - Proposed 2026: \$1,443.55 (+\$641.58)
 - Proposed 2027: \$1,868.59 (+\$1,066.62)
- **Family PPO Plan:**
 - Prior 2025: \$423.54
 - **Current: \$497.68**
 - Proposed 2026: \$895.82 (+\$398.14)
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These increases are not sustainable. They will cripple our ability to hire and retain quality employees, especially in areas already facing severe staffing shortages outside Las Vegas and Carson City. Employees with little seniority will be forced to seek other employment simply because they cannot afford to work for the state under these conditions.

Why are we not exploring other insurance providers that would offer better rates. Your graph mentions comparing costs and evening out the expenses to equal other states. Other states allow employees to seek other insurance. If they opt out of the insurance offered a credit is given to the employee via pay adjustment in order to pay for the outsourced insurance. Why are we not given credit, Why are we not offered this the same to seek affordable insurance? The only option we are being given now is equivalent to strong arming an employee. We are penalized for not submitting to the crippling rise in rates. I don't believe this is right.

A copy of this is also being submitted to the governor to seek a viable solution.

Greetings,

As a 20 year State employee who has been a lifelong Nevada citizen, I beg you recognize we are not just employees, but human beings surviving. While this country fails to provide healthcare to its citizens, the State of Nevada does not have to follow suit. BE BETTER. DO BETTER. We work hard for you and deserve to have the ability to take care of ourselves, especially without going into debt to do it. Reasonable and affordable healthcare is available and should be offered to us. We are not here to make profit for corporations, we are here to experience existence on earth and to enjoy this journey.

From: Anna Matias-Hernandez [REDACTED]
Sent: Friday, March 20, 2026 12:36 PM
To: PEBP Member Services <memberservices@nvha.nv.gov>
Subject: Need for clarification

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

Good Afternoon,

I attended both of your hearings, but haven't received a clear explanation as to why there was no official announcement about the February hearing?

State employees responded with comments online; however, we didn't receive any response to those comments. Not to mention the fact, that the "comments" section on YouTube was disabled intentionally as by default that option would be enabled.

I would like to receive a simple and clear explanation why the health insurance premiums will be going up as this question was not answered to our satisfaction during the hearing yesterday.

My name is Anna Matias.

Please respond to this email address as apparently our work emails are "blocked" from direct communication due to presence of the logo.

Thank you

[Sent from the all new AOL app for iOS](#)

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

From: [REDACTED]
Sent: Thursday, March 19, 2026 6:05 PM
To: PEBP Member Services <memberservices@nvha.nv.gov>
Subject: Failure

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

PEBP has failed state employees.

From: Risha Black [REDACTED]
Sent: Friday, March 20, 2026 2:49 PM
To: PEBP Member Services <memberservices@nvha.nv.gov>
Subject:

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

This email y'all sent is full of excuses and trash. You care nothing about us and I hope everything you thought would work, by making this insane increase, fails.

Respectfully,

Risha Gaitor.

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

From: DEANNA BJORK [REDACTED]
Sent: Friday, March 20, 2026 3:08 PM
To: PEBP Member Services <memberservices@nvha.nv.gov>
Cc: Lisa Krasner Senator [REDACTED]
Subject: Rate Increase

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

I received an e-mail advising me of significant rate increases. So as I understand it, the program has been mismanaged and now you must significantly raise rates? How about if you work with the Federal administration on ways to contain costs? How about if you prioritize types of coverage and eliminate controversial coverages. What are you doing in this department? Isn't part of your responsibility planning for the future so dramatic changes aren't necessary.

This significant rate increase is almost half on my annual adjustment. Awful. Retirees can't afford these kind of increases.

Deanna Bjork, retiree
[REDACTED]

From: Chris Hohnholz [REDACTED]
Sent: Friday, March 20, 2026 3:07 PM
To: PEBP Member Services <memberservices@nvha.nv.gov>
Subject: PEBP Rate Increase

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

I have just received the email regarding the upcoming rate increase to my insurance as a retiree. While I understand that cost increase impact insurance coverage, I am appalled that I will be facing a nearly \$200 per month increase to maintain insurance for my family.

This is simply insane to expect retirees who have given decades of service to make up the difference in cost in this manner. We are not talking about a minor increase here, this is a nearly 80% increase in my current monthly rate.

The email sent out to us pays lip service to the impact on employees and retirees while simply telling us that we just have to suck it up and live with having to pay a lot more. As someone who gave 25 years of law enforcement service to the State, I am beyond disappointed in how the State once again expects the people who diligently served to once again do more with less.

Chris Hohnholz
[REDACTED]
[REDACTED]

For I am not ashamed of the gospel, for it is the power of God for salvation to everyone who believes, to the Jew first and also to the Greek. For in it the righteousness of God is revealed from faith for faith, as it is written, "The righteous shall live by faith." (Romans 1:16-17)

From: Kristen S [REDACTED]
Sent: Friday, March 20, 2026 12:58 PM
To: PEBP Member Services <memberservices@nvha.nv.gov>
Subject: Premium increases

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

To Whom It May Concern:

Just writing with a little comment on these premium increases. You'll need to expect to lose your employees over this. When you just started getting them. Your benefits were (comparatively) bad enough, this is entirely unsustainable for many. I enjoy where I work. I've been here through thick and thin. Through pay cuts. Premium increases. Constant increases in the burden placed on employees to keep the retirement plans afloat. Finally we were recognized and given a raise to at least get us closer to the wages paid in the community. Then groceries and gas prices shot up, but hey, at least we were back where we started and the pay rate increase balanced it out. A \$160/month increase in premiums that already cost \$220/month is back in the hole again. How much do you make a year? I assume this wouldn't be too painful for you. It won't be fun but I can manage if I choose to. But what about the person with diabetes making just above the rate qualifies them to receive Medicaid? We have plenty working for the State in that category. What do they do? Stop taking the medications because their choice is between health insurance and housing? Try to find a new job obviously, probably with somewhere like Washoe County who covers all health insurance premiums for their employees. Some people will just decide to stay and risk it. Maybe they're in good health. Maybe they figure they can do without the blood pressure meds or step down to a lower coverage level and forego some work they should PROBABLY have done. This decision you have made is going to lead to preventable illness and potentially even worse. It's a real shame. The gains the state has made in employee retention will be lost and more, which is a sad because Nevadans deserve good services and you are going to have a very hard time recruiting and maintaining people in empty positions when the budget continues to be balanced on the backs of the employees. Thanks.

Kristen Shelton

Dear PEBP leadership,

I am a concerned employee working for the Nevada Department of Corrections, I feel compelled to express the serious impact the proposed health insurance rate increases will have on our workforce. While we acknowledge that the Department of Corrections received a substantial raise under the FOP 2023 contract, the reality for many of us is that those gains have already been significantly offset.

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Why are we not exploring other insurance providers that would offer better rates. Your graph mentions comparing costs and evening out the expenses to equal other states. Other states allow employees to seek other insurance. If they opt out of the insurance offered a credit is given to the employee via pay adjustment in order to pay for the outsourced insurance. Why are we not given credit, Why are we not offered this the same to seek affordable insurance? The only option we are being given now is equivalent to strong arming an employee. We are penalized for not submitting to the crippling rise in rates. I don't believe this is right.

A copy of this is also being submitted to the governor to seek a viable solution.

From: Dorianne Potnar
Sent: Friday, March 20, 2026 3:40 PM
To: PEBP Member Services <memberservices@nvha.nv.gov>
Subject: Increased Insurance Costs
Sensitivity: Confidential

I watched the PEBP meeting yesterday.

I was extremely disappointed that during this meeting and at multiple times throughout the meeting, the attendees joked, laughed, and seemed as if they all were having just a great time at the expense of State employees. Thousands of us sat watching in fear of our financial futures while they all had just a regular day at the office.

I have a few things I need to say: First, It is my understanding that the State General Fund is subsidizing all of our healthcare plans, not PEBP individually. And, clearly, PEBP cannot seem to properly manage the two plans it is supposed to be managing, which are the CDHP and the LDPPPO – given the financial crisis PEBP has brought upon all State employees with its complete and utter mismanagement of funds.

Second, it is also my understanding that the CDHP is actually NOT and has NEVER subsidized the HMO or EPO plans. These are closed plans. The HMO is managed by HPN, not PEPB.

Third, PEBP has been inaccurately stating for decades that State employees are “migrating away from the HMO plan.” This is simply a false narrative manufactured by PEBP and Segal in order to avoid the negotiating process with HMO, and EPO insurance companies. That was quite clear in Segal’s presentation. There are approximately a total of 5,000 employees on the HMO. Over a five-year period, 597 employees left the plan. That is approximately 120 employees per year! That is not a migration by any definition.

Fourth, recently, PEBP and Segal tried desperately to scare State employees with the idea to sunset both the HMO and EPO plans with so much pushback that PEBP decided not to eliminate either plan. However, PEBP’s motive is now quite clear. Employees continue to want our HMO and EPO plans to remain, therefore, PEBP and Segal appear to be conspiring to deliberately force HMO and EPO employees to jump ship to the CDHP or LDPPPO, by causing only the HMO and EPO premiums to sky rocket through a 2-year penalty – 75% to 80% increase

- while the LDPPPO was given a 3-year penalty, and the CDHP was given no penalty. It’s no secret that PEBP wants to drop both the HMO and EPO plans. It’s clear that both PEBP and Segal are banking on the fact that if they make it financially impossible for employees to afford the HMO and EPO plans, employees will be forced to move over to the CDHP and LDPPPO, to save PEBP’s complete and utter failures of managing the CDHP and LDPPPO healthcare plans. This is shameful, this is incredibly

wrong on PEBP's part to be dumping all of these massive cost increases onto only the HMO and EPO employees, so PEBP and Segal can attempt to achieve their goal of eliminating the HMO and EPO plans in the hopes that a mass migration to the CDHP will save PEBP by digging them out of the financial grave PEBP alone, created. Mind you, while also placing all the blame on former PEBP members!

Fifth, it's extremely offensive that PEBP did not even try to go the IFC! The IFC has emergency funds for this exact purpose!

Sixth, I find it disgraceful that Jim Wells and Laura Rich clearly loathe State retirees. Retirees deserve to have lower insurance premiums because they did their time; they have been good and faithful servants for 20 to 30 years. Further, a State retiree receives only 75% of their 36 highest months of salary. To a State retiree, \$40 to \$50 per month means something, as they are on fixed incomes. They deserve to have a lower health insurance premium. They earned it! This was a very petty move by Jim Wells. The disdain that Jim Wells and Laura Rich have toward retired State employees did not go unnoticed by other State employees watching this meeting! Basically, State employees only matter when we are active employees – and even then, we are always used to pick up the State's financial disasters such as the complete failure and financial mismanagement by PEBP. Remember, retirees became retirees by first being active employees! Retirees should not be punished simply because they are retired.

These retirees carried the State through years of hard work. Shame on you both.

Thank you,
Dorianne

~~~~~  
Dorianne Potnar  
Supervising Legal  
Secretary State of  
Nevada  
Office of the Attorney General  
Bureau of Consumer Protection

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

From: Ashton

Sent: Friday, March 20, 2026 3:47

PM

To: PEBP Member Services

<memberservices@nvha.nv.gov> Subject: Recent premium increases

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

Hello, I am writing some sort of comment as I don't think I should be silent. It was decided by me and my spouse that would be trying for a child this year. With the recent premium pricing we have decided that it would not be in our interest to have one anymore. We simply cannot afford the health insurance payment that we would feel comfortable with for coverage. Along with child care it is too much. If I choose the lesser option I then leave myself and family at risk to become burdened with medical debt if something were to happen....

Not only have I not seen my take home pay increase due to yearly premium increases, I will now see a decrease in my take home pay if I decide to stay on my current plan. It will take more than two years of step increases to pay for this new premium and that alone is making me question why I am staying in my current position.

The State itself will see a lot of people now leaving due to the our benefits dwindling along with our paycheck. The reason that people get State government jobs was for stability, benefits and a sense of good doing.

I love my job and so do many others. But it is becoming less worth it to work here. There are already so many problems with finding good doctors that take our insurance and many dropping in the middle of treatment or diagnosis that I have had to go to multiple doctors just to find out what's wrong with me because they aren't happy with UMR and their practice ends up dropping them. There will be people leaving their work from State Government due to this decision on your behalf and that might include me as well. I would love to see the factor on which you based your decisions on.

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

From: Chuck Schardin

Sent: Friday, March 20, 2026 5:25 PM

To: PEBP Member Services

<memberservices@nvha.nv.gov> Subject: Retiree

Healthcare Costs

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

I just received your email about proposed health care premium increases for FY 27. I applaud your efforts to hold the line on employee costs however the only rates that affect me are the dental and they went up over 15%. At least the health care subsidy of \$13 per month per year of service went up to partially offset these rising costs plus the astronomical cost increases in my medicare supplemental. Seems only fair since state employees got ~30% wage increases over the last several years. Oh wait, the subsidy hasn't increased since I retired in 2017. Is someone going to bat for retirees or are they out of sight, out of mind?

Charles Schardin

Sent from my

iPhone

**From:** Johanna Moxley [REDACTED]  
**Sent:** Thursday, March 26, 2026 10:34 AM  
**To:** PEBP Member Services <memberservices@nvha.nv.gov>  
**Subject:** 2027 rate increases

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

Hello,

I just would like to express my concerns about the rate increases. You are raising health insurance benefits by up to 30%. That is absolutely ridiculous when we just received COLA increases of 11% and 12%. Between this and the retirement match contribution increase, our COLA is obsolete. Are you planning to advocate for an additional COLA on behalf of all state employees now? I'm disappointed to see this drastic of a change. Please take my disgruntlements to those who can make changes and advocate on our behalf.

Johanna

**Johanna Moxley '05, '12 M.A.**

Manager, Alumni Engagement & Membership Liaison  
Nevada Alumni Association  
University of Nevada, Reno | MS 0164

[REDACTED]  
[www.unr.edu/alumni](http://www.unr.edu/alumni)

<https://givingday.unr.edu/>

## **Mission**

Provide employees, retirees, and their families with access to high quality benefits at affordable prices. ??????

## **Vision**

PEBP will be a member focused, nationally recognized, affordable program of employer sponsored benefits serving employees, retirees, their families and the Nevada taxpayer. ??????

This current Board for PEBP is completely not meeting standards and doesn't represent best interest of State of Nevada Employees.

Why haven't the Board consider other insurance plans other than Health Plan of Nevada?

You have approved substantial increase in our premiums without providing logical and factual explanations of your decision.

Weren't different state agencies organized under "one roof" Nevada Health Authority to ensure lower health insurance premiums? The exact opposite happened!

Anna Matias

PEBP Board

Public Employees' Benefits Program

[Address]

[City, State, ZIP]

Dear Members of the PEBP Board,

I am writing to express my concerns regarding the services provided by Via Benefits. One issue has been their failure to return calls as promised. This lack of responsiveness has severely hindered my ability to obtain timely information and support, resulting in unnecessary frustration and stress.

In addition to addressing these service concerns, I strongly encourage the Board to consider increasing the monthly premium subsidy for retirees. As healthcare costs continue to rise, the current premium often falls short of covering essential medical needs. An increase would provide much-needed financial relief and help ensure that retirees can maintain adequate health coverage without undue hardship.

Thank you for your attention to these matters. I hope you will take steps to improve the support provided by Via Benefits and to enhance the financial assistance available to retirees.

Sincerely,

[Your Name]

[Your Contact Information]

**From:** Brian K Schaefer Jr  
**Sent:** Friday, May 8, 2026 3:49 PM  
**To:** PEBP Member Services <[memberservices@nvha.nv.gov](mailto:memberservices@nvha.nv.gov)>  
**Subject:** UMR Coverage....

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

To Whom It May Concern,

I am writing this email in regard to my decision to cancel my coverage through UMR. I want to make it clear from the beginning that this message is not intended as a personal attack against your employees or representatives. Rather, it is intended to express the growing frustration, disappointment, and lack of confidence I — along with many others — have developed toward your organization and the direction it has taken.

As a peace officer, I strongly believe in accountability, integrity, honor, and respect. Out of all those principles, accountability is one of the most important. When mistakes are made, responsible leadership acknowledges them, corrects them, and does not transfer the burden onto the very people who trusted the system in the first place.

Watching the legislative discussions surrounding increased costs for officers and their families due to budgeting failures was difficult to sit through. To be completely transparent, hearing promises that the insurance would somehow become “better” or “more affordable” after rates increased was difficult to take seriously. In fact, it was hard not to laugh at the contradiction.

The issue is not simply about higher costs. Inflation continues to affect fuel, food, housing, and everyday living expenses for working families across the country. State employees and peace officers already carry enormous responsibility, long hours, stress, and personal sacrifice. Asking those same individuals to absorb the financial consequences of administrative mistakes while framing it as “improvement” feels less like accountability and more like deflection.

What also concerns me is the lack of transparency your organization presents. Years ago, when I worked for the Venetian, the insurance card clearly displayed deductibles and copays directly on the front of the card. Emergency room visits, specialist visits, primary care appointments, prescription costs — everything was outlined openly and honestly. A person knew exactly what they were responsible for financially.

Fast forward to the insurance coverage I carried through UMR as a state employee for years: no clear copays listed, no straightforward transparency, and constant uncertainty regarding actual costs. During a past emergency room visit related to COVID, I was

shocked to discover charges that had risen dramatically. Yet despite increasing costs, I repeatedly encountered resistance when attempting to see specialists or receive adequate coverage approvals.

To state that the coverage is “good insurance” becomes difficult to accept when many of us have personally experienced the opposite. Respectfully, if transparency truly existed within the system, people would not constantly feel blindsided by bills, denied care pathways, or unexplained increases.

Ironically, I have now obtained insurance elsewhere that provides clearer coverage and significantly better value at nearly half the cost. That alone says a great deal.

This email is not written out of hatred. It is written out of disappointment. I hope that someone within your organization eventually takes the time to genuinely understand why so many officers, state employees, and working families are walking away. People are exhausted from carrying the financial weight of decisions they did not make.

At the end of the day, I refuse to pay for the mistakes of others while being told it is somehow an improvement.

I sincerely hope UMR reflects on the concerns being raised by the very people who supported and trusted your services for years.

Thank you.

**From:** Lars

**Sent:** Tuesday, May 12, 2026 4:06 PM

**To:** Wendi Lunz

**Subject:** Fwd: Via Benefits platform hiding Medigap plans and overcharging PEBP members

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

To the PEBP Board,

I am a retiring state employee, and I need to formally report a systemic failure with the Via Benefits platform that is actively misleading PEBP members and costing them money.

As a retiring employee whose Medicare Part B goes into effect on July 1, federal law grants me a six-month Medigap Open Enrollment Period. This gives me the right to purchase any Medigap plan sold in Nevada without medical underwriting.

However, the Via Benefits website and their agents are violating this right. The situation is far worse than a simple profile glitch; their platform is systematically hiding available plans from all retirees, not just those of us retiring past age 65.

Here are the facts of what is happening to PEBP members:

- **Hidden Plans for Everyone:** When you go to the Via Benefits website, enter a Nevada zip code, and click "See Plans," the only High Deductible Plan G that appears is from Humana. Plans that we know Via Benefits is contracted to sell—such as those from Mutual of Omaha, Aetna, and Monitor Life—do not show up at all. This happens even if you enter your profile as a standard 65-year-old retiree. One can only wonder how many other available Medigap plans are completely hidden from the public view.
- **Agent Misinformation and Steering:** When I called Via Benefits to ask about these missing plans, licensed agents falsely told me it was because those specific carriers "require underwriting." Under federal Open Enrollment law, this is completely false. Furthermore, the agents claimed they could not sign me up unless a plan appeared on their screen, and then suggested I simply sign up for one of the plans that *did* show up.
- **Financial Harm:** If I had listened to the agents and signed up for the standard Plan G that their system steered me toward, I would be paying over \$200 more per month in premiums.

I had to spend hours fighting with Via Benefits agents and proving my federal Open Enrollment rights before they finally manually processed my application for the Mutual of Omaha High Deductible Plan G without underwriting.

With over 70,000 participants in PEBP, retiring employees are undoubtedly falling victim to this practice. Retirees who are less diligent will be steered into much more expensive plans simply

because Via Benefits' software is programmed to hide options, and their agents use bad information to refuse valid enrollments.

Because PEBP mandates that we use Via Benefits to access our HRA funds, PEBP must hold them accountable. I am asking PEBP to investigate this issue immediately, require Via Benefits to make all contracted plans visible on their website, and audit how many retirees were steered into more expensive coverage because of this failure.

Thank you for your time and prompt attention to this matter.

Lars Jensen,  
Retiring State Employee PEBP Participant  
Truckee Meadows Community College

Public Comment for the PEBP Board, 5/19/2026, by Kent Ervin

On May 7<sup>th</sup>, Nevada Health Authority Director Stacie Weeks reported on the state of PEBP to the Interim Joint Standing Committee on Government Affairs. (Video starting at 3:50:00 including Q&A with legislators: [https://sg001-harmony.sliq.net/00324/Harmony/en/PowerBrowser/PowerBrowserV3/20260519/-1/18030#agenda\\_](https://sg001-harmony.sliq.net/00324/Harmony/en/PowerBrowser/PowerBrowserV3/20260519/-1/18030#agenda_)). If you haven't listened, I recommend you do. Multiple reasons are offered for the fiscal crisis at PEBP that has resulted in reduced benefits and increased premiums for employees. An [in-depth analysis](#) has been published by the Nevada Faculty Alliance.

Director Weeks blamed PEBP Board decisions as partly responsible. But the Board can only make good fiduciary decisions if it has all of the information needed at the right time. To point:

- The FY2024 audited financial statement for the self-insured fund is only being released now in May 2026, twenty-three months after the end of the fiscal year. Serious material weaknesses were identified, which should have been addressed long before now. (Detailed questions below).
- Quarterly budget reports have been inaccurate and delayed. I appreciate that the 3<sup>rd</sup> quarter FY2026 budget report was (belatedly) added to the agenda for the May meeting, but the report is not available online as of the deadline for this written public comment. Was all of the missing revenue promised at the March meeting actually credited? What is the current cash balance situation? What are projected reserves for the end of the fiscal year?
- On May 7<sup>th</sup>, Director Weeks reported to the legislature that Milliman had been contracted to conduct a budget and fiscal review and audit of PEBP, and that the report had been sent to the PEBP Board chair as well as the Governor's Finance Office and the Legislative Counsel Bureau. Why is this important report not being shared with the PEBP Board and the public?
- The Executive Officer report for the May 21<sup>st</sup> meeting has no update on open enrollment and no update on the PEBP budget and fiscal situation. How can the Board monitor progress if it is not provided information?
- In testimony to the Interim Retirement and Benefits Committee in January, Executive Officer Theresa Carsten suggested that past PEBP administrations have been "policing" information from the actuary that was provided to the Board. Can we count on PEBP staff and the actuary to warn the Board directly of impending issues?

PEBP staff and the board chair must do better to keep the PEBP Board fully informed to allow it to make fiscally responsible decisions while ensuring that our employees and

retirees have the best possible health care plan. They need to be more transparent and the Board needs to hold them accountable.

## **Notes and Questions on the PEBP Self-Insurance Internal Service Fund financial statement for FY2024, with comparisons to FY2021 through FY2023**

### **Delayed FY2024 Report**

“[PEBP] and the Controller’s Office cooperate to produce a final trial balance for the audit. The trial balance was not received until December 2025, which delayed the completion of our audit procedures.” The PEBP Board is receiving the FY2024 financial statement for 23 months after the end of the fiscal year, too late to make adjustments or corrections for FY2025 or FY2026.

- *What is being done to expedite the preparation of the FY2025 financial statement?*

### **"Material Weakness 2024-001"**

“In addition, the Fund did not have adequate internal controls to ensure all transactions were properly monitored and recorded.

“The internal interim financial information prepared by the Fund may not comply with generally accepted accounting principles. Also, revenues and expenses were overstated by \$2,493,233 and accounts payable and expense were overstated by \$2,300,117 prior to adjustment for amounts recorded in the wrong fiscal year.”

- *These large errors need a full explanation. Why is there no management response in the report? What is the net fiscal impact on the plan? Do these errors carry over to FY 2025 and FY2026? What is PEBP doing to correct and avoid such errors? How are appropriate internal controls being implemented?*

### **"Required Supplementary Information" Missing**

“Management has omitted the management’s discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. . . . We have requested certain written representations from management which are included in the management representation letter dated April 29, 2026.”

- *Why has PEBP not provided the required information and management responses? When will the information be forthcoming?*

### **“Unearned Revenue”**

Oddly named, but this is the surplus of employer contributions per employee into AEGIS over premiums paid out to PEBP. These appear to be contributions that employers were charged and expected to be used for employer health care but are being left on the table.

|      |              |
|------|--------------|
| 2021 | \$3,483,49   |
| 2022 | \$5,435,806  |
| 2023 | \$9,644,653  |
| 2024 | \$11,638,428 |

- *Why are these employer contributions not being used for employee healthcare? Why are the annual amounts increasing? Could these funds be used to help restore PEBP reserves?*

### **“Unpaid Claims Liabilities”**

Unpaid claims liabilities are for the self-funded medical, dental, vision and prescription drug benefits and the CDHP and Medicare exchange HRAs.

|      | Claims       | HRA          | Total        |
|------|--------------|--------------|--------------|
| 2021 | \$52,286,000 | \$31,298,731 | \$83,584,731 |
| 2022 | \$51,030,000 | \$28,462,071 | \$79,492,071 |
| 2023 | \$52,874,000 | \$27,300,935 | \$80,174,934 |
| 2024 | not reported | not reported | \$90,099,752 |

- *Why are the HRA liabilities and unpaid claims liabilities not broken out in the FY2024 financial statement? What are the underlying amounts?*