

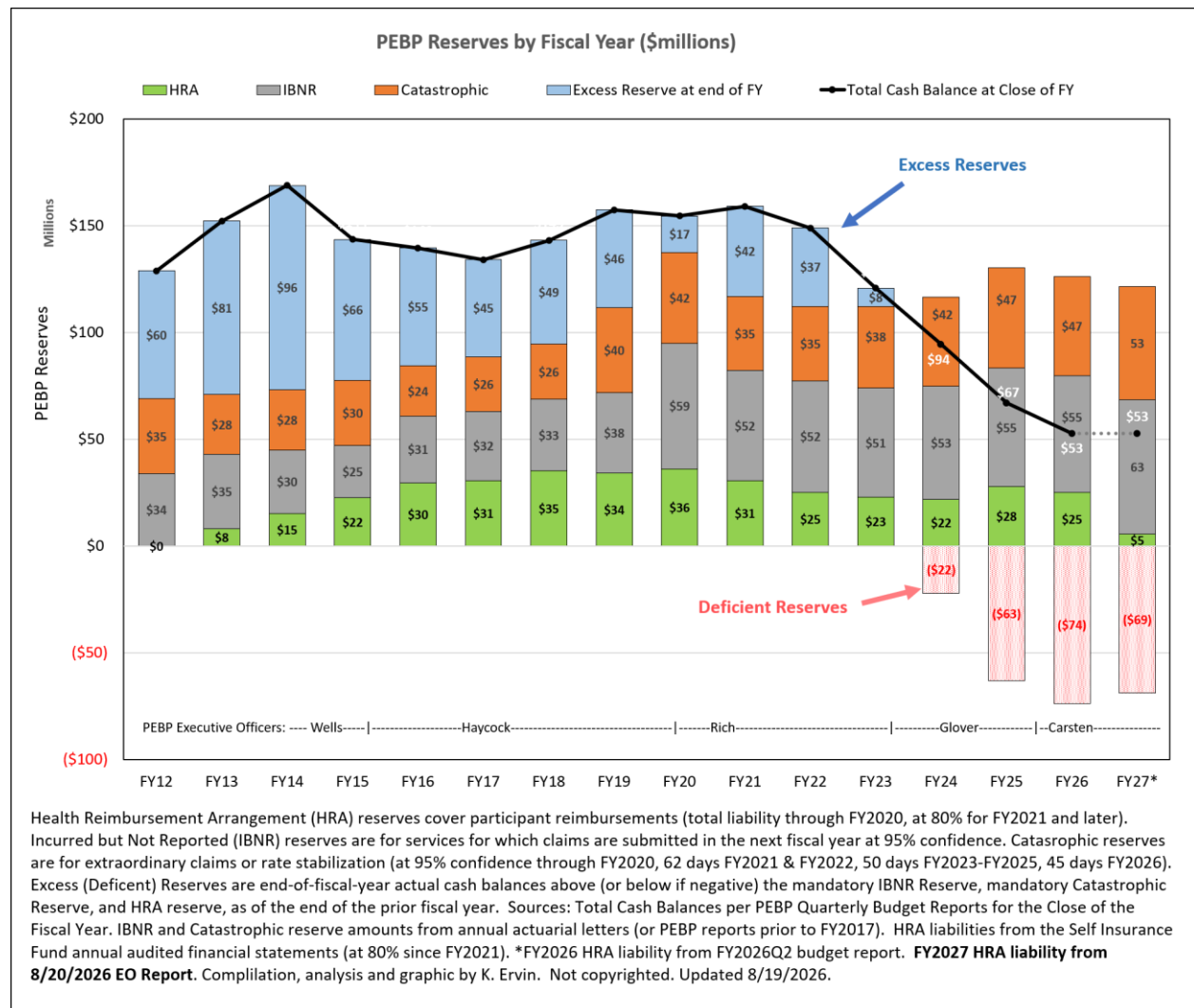
Kent Ervin, 8/19/2026

Comment on Actuarial Reserves.

Page 5 of the Executive Officer's report (agenda item 5) and the attached letter from Segal present actuarial mandatory reserve levels as of the end of fiscal year 2026.

Compared with the prior year, Segal has raised the IBNR reserve by 15.3% from \$54.6 million to \$63.0 million and raised the Catastrophic reserve by 13.9% from \$46.5 million to \$53.01 million. The EO reports the HRA reserve at \$5,490,934, which would be an astonishing reduction from \$25,096,146 [reported](#) for the prior year. **Is this HRA reserve amount correct?** By policy, HRA reserves are set at 80% of the total HRA balances of participants.

The cash balance as of the end of FY2026 was \$52.5 million, compared with mandatory actuarial reserves of \$126.6 million, a deficiency of \$74.1 million. The chart below shows the history of mandatory reserves and excess or deficient reserves since FY2012.



August 25, 2026

To whom it may concern

Subject: Public Comment

I was trying to find a provider for MRI near my location in Carson City. PEPB sent me to United Healthcare site where no provider was found near my location. PEPB transferred my call to UMR to see if they have more updated information. UMR didn't find any provider near my location either and sent me a list with all the providers near me which neither of those were close to my location. UMR said they didn't have contracts with any provider near my location.

I am expressing my dissatisfaction with United Healthcare network. Carson City is the Capital and NDOT headquarters and no provider available. The state should look for other health insurers that cover most of Nevada. It cannot be acceptable living in Ely or Tonopah and must travel to Reno, Las Vegas or other states for services.

Thanks

Percy Penafiel

Lauren Sanew

Dear Members of the PEBP Board,

Thank you for the work you continue to do to manage the increasing cost of healthcare while trying to maintain meaningful and affordable benefits for Nevada's public employees and their families.

I would like to specifically express my appreciation for the direction PEBP has taken toward separating the costs of the available medical plans and allowing the premiums associated with each plan to more accurately reflect the plan employees are actually choosing.

I believe this is an important step forward.

Employees make different healthcare decisions based on their individual circumstances. Some employees may prefer a lower deductible and are willing to pay more in premiums for that predictability. Others may be comfortable taking on a higher deductible in exchange for lower premiums, particularly employees who do not anticipate significant healthcare expenses or who value the ability to contribute to an HSA.

When the cost of all plans is effectively blended together, employees who choose a lower-cost plan can end up subsidizing the cost of plans they did not select. Moving toward plan-specific costs creates a much clearer connection between the plan an employee chooses and the premium that employee pays.

I ask the Board to carefully consider the affordability of the High Deductible Health Plan as healthcare costs continue to rise.

The High Deductible Plan should remain a genuinely affordable option for employees who intentionally choose a higher deductible in exchange for lower premiums. If the cost of the High Deductible Plan increases substantially along with the other plans, the value of having a lower-cost plan option is diminished.

I understand that healthcare costs, prescription costs, utilization, and claims experience all put pressure on PEBP's overall budget. I also understand that PEBP has to maintain a financially sustainable program.

If an employee chooses the High Deductible Plan because they are willing to accept greater out-of-pocket exposure in exchange for a lower monthly premium, I believe there is value in preserving that choice.

Please consider maintaining the High Deductible Plan at its current cost, or as close to its current cost as reasonably possible, rather than allowing overall healthcare cost increases to eliminate the affordability advantage of that plan.

I also want to recognize the Board and PEBP staff for working toward a structure that more appropriately connects premiums with the plans employees actually choose. I believe that approach provides employees with more meaningful choices and creates greater transparency around what they are paying for.

As costs continue to rise, I hope PEBP will continue looking for ways to preserve those choices rather than simply increasing the cost of every option.

Thank you for listening to employees and for the work you do on behalf of Nevada's public workforce. I appreciate the effort being made to balance financial sustainability with affordability, and I encourage PEBP to continue moving toward plan-specific pricing while protecting the High Deductible Plan as a truly affordable option.

Public Comment to the PEBP Board, Oct. 2, 2026

For the record, my name is Bradley Summerhill. I have put in 25 qualifying years in PEBP, all as an instructor at Truckee Meadows Community College. As I approach retirement, I wonder what has happened to a public benefits system that was once touted as best in class.

Something happened last year. Here's what I have gathered: An accounting firm made a mistake, it lost track of tens of millions of dollars, the firm was fired, they no longer work for the state, and that's the end of the story.

We need a full and transparent account of what happened and how we got here. The PEBP board must put out a request for proposals in order to initiate an independent audit of finances, reserves, and rate-setting procedures. How did the current fiscal crisis arise? The situation calls for quantitative analysis that leads to specific answers. If we are to be a best in class benefits system, then we must follow best in class processes.

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We need a full and transparent account of what happened and how we got here. The PEBP board must put out a request for proposals in order to initiate an independent audit of finances, reserves, and rate-setting procedures. How did the current fiscal crisis arise? The situation calls for quantitative analysis that leads to specific answers. If we are to be a best in class benefits system, then we must follow best in class processes.

From: Dr. Jennifer Edmonds, Professor at Nevada State University

Plan Design & State Subsidization Policy for the NV PEBP benefits

1) Shifting costs from the plan to participants, from active employees to retirees, and from employees/retirees to dependents is not only unfair, it could literally result in people going undiagnosed with life-threatening diseases due to the prohibitive cost of seeing a doctor or purchasing a benefits plan. Employee premiums have already been sharply increased and are projected to further increase for the next two years. PEBP should instead advocate for the State to fund its full share of increases in the next biennial budget.

2) As someone who has utilized the HMO plan for my family for the last 12 years, elimination of the EPO/HMO plan option will make our costs higher and create uncertainty and instability in family finances. Instead, the deductible and 20% coinsurance on the Northern EPO plan should be eliminated to match the HMO plan in Southern Nevada.

3) To determine the root cause of the proposed price hikes, there should be a full independent audit of PEBP's finances, reserves, and rate-setting procedures, as this financial crisis seems like it could have been avoided with better management decisions.

9/29 PEBP

I urge the board to delay the vote and provide a stronger proposal that does not penalize those who work so hard for the State of Nevada and their dependents. All of the current proposals are not acceptable. To abolish the HMO will disrupt destructively my family's care and impose a crippling financial burden on so many families. In a time when the nation and state are worried about declining population, why are we allowing this move to punish families?

Subject: Public Comment for October 2, 2026 PEBP Board Meeting – Agenda Item #8

Dear PEBP Board Members,

I am writing as a Classified state employee to strongly oppose any plan proposals or subsidy changes under Agenda Item #8 that shift healthcare costs onto active employees, spouses, and dependents.

Classified staff are the operational backbone of Nevada's state agencies and higher education institutions, yet our wages have not kept pace with the rising cost of living. Shifting higher premiums, deductibles, or reduced dependent coverage onto state workers will place a severe financial burden on families with children and spouses. Many Classified employees simply cannot afford higher out-of-pocket costs to insure their children or partners, and forcing families to choose between affordable healthcare and basic household necessities is unacceptable.

Rather than balancing budget discrepancies on the backs of lower-earning state employees and working families, I urge the PEBP Board to maintain existing health plan options and advocate for full state funding of employer contributions for all employees and their dependents.

Thank you for your time and consideration.

Sincerely,

A Concerned Nevada Classified Employee

From: Tara Connolly

RE: NVPEVP Public Comment

Date: September 29, 2026

I am worried that the current trend of healthcare costs is being passed on to Nevada's public employees, retirees, and their families.

It is fundamentally unfair to deal with budget shortfalls by passing on the costs from the plan to the participants, from the active employees to the retirees, and from both employees and retirees to their dependents. Employees have already had to face substantial premium increases, with further increases expected in the coming years. Such measures place an unfair burden on those who depend most on these benefits. Therefore, PEBP should push for the State to pay its full share of the rising healthcare costs in the next biennial budget rather than on going on shifting the financial burden onto the participants.

Second, there is a definite requirement for a complete and independent audit of PEBP's finances, its reserves, and its rate-setting procedures. It has recently been indicated that the reserves were deliberately reduced in previous years and that expenses had outstripped revenues by millions of dollars, which has led to the present financial difficulties. It is essential to have a transparent and thorough account of how this situation came about if trust is to be restored and proper financial management is to be guaranteed in the future.

As one of many who are currently living with [REDACTED], access to affordable and reliable healthcare is no longer a matter of theory since it is essential. The rising cost of treatment and the growing amount that individuals have to pay out of pocket cause us real stress and uncertainty while already battling serious illnesses. It is important to have stable healthcare coverage not only for our physical and mental health but also for being able to keep working, making a contribution, and living with dignity.

I ask that PEBP give priority to equity, transparency, and accountability when making decisions and firmly promote sustainable solutions, which are supported by the state, rather than continually passing on costs to its members.

Thank you for your consideration.

JANET HOLLINGER

1) It is unfair to shift costs from the plan to participants, from active employees to retirees, and from employees/retirees to dependents. Employee premiums have already been sharply increased and are projected to further increase for the next two years. PEBP should instead advocate for the State to fund its full share of increases in the next biennial budget.

2) Elimination of the EPO/HMO plan option decreases choice for employees who are willing to pay higher monthly premiums in exchange for predictability of health care expenses. Instead, the deductible and 20% coinsurance on the Northern EPO plan should be eliminated to match the HMO plan in Southern Nevada. **While I did leave the HMO this July to join the LDPPO option due to monthly cost, I very much liked the HMO option, and would have liked to stay on it, if money was not an issue.**

3) There should be a full independent audit of PEBP's finances, reserves, and rate-setting procedures. Quantitatively and in detail, **where did (and does) the money go??????**

Carrie Frankowiak

- It is unfair to shift costs from the plan to participants, from active employees to retirees, and from employees/retirees to dependents. Employee premiums have already been sharply increased and are projected to further increase for the next two years. Why is all the cost being put on the employee? It is already putting a strain on budgets, and this would only put further strain on the employees and their families. PEBP should instead advocate for the State to fund its full share of increases in the next biennial budget.

- Elimination of the EPO/HMO plan option decreases choice for employees who are willing to pay higher monthly premiums in exchange for predictability of health care expenses. Instead, the deductible and 20% coinsurance on the Northern EPO plan should be eliminated to match the HMO plan in Southern Nevada.

- There should be a fully independent audit of PEBP's finances, reserves, and rate-setting procedures. Quantitatively and in detail, how did the current fiscal crisis arise?

PEBP Board:

It is not simply unfair to shift costs from the plan to participants, but absolutely unconscionable.

Employee premiums have drastically increased and will likely climb over the next two plan years.

PEBP should lobby the legislature to fund 100% of it's share of increases in the next biennial budget, because anything less is a pay cut to thousands of state employees.

Eliminating plan options reduces meaningful choice for workers willing to pay higher premiums in exchange for expense predictability and stable household budget planning
Eliminate the deductible and 20% coinsurance on the Northern EPO plan to match the HMO plan in Southern Nevada.

To Whom It May Concern:

I know that writing this may ultimately make little difference, but I feel compelled to express the very real hardship these decisions are creating for individuals and families who have no practical alternative to obtaining health insurance through PEBP.

It is difficult to understand how decisions that create such significant financial hardship and medical insecurity for employees, retirees, and their dependents can continue to be considered acceptable. Shifting more and more of the cost to participants may address a budget shortfall on paper, but those costs do not simply disappear. They are transferred directly to Nevada employees and their families, who are then forced to absorb the financial consequences.

This latest proposal is particularly concerning because it comes after an approximately 130% increase in employee premium costs was already approved to be implemented over the next two years. My health insurance is already expensive, and these increases are pushing the cost beyond what I can reasonably afford.

Had I remained on the health plan I originally selected, my monthly premium would have increased from approximately \$480 per month to \$1,080 per month by July 1, 2027. Because of that increase, I had no choice but to move to the Consumer Driven High-Deductible Plan. Even after making that change, I am still facing a monthly premium of more than \$600 by July 1, 2027.

Now, with the newest proposed changes, I am facing an even more troubling reality: I may have to choose between maintaining adequate health coverage for my family and being able to afford basic necessities such as housing and food for my child. These are not abstract numbers or minor adjustments. These decisions have serious, tangible consequences for the people and families who depend on PEBP for health coverage.

It is unfair to continually shift costs from the plan to participants, from active employees to retirees, and from employees and retirees to their dependents. Employee premiums have already increased sharply and are projected to increase further over the next two years. Continuing to transfer additional costs to participants is not a sustainable solution.

Rather than placing an increasing financial burden on employees, retirees, and their families, PEBP should advocate for the State to fund its full share of these increases in the next biennial budget. There should also be a full, independent audit of PEBP's finances, reserves, and rate-setting procedures.

Participants deserve transparency regarding how PEBP reached its current financial position. I ask the Board to provide a detailed, quantitative accounting of how the current fiscal crisis developed, including the assumptions, expenditures, reserve decisions, funding levels, and other factors that contributed to the current shortfall.

Before asking Nevada employees, retirees, and their families to sacrifice even more, they deserve a clear accounting of why these increases are necessary, what alternatives were considered, and why those alternatives were rejected.

Sincerely,

T. Booth

It is unfair to shift costs from the plan to participants, from active employees to retirees, and from employees/retirees to dependents. Employee premiums have already been sharply increased and are projected to further increase for the next two years. PEBP should instead advocate for the State to fund its full share of increases in the next biennial budget.

Increasing the health care/insurance cost for retirees is particularly troubling as the retirees have a fixed income and they worked many years for their retirement benefits. They also planned their retirement using benefits as they were at the time of the retirement. For future retirees these changes may mean that they can not retire as planned, which is absolutely not fair given how long we worked for the State of Nevada.

Saunak Basu

I am writing to express my concern regarding the proposed changes to PEBP health insurance premiums and plan options currently under consideration.

Affordable and equitable access to healthcare is extremely important for Nevada's public employees, faculty, staff, retirees, and their families. I am particularly concerned about proposals that could substantially increase premiums for employees with spouses or children, eliminate existing plan options such as the HMO, or shift significant additional costs onto retirees.

Changes of this magnitude can have serious financial consequences for employees and families and may also affect the ability of Nevada's public institutions to recruit and retain talented faculty and staff. I respectfully encourage the Board to carefully consider these impacts and avoid approaches that disproportionately burden employees based on family status or create unnecessary divisions between active employees and retirees.

I urge PEBP to prioritize affordability, accessibility, stability, and fairness when evaluating any changes to healthcare coverage, and to provide sufficient transparency and opportunity for stakeholder input before implementing substantial changes.

Thank you for considering my comments.

Re: Alarming PEBP Proposals regarding health care policies.

I am concerned about the way this issue is being framed.

The central issue should not be whether employees with families are being “pitted” against employees without dependents, or whether active employees are being “pitted” against retirees. Those groups have different insurance needs and different financial circumstances. The real question is whether PEBP is proposing a fair, sustainable, and transparent way to finance healthcare without shifting unreasonable costs onto any particular group of employees or retirees.

I am particularly concerned about any proposal that eliminates an existing plan option such as the HMO without demonstrating clearly what employees would gain or lose as a result. PEBP's current Plan Year 2027 materials continue to identify the HMO as a plan option, which makes it especially important that the Board provide concrete comparisons of the proposed alternatives before making a decision.

I also think we should be asking much harder questions about the underlying funding problem. If the program requires substantial increases in employee premiums and/or reductions in coverage, simply redistributing those costs among employees and retirees does not resolve the larger problem. UNLV Faculty Senate itself previously called for longer-term solutions and increased state contributions rather than simply imposing large premium increases on participants.

Before the Board acts, faculty should have access to clear numbers showing, for each proposal:

- the actual monthly and annual cost to employees at every coverage level;
- the effect on employees with and without dependents;
- the effect on retirees;
- changes in deductibles, copays, networks, and out-of-pocket maximums;
- what happens to employees currently enrolled in the HMO; and
- how much additional state funding would be required under each alternative.

We should absolutely participate in the public-comment process, but our message should be focused on transparency, affordability, preservation of meaningful choices, and a sustainable funding structure—not on setting one category of employees against another.

If the Board is being asked to make major changes to healthcare coverage, employees deserve the actual financial analysis behind those proposals before being asked to accept the premise that one group must pay more so another can pay less.

Sincerely,

Kimberley Idol

The proposals under consideration that would produce higher premiums for faculty with dependents and for retired parties are deeply disrespectful to the professionals at UNLV and in direct contrast to the interest of your constituents. I urge you to slow this process and not penalize hard working state employees and their families. Moreover, I demand accountability and transparency regarding how we reached our current situation in which employees are asked to bear the brunt of mistakes they were not responsible for.

Dear PEBP,

Please do not change any of the health insurance or other insurance plans. I am happy with my plan as it is, and I do not want my premiums to go up. I also do not want to lose the option of a HMO.

Sincerely,
Cynthia Schwartz, MD

Christian Jensen

PEPB Public Comment on Health Care Change

One of the worst things about working at UNLV is our health care benefits. Now we are hearing that the PEPB board intends to further degrade coverage and increase our costs. This is moving in the wrong direction.

What is worse, there are rumors that this all may be motivated by a desire to cover up or at least mitigate problems caused by mismanagement and possible corruption by the PEPB and it's vendors.

Finally, that our Faculty Senate representatives were only informed of these planned changes a day or so before the deadline for public comment, strongly implies a desire to sneak these changes through without a lot of scrutiny or discussion.

Nevada has a long-standing practice of treating it's public employees, especially in education, poorly. It's time for that practice to end!

Dear PEBP Board Members and Leadership,

September 29, 2026

I am writing to respectfully request reconsideration of the proposed PEBP increase to our monthly health insurance costs. I am not in support of this proposal due to the significant financial impact it will have on employees like myself and our families.

We contribute 19.25% of our salary to the mandatory retirement system. While I understand the long-term value of this investment, it substantially reduces my take-home pay. With a salary of \$73,000, my net income after retirement contributions alone drops by \$14,052.50 to approximately \$58,947.50 before taxes and other deductions. For a family of four in Southern Nevada, this already presents real financial constraints.

This level of increase is not sustainable for many middle-class families, especially given the rising costs of living in our region, including housing, utilities, car insurance, and gas.

I value my work at UNLV and am proud to serve our students. My hope is that a solution can be found that supports both the institution's financial realities and the well-being of its employees.

Thank you for your time and consideration.

Jennifer Czajkowski

APRIL FIKSTAD

I would like to say that the elimination of certain healthcare plans, which many members use, is an outrageous suggestion. When coupled with the possibility of raising the rates for employees who have a spouse or children on their policy, it seems that we are being priced out of having healthcare at all. It is already barely affordable unless you are a single person on the lowest priced plan. Why are employees with a family being unfairly targeted to have to pay even higher premiums than we already are paying? I feel like we are being penalized for having families. I am strongly in opposition of any of the proposals that will drop plans and raise premiums for families. How is pitting single people against people with families or retirees, even being considered?!

Dear PEBP Board Members,

I am a faculty member at the University of Nevada, Las Vegas and an active state employee. I am writing regarding the proposals currently being considered for employee health benefits.

I am particularly concerned about proposals that would substantially increase premiums for employees who cover spouses or children, reduce or eliminate existing plan choices such as the HMO option, or structure premiums in a way that shifts a disproportionate share of healthcare costs to employees with dependents.

For employees with young children, dependent healthcare coverage is not an optional expense. Significant increases in monthly premiums would come on top of childcare, housing, transportation, and other rapidly increasing household costs. Changes of this magnitude can materially affect the value of state employment and make recruitment and retention more difficult for Nevada's universities and other state agencies.

I understand that PEBP faces genuine healthcare-cost and funding pressures. However, I ask the Board to carefully examine the distributional impact of each proposal rather than addressing the funding problem primarily by shifting costs among different groups of employees. In particular, please provide clear comparisons showing how each option affects employee-only, employee-plus-spouse, employee-plus-child, and family coverage before adopting major changes.

I also ask the Board to preserve meaningful plan choice whenever financially feasible and to consider alternatives that maintain affordable dependent coverage for working families.

Thank you for considering the impact these decisions will have on Nevada employees and their families.

Sohini Roy

Assistant Professor

University of Nevada, Las Vegas

My HMO insurance premiums have already doubled, and now PEBP is considering either increasing them again or eliminating the HMO option altogether. At what point does the financial and medical well-being of employees become a priority?

If I do not work overtime, my paychecks are already roughly \$40 less than they were before the previous insurance increase. Employees are already struggling with the rising cost of living, and now we are being asked to shoulder even more financial burdens just to maintain access to healthcare.

Eliminating the HMO option would have serious consequences for me. I could lose access to my established doctors and, as a result, face interruptions in obtaining the medications I rely on while trying to find new providers who accept a different insurance plan. These are not minor inconveniences. These changes could directly affect my health and my ability to receive consistent medical care.

It is incredibly disheartening to watch our insurance costs continue to rise while the options available to us are potentially being taken away. Employees should not have to choose between affording their basic living expenses and maintaining access to their doctors and medications.

I strongly oppose any proposal to eliminate the HMO option or further increase its premiums. I urge PEBP to consider the real financial and medical consequences these decisions would have on the employees and families who depend on these benefits. We deserve affordable healthcare, stability in our coverage, and the ability to continue receiving care from the providers we trust.

Please prioritize the health and financial well-being of the people who rely on these plans.

Jennifer Czajkowski

Dear PEBP Board Members and Leadership,

September 29, 2026

I am writing to respectfully request reconsideration of the proposed PEBP increase to our monthly health insurance costs. I am not in support of this proposal due to the significant financial impact it will have on employees like myself and our families.

We contribute 19.25% of our salary to the mandatory retirement system. While I understand the long-term value of this investment, it substantially reduces my take-home pay. With a salary of \$73,000, my net income after retirement contributions alone drops by \$14,052.50 to approximately \$58,947.50 before taxes and other deductions. For a family of four in Southern Nevada, this already presents real financial constraints.

This level of increase is not sustainable for many middle-class families, especially given the rising costs of living in our region, including housing, utilities, car insurance, and gas.

I value my work at UNLV and am proud to serve our students. My hope is that a solution can be found that supports both the institution's financial realities and the well-being of its employees.

Thank you for your time and consideration.

Jennifer Czajkowski

Dear Members of the PEBP Board,

I am a mother of two children who depend on my health insurance, and I serve as a Learning Specialist at the Kirk Kerkorian School of Medicine at UNLV. I urge you to reject proposals that would significantly increase premiums for employees covering dependents.

I serve this school and this community with dedication. Every day, I help future physicians succeed in their education and prepare to care for our community. This work matters to me, and I am proud of the contribution I make.

With my education, experience, and skills, I believe I could earn a higher salary in the private sector. I have chosen to remain at UNLV because this school and its mission mean something to me. But that commitment does not make my family's financial needs any less real. My salary already falls short of what I believe reflects the responsibilities and value of my work. Increasing the cost of covering my children would make an already difficult situation harder.

For my family, these proposals are not simply changes on a spreadsheet. They would mean less money for groceries, childcare, housing, and the everyday costs of raising two children. It feels like a financial penalty for being a parent while choosing to serve a public institution.

Affordable family health coverage is a critical part of what makes public service financially possible. When that coverage becomes unaffordable, dedicated employees are forced to reconsider whether they can afford to stay, regardless of how much they care about their work.

Please consider the families behind these decisions. I ask you to protect affordable dependent coverage and pursue solutions that do not shift a disproportionate burden onto employees with children or pit employees and retirees against one another.

I want to continue serving this school and this community. I should be able to do so while providing affordable health insurance for my children.

Sincerely,
Reem Shehata

September 29, 2026

Daniel Mendoza

My name is Daniel Mendoza, and I am a UNLV employee. I am writing as a state employee, a husband, and a father of two children to express my serious concern regarding proposals that could significantly increase the cost of health coverage for employees with spouses and children.

For my family, healthcare coverage is not an abstract benefit or simply another line in our monthly budget. One of my daughters has a disability that requires ongoing healthcare and therapy. In fact, our family has already had to travel out of state to access services and intensive therapy because the level of specialized support available to us locally has not always been sufficient to meet her needs. That experience has made access to reliable and affordable healthcare even more important to our family.

Like many families, we are already balancing the costs of raising children with housing, education, childcare, and other everyday expenses. A significant increase in the cost of covering dependents would place an additional financial burden on families who depend on these benefits, particularly those who already have to seek specialized care outside of Nevada.

I understand that PEBP faces difficult financial decisions and that maintaining a sustainable health plan requires balancing many competing needs. However, I am deeply concerned about solutions that would reduce costs for some employees by shifting a greater share of the burden onto employees with spouses and children, or onto retirees who have spent their careers serving the State of Nevada.

Family coverage should not become substantially less affordable simply because an employee has dependents who need care. Affordable and dependable healthcare is also an important part of attracting and retaining employees at institutions like UNLV and throughout state service.

I respectfully ask the Board to carefully consider the impact these decisions will have on working families and retirees and to pursue solutions that distribute necessary costs as fairly as possible without disproportionately burdening employees because of their family composition.

Thank you for your time and for considering the impact these decisions will have on families like mine.

9/29/26

Kristie Creekmore

Leveraging benefits and premiums between different populations is outrageous. To propose these with little or no warning is reprehensible. I'm disgusted.

The people who do the work of the State of Nevada deserve access to healthcare while providing for our families. We are not paid well, and pay increases are rare and hard-fought for through legislative action. We do not have remedies like collective bargaining to protect us. We depend on the Board to advocate for us when there are no good answers offered.

I have worked at UNLV for 25 years. I was born and raised in Las Vegas, and I graduated from UNR. I am a product of this system and it has allowed me to build a life for myself and my family. In order to keep people like me in the system and encourage new people to work for the State, there need to be benefits that balance with the detriments. Pricing our health insurance beyond the reach of most of us is active harm.

The UNLV community and the thousands of State employees across Nevada need your advocacy. We cannot sustain endless increases to insurance premiums, especially when claims are so often delayed or denied.

The prices of everything are higher than they've ever been. The population that this is affecting is not wealthy. We're not trying to get away with something. We're trying to raise our families and live our lives. These proposed increases purposefully impede that.

Do better.

I urge the PEBP Board to consider the consequences of raising health insurance premiums, especially for those who rely on these insurances for their families and themselves. As I am depended on the HMO plan for my medications and doctor visits, it will dramatically increase the healthcare costs on top of current living expenses. Why should people be penalized for having spouses and children? If people are not able to receive the healthcare they need, it will cause a ripple effect of not being able to work or function.

I have been a UNLV employee for almost 18 years and the cost of health insurance has increased every time and has never been reduced since I have been an employee here. The cost of health insurance is burying people on top of the rising costs of everything else. I have a spouse and children on my plan and I can not afford for the cost to increase yet again. Why can't health insurance be shopped around for to find more affordable plans and options that will benefit the employees and the retired employees. There should be no reason why the cost should increase every year or so. There has got to be some relief for NSHE employees and the retired employees at the same time. Employees with children and/or spouses should not be penalized for having a family.

September 29, 2026

Re: Opposition to Proposals Raising Premiums for Employees with Dependents

Dear Chair and Members of the PEBP Board:

My name is Seong-min Park, and I am a faculty member in the Department of Criminal Justice at the University of Nevada, Las Vegas. I write to strongly oppose the proposals under consideration that would substantially raise health insurance premiums for employees with spouses and children, eliminate the HMO option, and shift costs onto retirees.

Increasing premiums for employees with dependents effectively penalizes faculty and staff for having families. At a time when UNLV must compete nationally to recruit and retain talented faculty, making it more expensive to raise a family while working for the state moves us in exactly the wrong direction. We should be making it more affordable — not less — to build a family and a career here.

I am equally troubled by proposals that pit groups of employees against one another: those with and without dependents, and active employees versus retirees. Risk pooling across a broad membership is the foundation of a sustainable insurance program. Segmenting costs by family status or employment status erodes that principle and places the heaviest burden on those who can least absorb it, including retirees who have given years of service to the state.

I urge the Board to reject any proposal that raises premiums for employees with dependents or for retirees, and to preserve the HMO option that many employees depend on for affordable care.

Respectfully,



Seong-min Park

Associate Professor

Department of Criminal Justice

University of Nevada, Las Vegas

I am writing to respectfully request reconsideration of the proposed PEBP changes. It is distressing that one of the potential options is specific to members WITH families.

I am not in support of this proposal due to the significant financial impact it will have on employees like myself as well as employees in my unit.

Starting July 2026 my paycheck has actually gone down compared to previous years due to increased PEBP costs and increased retirement contributions. We contribute 19.25% of our salary to the mandatory retirement system. While I understand the long-term value of this investment, it substantially reduces my take-home pay while costs of everything including everyday essentials are continually rising.

I respectfully ask that alternative solutions be considered. NSHE employees do not have set raises or COLA increases so there is nothing currently in place that would offset these potential increases. Exploring options that distribute the financial impact more gradually would help prevent undue strain on employees. If we want to retain strong employees in the NSHE system we need to find ways to add or at minimum keep existing benefits rather than continually reducing benefits and options.

I value my work at UNLV and am proud to serve our students who ultimately go on to serve and better Las Vegas and the State of Nevada. My hope is that a solution can be found that supports both the NSHE's financial realities and the well-being of its employees.

Thank you,
Tiffany Schmier

Hello,

I'm here to ask the Board to reconsider the proposed changes to health insurance.

Healthcare access is an essential part of our compensation and our ability to care for ourselves and our families. I am deeply concerned about proposals that could significantly increase costs for employees. These changes would have real financial consequences for the people who rely on healthcare. We should not be forced to choose between adequate coverage and affordability.

I ask the Board to please take the time to explore alternatives that preserve meaningful healthcare choices, keep coverage affordable, and avoid placing disproportionate costs on particular groups of employees or retirees.

Please listen to the concerns of the employees and retirees and preserve access to affordable coverage.

Thank you.

Roger M Simpson

Written Statement Opposing the Proposed PEBP Premium Changes

I am writing to oppose the proposals PEBP is considering this Friday. Every version on the table balances the budget by turning employees against each other — retirees against active staff, parents against people without kids, HMO members against everyone else. It is cost-shifting dressed up as reform.

Raising premiums on retirees who already gave their careers to this state is a penalty for having served, not a savings measure. Charging more for spouses and children makes it harder to raise a family while working for Nevada, right when the state needs to be attracting people, not driving them off. And cutting the HMO option takes away the plan many of us picked because it actually fit our health needs and our paychecks.

None of these proposals fix the underlying funding shortfall. They just decide who absorbs it, and they do that by pitting employee against employee, generation against generation. I am asking the Board to reject any plan that balances its books this way, and to instead spread any necessary cost increase fairly, predictably, and without abandoning retirees or families.

Respectfully,

Roger M Simpson

Nevada Public Employees' Benefits Program Board

Re: Public Comment — Opposition to Proposed Healthcare Changes

Dear PEBP Board Members,

I am writing as a classified staff member and employee of UNLV to strongly oppose the healthcare proposals being considered at Friday's board meeting. These proposals fundamentally contradict the values that define our university and state.

The proposals under consideration would:

- Dramatically increase health insurance premiums for working families
- Eliminate the HMO option, reducing choice and affordability
- Penalize employees with spouses and children through disproportionately higher costs
- Shift burdens onto retirees who have served our state with distinction
- Create divisive policy that pits employee groups against one another

This is not who we are.

UNLV values families. Yet these proposals would make it more expensive—not less—to raise a family while working here. We value our retirees. Yet these proposals would drastically increase their costs. We believe in community and solidarity. Yet these proposals would divide us.

The current proposals fail our employees and contradict institutional values. I urge the board to reject them and instead seek solutions that keep healthcare affordable for all of us—families, individuals, active employees, and retirees alike.

Respectfully,

Danielle Beeman
AA III, UNLV

Angelica Ross

I am writing to strongly express my concern regarding the proposed changes to PEBP health insurance premiums and plan options.

As a UNLV employee who will soon be welcoming my first baby, this issue is deeply personal to me. I am preparing to enter a new chapter of my life where access to affordable, reliable healthcare will be more important than ever. The possibility of significantly higher premiums for employees who cover spouses and children is extremely concerning, particularly at a time when families are already facing substantial costs associated with raising children.

Employees should not be financially penalized simply because they have a family.

I understand that PEBP must make difficult decisions regarding the cost of providing healthcare. However, shifting a greater portion of those costs onto employees with dependents does not feel like a sustainable or equitable solution. For many employees, adding a spouse or child to their health insurance is not an optional expense—it is a necessity.

I am also deeply concerned about proposals that would pit active employees against retirees or one group of employees against another. The solution to rising healthcare costs should not come at the expense of one group within the PEBP community. Our public employees and retirees have all contributed to the strength of Nevada's workforce and deserve meaningful access to healthcare.

As I prepare to welcome my baby, I am already thinking about the financial responsibilities that come with growing a family. Healthcare should provide peace of mind during such an important life transition, not become another source of financial uncertainty. Increasing premiums for families could force employees to make difficult decisions about the coverage they can realistically afford.

I respectfully urge the PEBP Board to reconsider proposals that would substantially increase premiums for employees with dependents, eliminate valuable plan options, or shift costs disproportionately onto specific groups. Please consider solutions that protect affordable healthcare for all PEBP members rather than balancing costs by placing a greater burden on working families.

Nevada employees should not have to choose between providing healthcare for their children and maintaining financial stability at home. I hope the Board will recognize the long-term impact these decisions can have on Nevada families and prioritize affordable, accessible healthcare for the employees and retirees who depend on PEBP.

Thank you for listening to the concerns of employees like me who are simply asking for affordable healthcare for ourselves and our families.

Dear PEBP Board Members,

I am writing to express my grave concern about proposed changes to PEBP benefits for employees who work in higher ed. Many proposals suggest a disconnect from the fundamental values of our university and our state. Our community is such that I know that we do not like pitting one group against another, so I am reaching out to voice my alarm.

For instance, there is a proposal to drastically increase insurance costs for retirees while reducing costs for active employees. In addition, multiple proposals would significantly increase premiums for employees who have spouses or children while reducing premiums for employees who do not.

Although I personally might stand to gain from these proposals, I am against them because there would be much to lose if they were enacted. I know that at UNLV we value families. We ought to be making it more affordable to raise a family while working here, not penalizing people for having spouses or children. Moreover, I know that we value retirees who have served the state. It is crucial to me that we all live in a place that supports individuals, families, and retirees.

Thank you for your consideration.

Sincerely,

Joyce Gorsuch

UNLV Instructor, Dual Enrollment English

Public Written Comment to the PEBP Board - Janelle Yasukochi

I urgently request the PEBP Board to consider more affordable and equitable healthcare options for ALL PEBP members. With the never-ending rise in the cost of living, it is even more essential to have a variety of affordable healthcare options to ensure all active employees, retirees, and their families live healthy lives.

ANNA DRURY

September 28, 2026

Dear PEBP Board Members,

I have been a proud and dedicated State of Nevada employee since May 20, 1996, and I have worked at UNLV since October 2007. I understand that the cost of healthcare continues to increase, and I recognize that difficult decisions must be considered to manage these rising expenses.

However, I am deeply concerned about any proposal that would place a greater burden on dedicated employees simply because they have families or are approaching retirement. Employees who have devoted many years of service to the State of Nevada should not feel that their commitment or family circumstances could result in unequal treatment in order to reduce insurance costs or retain active employees.

As a state-run program, PEBP has a responsibility to establish a standard of fairness and demonstrate that all employees and retirees are valued and treated equitably. The decisions made today also sends an important message to current employees and to students and future employees who may be considering careers with the State of Nevada or NSHE that their dedication is not valued and they may be discriminated against to meet a budget and retain new employees at their expense.

After dedicating nearly 30 years of my career to the State, I hope the Board will carefully consider the impact these changes could have on employees and their families and retirees, to ensure that any decisions are fair, equitable, and respectful of the service employees have provided.

Respectfully,

Anna Drury

My name is Christine Beaudry, and I am a faculty member at Nevada State University and a PEBP participant. I am providing public comment regarding the Plan Design and Subsidy Considerations presented for the October 2, 2026 meeting.

Nearly every option presented addresses the budget deficit by shifting costs onto participants, whether from the plan to members, from active employees to retirees, or from employees and retirees to their dependents. Participants have already absorbed significant premium increases this year, and for many, those increases have meant a decline in real wages. These increases come during a period of continued inflation, when many areas of the state already face a higher cost of living than the national average and wages for faculty are likely to remain stagnant. Rather than asking employees, retirees, and families to cover the additional funding needed, I urge PEBP to advocate for the State to fund its full share of these increases in the next biennial budget.

I also ask the Board to commission a full, independent audit of PEBP's finances, reserves, and rate-setting procedures. Participants deserve a detailed explanation of how this situation developed before being asked to pay more to resolve it.

Thank you for your consideration.

Sincerely,

Christine Beaudry, Ed.D.

Professor of Social Studies Education
Nevada State University

Member: Catie Nielson

To Whom It May Concern:

I am alarmed to hear that the PEBP board is considering another change in insurance premiums, after the increases last year, that would harm UNLV employees and retirees.

As a UNLV employee I OPPOSE any changes to premiums that would drastically increase insurance costs for retirees or significantly increase premiums for employees who have spouses or children. Although I do not have children or a spouse, I do not want to place further burden on my colleagues who do. I also do not want to be penalized if I choose to marry or have children in the future, not to mention when I retire.

Please do not make a change that fractures our community!

Thank you,

Catie Nielson

Assistant Faculty-in-Residence

Department of Psychology

University of Nevada, Las Vegas

Sep 29, 2026

To: PEBP Board
From: Hans Rawhouser, UNLV Professor and Chair of Management & Entrepreneurship
Re: Insurance costs changes

Dear PEBP Board,

I am a faculty at UNLV, and this is my 15th year. I write to oppose a request from an email from the Faculty Senate on behalf of Michael Kagan. As I understand it, PEBP is trying to balance costs and reduce costs, including reducing the number of plans offered, differentiated cost sharing, splitting active and retiree risk pools, and increasing subsidies for dependents. I write today not as someone insulated from the impacts of this decision, but as a faculty member with a family currently enrolled in PEBP and someone who will be affected by any rate increase myself. I am also closer to retirement than most of my colleagues, which means I have every incentive to oppose any change and postpone difficult decisions to a future that I may not even be part of. However, I believe in responsible long-term thinking that too often gets sacrificed on the altar of short-term comfort. We all know the human tendency to defer hard choices, telling ourselves that the problem can be solved later, at someone else's expense. This is especially severe among public employees! But that calculus has consequences—it inevitably shifts the burden onto future employees, who have no seat at today's table and no voice in today's decision.

The mathematics of PEBP's sustainability are unforgiving. NSHE is facing documented demographic changes—declining enrollment, an aging workforce, shifting retirement patterns—that are largely beyond our control at this point. We simply cannot manufacture future students that were never born! These structural realities mean that the costs must be borne by someone, and the only ethical question is whether current beneficiaries will share that burden fairly or whether we will simply postpone the problem until it becomes a crisis that falls entirely on those who come after us. Finding ways now to shift things to give people incentives to decrease overall costs, or shifting the burden to those using more benefits, is the pragmatic and responsible approach. Yes, it costs me more. Yes, it is inconvenient. But maintaining a functioning benefits system for future NSHE employees is more important than my convenience, and I would rather make that choice proactively than have it forced upon us by severe crisis. Not all public employees are spendthrifts, always asking for more and complaining that it is never enough. We have had it much better than most for years, but now changes in higher education require difficult decisions, the type that I teach my students we need to take in life!

Sincerely,



Hans Rawhouser

September 29, 2026

Dear PEBP Board,

I have been informed you are considering proposals that could dramatically raise health insurance premiums for many of us. I understand that there is a proposal to drastically increase insurance costs for retirees while reducing costs for active employees and multiple proposals would significantly increase premiums for employees who have spouses or children while reducing premiums for employees who do not.

These proposed changes do not reflect the principles and priorities of UNLV. As an NSHE/UNLV employee of almost 15 years, it would be discouraging to see any of these go into effect. UNLV values retirees who have served the state. UNLV has always valued families and we should be making it more affordable to raise a family while working here, not penalizing people for having spouses or children. Adopting these proposals would make it even harder to attract quality faculty to our institutions. I urge you to consider our values and the negative consequences of these changes, not just the financial implications.

Mario J Gaspar de Alba, MD
Associate Professor of Pediatrics/Developmental-Behavioral Pediatrics
Kirk Kerkorian School of Medicine at UNLV
Medial Director Ackerman Autism Center

To the PEBP Board:

I am writing in regard to the Board's consideration of proposals that would increase premiums for employees with spouses or children in order to decrease the premiums for those who are covered just as individuals. As a faculty member who has been at UNLV for about 20 years, I see this as a bad plan. I recognize that the US health insurance system is in crisis and that PEBP is in many ways struggling. However, a solution for PEBP which does not continue down the path of deteriorating coverage and increasing premiums urgently needs to be found. Health insurance is an important part of employees' compensation package. For the majority of employees that I know at UNLV, compensation is too low to be nationally competitive. We regularly lose classified staff to businesses on the Las Vegas strip who pay better wages. For faculty we lose some of our best and brightest new hires to other universities; here again compensation is part of our struggle. About 10 years ago I had a colleague with a large family who was recruited away by another university. He shared with me that his primary motivation for leaving was the quality of our health insurance and the cost of covering his family. This was before the significant increases in our deductibles and increases in premiums. As UNLV has risen through the rankings to become an R1 institution, the quality of the faculty that we can attract has increased. To maintain our R1 status we need to retain our most competitive faculty. These bright young people, who are also at the age for starting families are UNLV's future. We need to do everything we can to keep them here in Nevada. Penalizing them for having children and spouses is not the way to go about this. I urge you to find other solutions to PEBP's financial issues.

Best Regards,

Pamela C. Burnley

Professor of Geoscience

University of Nevada, Las Vegas

When did healthcare stop being about keeping people healthy and start being about maximizing profit?

It is absolutely disgusting that we live in a system where working people are expected to worry about whether their paychecks are enough to cover basic living expenses, while also worrying about whether they can afford the healthcare and medications they need to stay alive.

When did we lose our humanity?

When did taking care of one another become less important than protecting budgets, profits, and bottom lines?

Healthcare should not be a luxury. Insurance should not be a privilege reserved for people who can afford increasingly unreasonable premiums, deductibles, copays, and prescription costs. And no working person should have to spend hours of their life fighting with an insurance company, changing pharmacies, or searching for a medication that their insurance will actually cover.

How is it acceptable that someone can work full-time and still have to choose between paying their bills and getting the medical care they desperately need?

These decisions have real consequences. They affect parents. They affect children. They affect retirees. They affect people who are already doing everything they can to work, contribute, and provide for their families.

And yes, I am angry.

Because behind every number on a spreadsheet is a human being.

We are not numbers. We are not revenue streams. We are not machines designed to work until we break.

We are people trying to live, stay healthy, take care of our families, and make it through life with some measure of dignity.

Enough is enough. We cannot continue pretending that these decisions are simply financial calculations when the consequences are human lives.

We will not stand quietly while access to healthcare becomes increasingly unaffordable and families are forced to sacrifice their health just to survive.

I AM ANGRY!!! And honestly, I think we ALL should be!!!

When did healthcare become something, people have to EARN?! When did staying healthy become a privilege instead of a basic human necessity?! When did we decide that working people should simply accept paying more and more for insurance, prescriptions, deductibles, and medical care and somehow just "make it work"?! At what point do we stop asking how much more people can sacrifice and start asking why they are being forced to sacrifice so much in the first place?

People are working!!! They are showing up every day, contributing to their communities, supporting their families, and giving years of their lives to the work they do. Yet somehow, we continue creating systems that make it harder and harder for those same people to afford the healthcare they need to stay healthy. HOW IS THIS ACCEPTABLE?!

I am sick of hearing about "costs," "budgets," and "financial responsibility" as though the people affected by these decisions are nothing more than numbers on a spreadsheet. THOSE NUMBERS ARE PEOPLE!!! They have families, children, spouses, rent, mortgages, groceries, prescriptions, medical appointments, and lives they are desperately trying to hold together. When healthcare costs increase, the consequences do not stay on a spreadsheet. They follow people home and directly affect their families.

What happens when someone cannot afford their medication?! What happens when someone puts off seeing a doctor because they cannot afford the deductible?! What happens when a parent has to choose between paying a bill and paying for their child's healthcare?! THAT IS NOT JUST A BUDGETING PROBLEM!!! THAT IS A HUMAN PROBLEM!!!

And I am TIRED of being told this is simply "the way things work." NO!!! IT DOESN'T HAVE TO BE THIS WAY!!!

When someone is paying for insurance every month but still cannot afford to actually use it, WHAT EXACTLY ARE WE DOING?! When people have to call pharmacy after pharmacy, change pharmacies, fight with insurance companies, and search for medications their insurance will actually cover—sometimes for medication they literally NEED TO LIVE—SOMETHING IS SERIOUSLY WRONG!!!

Where did our humanity go?! WHEN DID WE STOP CARING ABOUT EACH OTHER?! WHEN DID PROFIT BECOME MORE IMPORTANT THAN PEOPLE?! WHEN DID SOMEONE'S HEALTH BECOME JUST ANOTHER LINE ITEM ON A SPREADSHEET?!

I understand that healthcare has costs. I understand that budgets have limitations. But those realities should NEVER become an excuse to forget the human beings who are affected by these decisions. We are HUMAN BEINGS!!! We are workers, parents, spouses, caregivers, retirees, and members of our communities. WE ARE NOT PROFIT MARGINS!!! WE ARE NOT NUMBERS!!! WE ARE NOT MACHINES!!!

We should NOT have to choose between putting food on the table and getting medical care. We should NOT have to choose between paying our bills and filling a prescription. We should NOT have to risk our health because healthcare has become too expensive to afford!!!

So YES!!! I AM ANGRY!!! And I am NOT going to apologize for it!!! People have every right to be angry when their healthcare, financial security, and families' well-being are being treated as though they are secondary to a budget.

ENOUGH IS ENOUGH!!!

Stop treating people's health like a business calculation. Stop treating working people like they are disposable. Stop expecting families to sacrifice MORE AND MORE while the people making these decisions remain removed from the consequences.

LOOK AT THE PEOPLE BEHIND THE NUMBERS!!! LOOK AT THE FAMILIES!!! LOOK AT THE HUMAN BEINGS!!!

We are PEOPLE!!! We deserve to work, live, raise our families, and take care of ourselves without being financially destroyed simply because we need healthcare.

WE ARE PEOPLE!!!

AND PEOPLE ARE WORTH MORE THAN PROFIT!!!

I am concerned about the proposed changes to our healthcare plans, particularly the increased financial burden on employees with dependents and retired university employees, while reducing costs for employees without dependents. Healthcare decisions should prioritize equitable access, affordability, and continuity of care for all employees and retirees. My own premium has already increased with the new fiscal year, and the potential elimination of the HMO plan would jeopardize the coverage I currently rely on. I urge PEBP to reconsider these proposals and pursue solutions that control costs without shifting an unfair burden onto certain groups or eliminating essential healthcare options.

To the PEBP Board,

I am writing to express my strong opposition and deep concern regarding the continued discussion of removing or replacing the HMO/EPO plan. I am extremely upset that this option is once again being considered, particularly given the serious consequences such a decision could have for employees and their families who depend on this coverage.

For me, this is not simply a matter of preference or convenience. Due to multiple medical issues, which I will not disclose because they are private, I rely heavily on the HMO plan to maintain access to necessary and ongoing medical treatment. The structure and affordability of this plan are essential to my ability to continue receiving the care I need.

Replacing the HMO/EPO plan with a PPO-deductible option—even one accompanied by contributions to a health savings account—is not an equivalent substitute for individuals in my circumstances. An HSA contribution does not eliminate the financial burden created by deductibles, coinsurance, prescription costs, specialist care, recurring appointments, procedures, and other ongoing medical expenses. For employees who require substantial and continuous healthcare, these differences can have very real consequences.

I understand that the Board must consider the financial sustainability of PEBP and the costs associated with maintaining different plan options. However, financial sustainability cannot be evaluated solely by looking at enrollment numbers or the immediate cost of a particular plan. The impact on the employees who actually rely on that coverage must be given meaningful consideration.

I am particularly troubled by the suggestion that relatively low enrollment in the HMO/EPO plan could justify its removal. A smaller enrollment population does not mean that the plan has little value. For those of us enrolled in it, the plan may be the very reason we can afford and maintain necessary medical care. We should not be treated as expendable simply because we represent a smaller percentage of total participants.

PEBP exists to serve Nevada's public employees and their families. Decisions regarding health benefits should therefore account for the needs of employees with significant and ongoing healthcare expenses—not only those who may benefit financially from a deductible plan structure.

If PEBP believes the current HMO/EPO plan cannot be sustained, then the appropriate solution is to identify and offer a genuinely comparable alternative that provides similar access to care and financial protections. Replacing it with a deductible plan and characterizing that as an adequate alternative is simply not sufficient for employees whose healthcare needs make that structure financially unmanageable.

I strongly urge the Board to stop repeatedly pursuing the elimination of the HMO/EPO option without first presenting a truly equivalent replacement. Before making any decision, the Board should carefully evaluate the financial and healthcare consequences for the employees who currently depend on this plan and provide those members with a meaningful opportunity to be heard.

Please understand that, for some employees, this discussion is not about choosing between insurance plans. It is about whether we can continue to afford the medical treatment we need. That reality deserves serious consideration from every member of this Board.

I respectfully but firmly ask the Board to preserve the HMO/EPO plan or provide an alternative that offers genuinely comparable coverage and cost protections without forcing members into a deductible plan.

Sincerely,

To the PEBP Board Members,

I am submitting this comment in opposition to the healthcare proposals scheduled for consideration on October 2, 2026.

Public institutions like the University of Nevada exist to serve the public good and to uphold values that reflect our communities' best aspirations. Healthcare benefits are central to that mission as they enable employees to thrive, to support their families, and to do the work our state depends on.

The current proposals fail these values. They would raise premiums on those who can least afford increases. They would eliminate the HMO option, forcing employees into narrower choices. And most troublingly, they would create new inequities: higher costs for families with children, higher costs for those who support spouses, reduced benefits for retirees.

This is not the way forward. Families should not be penalized for raising the next generation in Nevada. Retirees should not be cast aside after decades of service. Current employees should not be pitted against one another.

I urge you to reject these proposals and to prioritize healthcare solutions that reflect Nevada's values: affordability, fairness, and respect for those who serve the public.

Respectfully,
Melani Grande Murrieta

From: William O'Donnell

I thought PEBP was supposed to help the faculty. Why are they allowed to post things at the last minute without telling anyone. Does every employee have to check the website daily to see if someone is trying to change the rules. Maybe the board of regents can change the rules at their next meeting such that PEBP has to give us a weeks notice and spam all the employees so we know where to find what is being proposed.

I've worked at UNLV for just over 30 years. I like my job and the people I work with. We put up with pay cuts during covid, no more cola or merit for a long time, and I was still happy because I had a job during covid while some others didn't.

I am married and we have a son. Our son is attending UNLV now. We are on the LDPPO. We are paying an extra \$159 every month for the plan. My son went to quick care a month or so ago. The new plan has us paying an \$80 copay. I think it was \$50 before. Next year our insurance is supposed to go up again by another \$159 every month. There are plenty of employees that have more kids than we do but we pay the same rate. I'm fine with that. And we've only been on the new insurance plan three months and it's going to be changed, again, for the worse.

What was explained in the email I received today is what corporate CEOs would do. Tell the employees that the reason they can't have a raise or healthcare is because the other employees are making too much and don't want you to have healthcare. Seriously, we are better than this. Insurance costs are going up, food is going up, gas is through the roof. We need to act like a family, the UNLV family, and work together to solve our insurance problems. We're not a corporation trying to make money. Our job is to train the next generation as best we can with the resources we have. Please, don't try and divide us into groups. We are a family.

Thanks,
Bill

Lori Ciccone (NSHE/UNLV)
September 29, 2026

I am writing to formally express my deep concern regarding the continued escalation of premiums, deductibles, and out-of-pocket costs under the Public Employees' Benefits Program (PEBP), coupled with a corresponding decline in access to care.

As an employee with more than 24 years of service within the Nevada System of Higher Education, I have watched health insurance costs rise steadily while employee salaries have failed to keep pace. The result is an increasingly unsustainable financial burden placed on employees and their families.

For many years, my family was enrolled in a high-deductible health plan. In my experience, this type of plan functions primarily as catastrophic coverage, providing little meaningful financial protection unless a family experiences a major medical crisis. Even then, the financial exposure can be extraordinary.

Since 2019, my family has faced serious health challenges. During one eight-month period of ongoing treatment, our direct out-of-pocket expenses exceeded \$50,000. Although insurance ultimately covered more than \$1 million in medical costs, that does not diminish the financial reality for the insured: very few families can absorb \$50,000 in annual medical expenses while also paying monthly insurance premiums. When a family faces lifelong chronic care, the cumulative financial burden is staggering.

Employees are increasingly forced to select high-deductible plans simply because they cannot afford the monthly premiums associated with other options. In doing so, they are effectively gambling that they will not need significant medical care. At the same time, premiums and deductibles continue to rise, uncovered expenses grow, and provider access diminishes as more physicians decline to accept our insurance. This erosion of coverage and access does not reflect a meaningful employee benefit.

PEBP and state decision-makers must answer several fundamental questions:

- What specifically justifies these repeated and substantial cost increases?
- Why are employees continually required to absorb the consequences of inadequate planning, funding, or contracting decisions?
- What alternative carriers, plan structures, or public-sector purchasing arrangements have been thoroughly evaluated?
- What concrete steps will be taken to improve provider access and protect employees from unsustainable out-of-pocket costs?
- How will PEBP ensure greater transparency and accountability in future decisions?

This cycle has continued for years without meaningful reform. Other public entities within Clark County appear to have secured more competitive and comprehensive health plans. If contract termination or transition costs are a barrier to change, PEBP should evaluate those costs against

the long-term financial savings, workforce stability, and improved health outcomes that a more effective plan could provide.

I am exhausted by a system that appears to prioritize the sustainability of the insurance structure over the well-being and financial security of the people it is intended to serve. Employees should not be forced to choose between obtaining necessary medical care and protecting their families from financial hardship.

This issue requires immediate, transparent, and decisive action, not another cycle of shifting higher costs to employees while providing them with less access to care.

Respectfully,

Lori Ciccone

NSHE/UNLV Employee

Marnie Elsky

Dear board members,

I am writing in response to the news that the PEBP Board will be considering proposals that could dramatically increase health insurance premiums for many of us.

I cannot express enough how fearful and concerned I am about the potential impact of these changes. Since the last increase in health insurance costs, I have already been struggling to make ends meet for my family and have been living paycheck to paycheck. Without institutional raises or cost-of-living increases to help offset rising expenses, another significant increase in my health insurance premiums would put an even greater financial strain on my family.

Health insurance is not an optional expense. It is something my family and I depend on, and I am deeply concerned about what I will have to sacrifice if these costs continue to rise. I ask the PEBP Board to carefully consider the real financial impact these proposals would have on employees and their families, particularly those who are already struggling to keep up with the rising cost of living.

Please consider the people behind these numbers and the very real hardship that another substantial premium increase could create. I sincerely hope the Board will work toward solutions that protect affordable access to health care for employees and their families.

Sincerely,

Marnie Elsky

Trish Harrison

Public Comment to the PEBP Board

Re: Agenda Item #6 PEBP Options Report

Members of the Board,

I am a Senior Communications Specialist at University of Nevada, Las Vegas, where I have served for 13 years. I am writing to urge the Board to reject the proposals that significantly raise premiums for employees with dependents and for retirees.

Raising a family is already harder than it has ever been.

Both my spouse and I are university employees, and we are raising a family with two children under five years old. In the past two years, as a result of economic and political upheaval, every essential cost has gotten more expensive as our children age, not cheaper. Food costs have risen. Housing costs have risen. Childcare costs have risen. Car insurance has risen. We are being squeezed in every possible way, while our pay has not kept pace. Cost-of-living adjustments have been inconsistent, and when we have received them, they have trailed inflation. Each year, that gap is a real pay cut.

A substantial premium increase would compound that loss for households already stretched thin. As a household with two university employees, we have even less flexibility. State jobs have never matched private-sector pay, but they once offered a fair tradeoff: a living wage, dependable healthcare, and a retirement promise. These proposals erode that bargain further, and public servants who chose to serve Nevada's community should not be penalized with costs that force them to delay or forgo care.

Today's employees are tomorrow's retirees.

The proposed changes place the burden on retirees rather than current employees. This idea makes little sense for employees in the long run, as hopefully someday we will be tomorrow's retirees and we would simply be making the problem ours for a later day, at an even worse time financially.

My requests:

1. Reject proposals that concentrate premium increases on any one group of members.

2. Pursue an equitable, shared approach to costs, paired with compensation and COLAs that keep pace with inflation.
3. Allow members adequate time and transparent data to review any final proposal.

A funding challenge of this size cannot be solved by placing the burden on any single class of members. Doing so weakens trust in the promise that every current employee is relying on. I oppose these current proposals, and I hope the board will take more time to identify solutions that keep the interests of employees and our families preeminent.

Thank you for your consideration,

Trish Harrison

University of Nevada, Las Vegas

Christina Molina

Academic Advisor

College of Engineering Advising Center

I am writing to urge you in the strongest possible terms to keep the HMO health insurance option for faculty and staff.

I deeply rely on the HMO plan to manage my [REDACTED] condition. It is the only plan that has allowed me to keep my specialists, afford my medications, and maintain consistent, coordinated care without facing financial ruin. Without it, my health will directly suffer.

Every single year, we have to fight for our insurance. Every year we have to come here, share our private medical struggles, and beg you not to take away the one benefit that allows us to do our jobs and live our lives. It is exhausting having to fight for this year after year.

This comes at a time when the university has not increased pay to keep people afloat. We are struggling with inflation, rising costs of living, and stagnant wages, and now you want to take away our accessible healthcare as well.

If you eliminate the HMO option, you are sending a clear message that you do not care for the health and well-being of your employees. Please do the right thing and keep the HMO option.

Satish Bhatnagar

This is my 53Rd year at UNLV alone, and I have seen ups and downs on the insurance benefits of the faculty. The reason I have retained the HMO option for the last 15+ years is that on my part, it involves no paper work and no filing of the claims etc. It saves my time that I use it boost my scholarly output. I urge you to keep it as you did it two years ago.

To the Members of the Public Employees' Benefits Program Board:

I am writing as a Nevada state employee and a longtime employee of the University of Nevada, Las Vegas to strongly oppose any proposal that increases employee healthcare premiums, eliminates existing plan options, shifts additional costs onto employees with spouses or children, or reduces benefits for active employees or retirees.

State employees have already been asked to absorb increasing costs year after year while our salaries have not kept pace with the actual cost of living. I work hard for UNLV and for the State of Nevada. Like many state employees, I know that I could earn more in the private sector for comparable work. One of the reasons many of us continue our careers in public service is because healthcare and retirement benefits are supposed to help offset some of that difference.

If those benefits continue to deteriorate while our premiums, deductibles, co-insurance, copays, prescription costs, and out-of-pocket expenses continue increasing, then the State is weakening one of the most important reasons employees remain in public service.

I am strongly opposed to another premium increase.

Before asking employees and their families to pay more, PEBP should first demonstrate that every reasonable effort has been made to control spending within the healthcare system itself.

The first response to rising healthcare costs should not automatically be, "Charge the employees more."

PEBP should aggressively examine wasteful spending, administrative costs, unnecessary services, excessive vendor fees, prescription pricing, hospital pricing, duplicate services, network agreements, pharmacy benefit arrangements, laboratory costs, and every major contract paid for with employee premiums and taxpayer dollars.

Employees should not be treated as the easiest place to recover additional money.

PEBP should be asking the vendors, insurance administrators, hospitals, pharmacy benefit managers, laboratories, and healthcare networks to justify what they are charging us.

I also have serious concerns about what employees are receiving for the premiums we already pay.

We have repeatedly been told that our health insurance is a quality benefit and one of the advantages of state employment. Yet employees enrolled in PPO coverage can still receive significant medical bills after paying premiums throughout the year.

That raises a basic question:

What exactly are we paying for?

If an employee pays hundreds or thousands of dollars each year in premiums and then faces deductibles, copays, co-insurance, prescription expenses, laboratory charges, specialist charges, imaging costs, emergency-room bills, and other out-of-pocket expenses, calling the insurance a high-quality benefit does not make the financial burden disappear.

PEBP needs to look at healthcare from the employee's perspective.

The real cost of health insurance is not simply the number printed under “monthly premium.” The real cost is:

Premiums, plus deductibles, plus copays, plus co-insurance, plus prescriptions, plus services that are denied or not covered, plus out-of-network expenses, plus all of the other medical bills employees receive during the year.

That total is what Nevada employees actually experience.

I am also deeply concerned about the lack of meaningful competition and choice, particularly for employees and families in Southern Nevada.

Why are Southern Nevada employees effectively locked into such a limited healthcare environment?

Why do Nevada public employees not have more meaningful choices among competing health insurance carriers and provider networks?

Other employers and public systems across the country have demonstrated that employees can be offered competing plans. Competition can force insurance companies and healthcare networks to compete for our business based on price, quality, provider access, customer service, and benefits.

Nevada should seriously examine that model.

I would much rather see employees given multiple insurance choices than continue being placed into a system where there is little practical ability to take our business somewhere else when the service is poor.

I have been extremely dissatisfied with UMR.

If UMR wants to continue administering benefits for Nevada public employees, then UMR should have to earn that contract. Performance should be measured. Customer complaints should be reviewed. Claims processing, appeals, access to care, network adequacy, customer service response times, and employee satisfaction should be part of the evaluation.

The same applies to laboratory providers.

I have also had poor experiences with Quest Diagnostics. Employees should have reasonable laboratory choices instead of feeling forced toward one preferred company because of the structure of the insurance network.

PEBP should negotiate from a position of strength.

We represent thousands of employees, retirees, spouses, and dependents. That purchasing power should matter.

PEBP should be demanding competitive pricing from insurance administrators, hospitals, physicians, laboratories, pharmacy benefit managers, pharmaceutical companies, and healthcare networks.

Prescription costs deserve particular scrutiny.

There has been significant national attention in recent years on reducing prescription drug prices, increasing pharmaceutical pricing transparency, expanding negotiation, and reducing the cost of commonly used medications. Regardless of which presidential administration, political party, or federal policy receives credit for a particular reduction, Nevada employees should receive the benefit of every available drug discount, negotiated rate, manufacturer rebate, and federal pricing opportunity.

PEBP should be able to clearly explain how prescription drug savings are being passed directly to members.

If a pharmacy benefit manager receives rebates, I want to know where that money goes.

If PEBP negotiates lower drug prices, I want to know how much employees actually save.

If less expensive alternatives exist, employees should receive the benefit.

Transparency is critical.

I am also firmly opposed to any proposal that effectively penalizes employees because they have a spouse or children.

A family should not become a financial liability under the State's health insurance program.

Nevada should want talented employees to build careers here, raise families here, buy homes here, and remain employed by the State for decades.

Increasing dependent premiums disproportionately affects exactly those employees.

For a married employee with children, the difference can amount to hundreds of dollars every month. That is real money coming out of a family's household budget.

Those dollars compete with mortgage payments, groceries, utilities, gasoline, childcare, education expenses, medical expenses, and every other obligation a working family has.

Employees should not have to choose between properly insuring their family and being able to afford their household expenses.

I am equally opposed to solving the problem by shifting costs from active employees to retirees.

That is not a solution.

Retirees served Nevada for years or decades based in part on the understanding that retirement benefits would provide security after their public service ended.

Active employees should not receive lower costs because retirees are being charged substantially more.

Employees without dependents should not benefit because employees with families are being charged substantially more.

One group of state employees should not be used to subsidize another group through dramatic premium increases.

That approach divides employees instead of addressing the fundamental problem: the increasing cost of healthcare.

PEBP should focus its attention upstream.

Negotiate harder.

Increase competition.

Audit contracts.

Review administrative expenses.

Examine hospital pricing.

Review prescription drug rebates.

Increase provider options.

Demand stronger performance from UMR.

Expand laboratory choices.

Analyze unnecessary spending.

Improve transparency.

Use Nevada's purchasing power.

And before increasing a single employee premium, show us exactly what has been done in each of those areas.

Nevada also needs to confront a larger workforce issue.

State government cannot continue expecting employees to accept below-market compensation because “the benefits are good” while simultaneously making those benefits more expensive.

You cannot have it both ways.

If state salaries are going to trail comparable private-sector compensation, then healthcare and retirement benefits must remain competitive.

If healthcare costs continue shifting toward employees, then the total compensation gap becomes even greater.

That will eventually create serious recruitment and retention consequences across Nevada state government, NSHE, UNLV, and other public agencies.

Experienced employees leave.

Qualified applicants decline offers.

Institutional knowledge disappears.

Positions remain vacant.

The employees who remain are asked to absorb even more work.

Then the State spends additional money recruiting and training replacements.

That cycle costs Nevada money too.

Healthcare should therefore be viewed as both an employee benefit and a workforce retention tool.

As a UNLV employee and Nevada state employee, I am asking the Board to reject proposals that increase premiums simply because they appear to be the easiest mechanism for balancing healthcare costs.

Do the harder work first.

Open the contracts.

Examine the numbers.

Demand accountability from vendors.

Create competition.

Give employees meaningful healthcare choices.

Negotiate better rates.

Make pharmaceutical savings transparent.

Review administrative waste.

Expand Southern Nevada provider options.

Hold UMR and other contractors accountable for customer service and performance.

Give employees better laboratory choices.

Protect retirees.

Protect families.

Protect active employees.

Then come back to employees with a complete accounting of what was found and what was done.

Nevada public employees are already contributing significantly to our healthcare. We should not continually be treated as the automatic source of additional revenue every time healthcare costs increase.

I oppose eliminating plan choices.

I oppose dramatic premium increases.

I oppose disproportionately increasing costs for spouses and children.

I oppose shifting costs onto retirees.

I oppose solving healthcare problems by dividing state employees into groups of winners and losers.

I support real reform that attacks healthcare costs themselves.

I support competition.

I support transparency.

I support accountability.

I support giving Nevada employees more choices in who provides and administers their healthcare.

And I support maintaining healthcare benefits that are actually worthy of being called one of the advantages of Nevada public employment.

Please reject proposals that place another financial burden on Nevada's employees, retirees, and working families.

We have done our part.

Before asking us to pay more, require the healthcare system and the companies receiving our money to do theirs.

Respectfully submitted,

Timothy Johnson

Timothy Johnson, MBA
Nevada State Employee
University of Nevada, Las Vegas

David Fott
Professor Emeritus of Political Science
UNLV

To: PEBP Board

It was alarming to read that this Friday you will consider proposals that could raise health insurance premiums for retirees and for those who have dependents. Isn't it reasonable to say that such proposals would violate an understanding among public employees that the State of Nevada will care for us after most or all of our active service has ended?

I say "most" because, even as a retired faculty member, my service has not ended. I continue to help seven graduate students in my department complete their degrees. I am teaching this fall, and I plan to continue doing so in spring, summer, and fall 2027. It seems to me that UNLV has a continuing interest in my health.

For thirty-four years before retiring this July, I taught undergraduate and graduate students. My wife, Stacey Fott, worked as a classified staff member at UNLV for over ten years.

Please continue to help us as we have helped many students for many years.

I strongly agree with this sentiment from our UNLV faculty senate and am alarmed to hear PEBP continues to consider proposals that would increase health care costs for UNLV faculty who are already underpaid compared to our R1 peers:

PEBP is considering a range of different proposals, but they have common themes. Many proposals suggest a disconnect from the fundamental values of our university and our state. For instance, there is a proposal to drastically increase insurance costs for retirees while reducing costs for active employees. Multiple proposals would significantly increase premiums for employees who have spouses or children while reducing premiums for employees who do not.

I know that at UNLV we value families. We ought to be making it more affordable to raise a family while working here, not penalizing people for having spouses or children. I know that we value retirees who have served the state. I know that we do not like pitting one group against another.

I will be giving public comment on Friday morning as chair of the UNLV Faculty Senate. I urge you to join me. We must act fast; I only learned of these proposals last night. The deadline for written comments is tomorrow morning.

I do not support an increase in healthcare costs for employees who have families or retirees.

It seems each one of these insurance discussions/policy changes centers around the same themes each time.

Have we explored new programs with other insurance carriers? Has any effort been made to leverage UNLV scale to:

- Reduce premiums and increase the quality of insurance?
- Investigate other insurance/benefits carriers to reduce premiums and increase the insurance quality?

United Health Care is substandard at best and has been dropped by many medical providers, at least in the greater Las Vegas area.

One has to wonder about the switch to United from Aetna. While Aetna had its issues, I can't help but compare costs, with United taking much more out of pocket expense. Also, Aetna is accepted by many more medical providers.

Even Centerwell, a vast provider network doesn't accept United. My PCP of 15 years doesn't accept United.

Please address.

September 29, 2026

To: Board Members:

I write to announce my dissatisfaction of this proposal(s). I oppose to the elimination of the HMO health program; it is so detrimental to the university employees and their families. Your lack of sensitivity to the health crisis issues only makes things worse for our life. You will create unnecessary hardship; life is so difficult as it is. Why make it worse. The country is in crisis. We are trying to make a living here at the university, no one has spare money to pay high medical costs. Our retirees need to retire with dignity, it is a shame that you can only see one side of the coin. Please make some sensible decision and stop hurting the university employees and their families.

Respectfully,

Carmen C.

Members of the Board,

My name is Leo Lozano, and I am a lecturer in Kinesiology at UNLV. I am writing to urge the Board to reject proposals that would sharply raise premiums, eliminate the HMO option, or shift costs onto particular groups of members.

Several proposals would raise premiums significantly for employees with spouses or children while lowering them for employees without dependents. Others would raise costs for retirees while reducing them for active employees. These approaches divide PEBP members against one another. They also penalize people for raising families in Nevada and for the years of service retirees have given the state.

Higher family premiums make it harder for the state to recruit and keep faculty and staff, especially early in their careers, when salaries are lowest and family costs are often highest. Eliminating the HMO would remove an option many members rely on to manage costs and access care.

I ask the Board to keep the HMO option, avoid shifting costs onto dependents or retirees, and pursue cost containment that spreads any necessary increases fairly across all members. I also ask that any changes be phased in and published with enough lead time for members to respond.

Thank you for your consideration.

Leo Lozano
Lecturer, Kinesiology, UNLV

Nancy B. Rapoport

September 29, 2026

Re: Proposed PEBP changes

I just wanted to weigh in and say that I am hoping that you will not enact the proposed changes. I am close to retirement age, and one of the problems with the plan will affect me and people like me. It is unfair to shift costs from the plan to participants, from active employees to retirees, and from employees/retirees to dependents. Employee premiums have already been sharply increased and are projected to further increase for the next two years. PEBP should instead advocate for the State to fund its full share of increases in the next biennial budget.

Thank you for your time and consideration.

A handwritten signature in black ink, appearing to be "Nancy B. Rapoport", with a stylized, flowing script.

Public Comment by Ian Watters on Plan Design and State Subsidization Policy

I am a Nevada state employee enrolled in the CDHP with employee-only coverage. I commented in February against shifting PEBP's funding problems onto members through premium increases. I remain concerned about that approach, including when a proposal would lower **my** premium.

The illustrative proposal to make employee-only CDHP coverage free would raise monthly CDHP premiums by \$119 for an employee covering a spouse and \$185 for an employee covering a family. It is projected to save PEBP nothing overall. I do not support a \$55 monthly reduction *for myself* if the price is substantially higher premiums for colleagues with families.

Moving a bill from one group of members to another is not cost containment.

Other scenarios impose even greater increases on dependents and non-Medicare retirees. These are people who have built careers and families around the benefits offered by the State. A proposal that sharply increases their costs deserves far more justification than a calculation showing how much PEBP can collect from them.

In February, I submitted a public comment calling for fair pricing across plans and adequate state funding. I stand by those positions. Fair pricing across plans does not require eliminating meaningful support for spouses, children, or retirees. PEBP's earlier analysis showed state funding for the 2026–2027 period was \$56 million below prior projections. The Board should press the State to address its funding responsibility rather than repeatedly asking members to absorb the shortfall.

The options report identifies alternatives that address underlying costs, including direct contracts with providers, more competitive provider reimbursement, and a competitive procurement process for plan administration. Those efforts require work, but **that work is the Board's responsibility**. Any vendor or network change should also protect members' access to their existing providers. Likewise, the Board should not eliminate the HMO without a credible replacement and a clear transition plan.

I ask the Board to:

1. Reject the proposed large reductions in dependent and retiree subsidies, including the cost shift used to produce a \$0 employee-only CDHP premium.
2. Decline to separate active and retiree rates on the terms illustrated, which would substantially raise retiree rates.
3. Seek adequate state funding and pursue savings from provider prices and contracts before increasing members' share of costs.
4. Publish the actual projected member premiums and access-to-care effects before adopting any major plan or subsidy change.

PEBP has a funding problem. It should solve that problem without making families and retirees bear a disproportionate share of it.

Greetings,

My name is Danika Navar and I am writing to oppose the proposals that would result in an increased cost of insurance premiums. With the already rising prices of groceries and gasoline, there is simply no more room in the budget of UNLV employees to pay higher rates for health insurance. UNLV has committed to supporting faculty with families, and this includes the affordability of insuring that family.

Muhammad Taqi

Dear Members of the PEBP Board,

I am writing as a Nevada public employee to express my serious concern regarding the continued increase in the cost of health insurance for state employees, particularly the proposals that could further increase the financial burden on employees who cover spouses and children.

At some point, we need to ask a very basic question: **How much more are public employees reasonably expected to absorb?**

Health insurance is supposed to be an important part of our employee compensation and benefits package. However, employees are increasingly being asked to pay more in premiums, deductibles, copays, and other out-of-pocket expenses while receiving less financial protection from the benefit itself. For many employees, these increases are becoming increasingly difficult to afford within our existing salaries.

It is especially concerning to consider substantially increasing the cost of coverage for employees simply because they have a spouse or children. Employees should not feel financially penalized for having a family. A university, public agency, or state government that wants to recruit and retain qualified professionals must recognize that affordable family healthcare is an important part of compensation.

These decisions also cannot be considered independently from employee salaries. If employees are continually expected to absorb higher healthcare costs without corresponding increases in compensation, then our effective take-home pay continues to decline. An increase of several hundred dollars per month for health coverage is not a minor adjustment for a working family. It affects housing, groceries, childcare, transportation, savings, and every other part of a household budget.

There is also a broader workforce issue that should be considered. Public institutions compete with private-sector employers and institutions in other states for qualified employees. When salaries are already constrained and the cost of benefits continues to rise, employees will inevitably begin asking whether remaining in public employment makes financial sense. Health benefits should be a reason talented employees want to remain with the State of Nevada—not another reason for them to consider employment elsewhere.

I am also concerned about approaches that reduce costs for one category of employees by shifting those costs to another category, whether that means employees with dependents, retirees, or another group. Employees should not be placed against one another in deciding who must bear an increasingly unaffordable burden.

I respectfully ask the Board to carefully examine the cumulative financial impact of these changes on employees and their families before moving forward with additional increases. Please consider affordability not only from the perspective of balancing the health plan's

finances, but also from the perspective of the employees whose paychecks must support these costs.

If substantially higher healthcare costs are unavoidable, then the conversation must also include the level of employer support and employee compensation necessary to make those costs sustainable. Continually transferring additional healthcare expenses to employees without addressing the compensation side of the equation is not a sustainable long-term solution.

Affordable healthcare is not a minor employee benefit. It is a fundamental component of compensation, workforce stability, and the State's ability to recruit and retain dedicated employees.

Thank you for considering the impact these decisions will have on Nevada public employees and their families.

My name is Dr. Robert Alex Smith, and I am a tenured professor at UNLV, where my spouse is also a tenured faculty member. Years ago, we made the deliberate decision to move our family to Las Vegas and build our careers at UNLV. Today, as two tenured faculty members raising two young children in this community, I am speaking to you with urgent concern regarding the proposals before you today.

When higher education institutions compete to recruit and retain top faculty, healthcare is not an abstract line item—it is a core decision-making factor for families like mine. The proposals currently under consideration send the wrong message about what Nevada values.

A number of these options would drastically increase premiums for employees with spouses and children while lowering costs for those without dependents. Raising a family while serving the state of Nevada should never be treated as a financial liability. We should be making it more affordable for working families to stay and thrive here, not penalizing faculty and staff who have dependents.

Equally concerning are proposals that pit active employees against retirees by shifting heavy financial burdens onto those who have dedicated their entire careers to our state, as well as proposals that threaten to eliminate the HMO option. Creating division—pitting active staff against retirees, or single employees against families—is short-sighted and damaging to the long-term morale and stability of our institutions.

At UNLV, we value our families, and we value the retirees who built the foundation we stand on today. I strongly urge the Board to reject proposals that divide our workforce or penalize families and retirees, and instead pursue equitable healthcare solutions that protect access and affordability for all public employees.

Thank you for your time and consideration.

Many families choose HMOs specifically because they face serious, ongoing health challenges. HMOs provide predictable out-of-pocket costs—a lifeline for families managing chronic illnesses, disabilities, or complex medical needs. These families already carry the stress and burden of healthcare crises. They cannot afford the shock of sudden, escalating out-of-pocket expenses.

Eliminating HMOs forces these vulnerable families into plans with significantly higher out-of-pocket costs. On top of inflation that's already squeezing household budgets, this is a serious financial threat to those who can least absorb it. It is not just burden. It is something they can't absorb.

I urge the PEBP Board to keep HMOs available. Don't eliminate the option that serves our most vulnerable employees and their families.

Public Comment – PEBP Board Meeting, October 2, 2026

Good morning. My name is **Mike Kwiecien**, and I am submitting this comment regarding the proposed changes to PEBP plan design and the State Subsidization Policy.

I recognize that PEBP faces legitimate financial pressures and that the Board has an obligation to consider the long-term sustainability of the program. The financial information in the Board packet deserves serious attention. At the same time, I am concerned that some of the options being considered address those pressures primarily by **redistributing costs among PEBP members rather than reducing the underlying cost of healthcare**.

That distinction is important. Milliman's own executive summary states that while opportunities exist to generate savings by aligning PEBP more closely with benchmarks, those savings would occur **primarily through cost shifting to members**. The same presentation identifies provider reimbursement as the clearest opportunity for what it describes as "true plan savings."

Several proposals deserve particularly careful consideration.

The Board packet identifies the possible replacement or elimination of the EPO/HMO and acknowledges the potential for member disruption. It also considers splitting active employees and retirees into separate risk pools, noting that this could reduce costs for active employees while **increasing costs for retirees**, depending upon the contribution strategy.

The dependent-subsidy proposal raises a similar issue. The packet specifically identifies a potential cost shift from employees without dependents to employees with dependents and acknowledges the possibility of enrollment attrition.

These are not simply actuarial adjustments. They affect real employees and retirees making decisions about whether they can afford coverage for a spouse or children, whether they can remain in a plan and provider network they currently use, and what healthcare will cost them after a career of public service.

I believe the Board should carefully examine the **distributional consequences** of each option before making significant changes. For every proposal, members deserve to see clearly what happens to the monthly premium for employee-only, employee-plus-spouse, employee-plus-child or children, and family coverage, as well as the effect on active employees and retirees.

The Board's own analysis shows that PEBP is generally competitive in access and benefit richness, while costs and utilization vary across plans and member groups. It also shows that approximately **90% of membership is active employees and 10% is pre-65 retirees**, while the HMO and EPO each account for approximately 8% of plan enrollment. Those numbers provide useful context, but a group representing a smaller percentage of enrollment should not have its individual financial consequences overlooked simply because it is smaller.

Families are an important part of our university and state workforce, and retirees have spent years serving Nevada. Changes affecting either group deserve transparent analysis rather than being viewed only as a mechanism for balancing subsidies elsewhere in the program.

Before implementing substantial changes, I ask the Board to provide members with a clear side-by-side analysis showing **who pays more, who pays less, by how much per month and per year, and whether each proposal actually reduces total healthcare spending or merely reallocates the cost among participants**.

The objective should be a financially sustainable PEBP program that remains understandable, predictable, and equitable for the employees, families, and retirees who depend upon it.

Thank you for considering my comments.

Cameron Howard

Academic Advisor – UNLV Engineering

9.29.26

PEBP Public Comment

I strongly urge the PEBP Board not to make changes to the current health insurance structure at this time. Any changes that increase premiums, reduce coverage options, or shift costs disproportionately onto employees, families, or retirees could create significant financial hardship and uncertainty.

Please preserve the existing HMO option and maintain affordable, equitable access to healthcare for all PEBP participants. Employees should not be forced to choose between adequate healthcare and financial stability, and retirees who have dedicated years of service to the state should not be asked to bear substantially higher costs.

I respectfully ask the Board to pause these proposals, engage meaningfully with employees and retirees, and avoid making changes that pit one group of participants against another. Healthcare access is an essential part of employee compensation and retirement security, and protecting that access should remain the priority.

Public Comment to the PEBP Board

I urge the Board to preserve affordable healthcare for Nevada public employees, their families, and retirees, rather than increasing the financial burden of coverage on them.

Public higher education already asks many employees to make a clear financial tradeoff: accept salaries that are often lower than what comparable experience can command elsewhere in exchange for stable employment, meaningful public service, and benefits that help make that salary sustainable. If healthcare costs rise sharply, that tradeoff stops working.

For lower- and middle-salaried employees, higher premiums are a direct cut to take-home pay. They force families to reconsider retirement savings, housing, childcare, and other basic expenses. They also make it harder for Nevada to recruit experienced education professionals and harder to keep the people already serving here.

That should concern everyone in this state. Nevada's future depends on improving outcomes in education. Our schools, colleges, and universities cannot serve students well if experienced educators and support professionals are priced out of staying here.

Employees with dependents, employees without dependents, active employees, and retirees should not be made to compete against one another for affordability. These groups are not the problem. Rising healthcare costs are the problem.

Please evaluate any changes by their actual effect on take-home pay, family affordability, recruitment, retention, and retirement security. Health coverage should help keep and attract skilled public servants, not become another reason for them to leave.

Dear PEBP Board,

The plan to charge retirees and those with children more than working, single enrollees is a bad idea. Both groups are vulnerable. Retirees will likely have more health issues and be on a fixed income. This could translate into them not seeking the care they need or going without treatments that are recommended by their doctor. Regarding those who have children, it is already incredibly expensive to raise children, and charging a parent(s) higher premiums could very well “break the bank.” This could translate into added stress and potentially poorer health for children and parents. This plan is not in the spirit of an educational community that values all its members.

Dustin W. Davis, Ph.D.
54 Belle Springs Ave.
Las Vegas, NV 89123-3476

September 29, 2026

Public Employees' Benefits Program Board
3427 Goni Road, Suite 109
Carson City, Nevada 89706

Dear Members of the PEBP Board:

I am writing as a PEBP participant and solely in my personal capacity, not on behalf of my employer or any organization with which I am affiliated.

My wife and I are both public employees covered by PEBP, and we are considering having a child within the next five years. At the same time, the rising cost of living, without comparable increases in pay, makes that prospect increasingly difficult to plan for responsibly. Health care and health insurance are significant parts of the financial pressure we experience. Policies that increase the cost of dependent coverage would add another barrier for employees trying to decide whether and when they can afford to start or grow a family.

I recognize that PEBP faces a genuine financial challenge and that maintaining a sustainable health plan requires tough decisions. I ask the Board, however, to distinguish carefully between changes that reduce the underlying cost of providing health care and changes that primarily redistribute those costs among employees, dependents, and retirees.

The materials before the Board name provider reimbursement as a major opportunity for plan savings, while several other options would primarily shift costs to members. I encourage the Board to prioritize structural savings—including more competitive provider pricing, contracting, and procurement—before increasing costs for families or retirees.

I am particularly concerned about proposals that would substantially increase premiums for employees covering spouses or families, as well as the proposal to rate active employees and retirees separately, which is projected to reduce active rates while increasing retiree rates by 27%. I understand the actuarial rationale for considering these approaches, but their financial consequences for individual households could be severe.

PEBP should improve its financial position. I ask the Board to do so, to the greatest extent practicable, by reducing the underlying cost of health care rather than primarily deciding which group of public employees, dependents, or retirees will bear more of that cost.

Thank you for considering my comments.

Respectfully,

A handwritten signature in cursive script that reads "Dustin Davis".

Dustin W. Davis, Ph.D.

Dear PEBP Board,

I am writing to express my dissent to the proposal to drastically increase insurance costs for retirees while reducing costs for active employees. I am also opposed to the multiple proposals that would significantly increase premiums for employees who have spouses or children while reducing premiums for employees who do not.

I value families. We ought to be making it more affordable to raise a family while working here, not penalizing people for having spouses or children. I also value the retirees who have served the state. We should not pit one group against another.

The cost of the mismanagement of PEBP should not be passed along to state workers. You are creating a situation where people will be forced to leave state employment because they can't afford to insure their families. And in a moment of economic uncertainty you are causing unwarranted stress for retirees, many of whom live on a tightly fixed budget.

Thank you for taking my objections into consideration,

Elizabeth Barrie

NSHE employee, taxpayer and citizen of Henderson, NV

WRITTEN PUBLIC COMMENT: ECONOMIC ASSESSMENT OF PROPOSED HEALTH INSURANCE PREMIUM INCREASES

TO: Public Employees' Benefits Program (PEBP) Board and Policy Decision-Makers

FROM: Lakia Wilson

DATE: September 29, 2026

SUBJECT: Economic Assessment of Proposed Health Insurance Premium Increases on Nevada State Employees and University Personnel

1. Executive Summary and Statement of Opposition

As a dedicated Nevada state employee and single parent, I am writing to express my deep concern regarding the benefit restructuring proposed by the Public Employees' Benefits Program (PEBP) Board. For families like mine, proposals that dramatically raise health insurance premiums, eliminate affordable Health Maintenance Organization (HMO) coverage options, and shift financial burdens are not abstract policy debates—they directly threaten our household stability. Rather than fostering sustainable healthcare coverage, these shifts risk pitting faculty with dependents against those without, while creating painful friction between active employees and the retirees who mentored us. Such divisive structures directly contradict UNLV's core institutional values of supporting families and honoring the lifelong contributions of public servants.

2. Take-Home Income Compression and Mandatory Deductions

Every month, state workers like me see the reality of income compression firsthand. With mandatory retirement contributions taking 19.25% of our gross income alongside required federal tax obligations, our actual take-home earnings are squeezed to roughly 65% to 70% of our base pay. Adding substantial health insurance premium hikes or removing affordable choices like our HMO plan places an unbearable strain on dedicated personnel who are already struggling to keep up with the soaring cost of living in Southern Nevada.

3. Household-Level Economic Impact Analysis: Single-Parent Demographics

To understand what these changes mean beyond the spreadsheet, consider the daily reality of a single parent caring for two children. After mandatory state retirement contributions and federal tax withholdings are deducted from my paycheck, there is very little margin left for unexpected expenses. Under the proposed premium hikes and higher out-of-pocket maximums, compounded by losing low-deductible HMO plans, families like mine face steep monthly rate increases. For state employees in lower and mid-tier pay brackets, these added costs force painful choices between maintaining healthcare coverage for our children and paying for everyday necessities like groceries, electricity, and childcare (Massachusetts Institute of Technology, 2024; Nevada Real

Estate Group, 2026). Raising premium obligations without increasing net pay creates severe emotional and financial instability, directly heightening food insecurity risks for public servants and their children (KLAS-TV, 2024).

4. Empirical Deficit in State Worker Compensation

Average salaries for UNLV general faculty and professional staff already fall well below the living wage baseline required to support single-parent and multi-dependent households in Clark County. Implementing benefit structures that penalize employees with children or expect active workers to absorb higher rates to offset retiree coverage creates a heartbreaking dynamic. Public health policy must uphold UNLV's commitment to family support and preserve the dignity of retired staff members who devoted their careers to Nevada.

5. Policy Recommendations

To align healthcare benefits with institutional values and economic reality, the PEBP Board should consider the following recommendations:

1. **Reject Drastic Premium Hikes and Preserve the HMO Option:** Maintain affordable HMO healthcare coverage to protect lower- and mid-tier earners from severe financial hardship.
 2. **Avoid Divisive Plan Cost Structures:** Refrain from adopting models that pit faculty with dependents against single employees or create artificial divisions between active staff and retirees.
 3. **Uphold Institutional Values:** Ensure all future healthcare proposals explicitly honor UNLV's core values by supporting families and preserving equitable benefits for retirees.
-

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9-29-2006

Katherine Keller
646 Castlebridge Ave
Las Vegas, NV 89123

I am writing to express my concerns with the proposed cost structures for health insurance going forward.

Several of the proposals seem to be about pitting the interests of one group vs another, instead of finding a solution that shares the burden in a fair manner across all groups.

I am opposed to any changes that force retirees to shoulder an unfair amount of the burden. Retirees are on fixed incomes and have limited ability to earn more money. I know several UNLV retirees for whom their pension is their only source of income and increasing healthcare costs drastically would be an unfair burden.

I am also opposed to changes that penalize working families and attempt to shift a disproportionate amount of cost to them, while prioritizing the financial wellbeing of single employees. **Health insurance should never be a marriage tax.**

I understand that PEPB cannot waive a magic wish-wand and create money out of thin air, but changes need to be made in an equitable manner that does not unduly burden any group served by PEBP by penalizing people for being married and having a family or for having served long enough to collect a pension.

Sincerely,

Katherine Keller

9-29-2006

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I understand that PEPB cannot waive a magic wish-wand and create money out of thin air, but changes need to be made in an equitable manner that does not unduly burden any group served by PEBP by penalizing people for being married and having a family or for having served long enough to collect a pension.

Sincerely,

Katherine Keller

My name is Johnnetta Chester. I am a mother of two children and have been an employee at UNLV for the last 10 years.

Over the last 10 years I have seen my health insurance increase with less benefits being provided. At this point I rather not have health insurance because I pay so much in out-of-pocket cost. And now you all are proposing to increase the premium for employees with families over those who do not. So I am being penalized for having children. This is blatant discrimination against a group of people who have families they provide health insurance for. How can you justify this legally. I rarely even use my health insurance because I don't make enough to cover what's not covered which is 90% of the time. So you guys are collecting premiums each pay period and not having to pay out any coverage because many of us are making life decisions and are forgoing the use of it. When I first started at UNLV it was affordable to raise my family. But with the continued increases of health insurance premiums, parking, mandatory retirement contributions and the overall cost of living increasing as well. Many of us are just working to survive and not necessarily living. We have to make sacrifices just to be able to keep a roof over our heads, food in our family's mouths and gas in our cars to keep coming to a job that clearly does not value us anymore. I pray that you all reconsider these proposals and find another way to reduce cost and increase what is covered by our health insurance.

Thank you!.

Public Written Comment

Dr. WooHyunJung

University of Nevada, Las Vegas

I am a UNLV faculty member and am concerned about proposals that would substantially increase health insurance premiums for employees with spouses or children.

I strongly urge the Board to avoid changes that shift a disproportionate share of healthcare costs onto employees with dependents, or that reduce costs for one group by significantly increasing costs for another group, including retirees.

Affordable family healthcare is an important part of recruiting and retaining faculty and staff in Nevada. I encourage PEBP to pursue a more balanced approach that protects affordable coverage for employees, their families, and retirees.

Thank you for considering my comments.

Best regards,

Dr. WooHyun Jung

Public Comment from Lisa Johnson

To the PEBP Board,
September 29, 2026

I am deeply distressed at the latest news that the board is considering increasing premiums, eliminating HMO options and charging those with families, retired or currently employed differently. I cannot impress upon you how difficult it is for academic faculty to continue making ends meet in today's economy without a cost-of-living increase in sight. Day after day I struggle to reconcile my passion for my field and our students with the current state of higher education and how faculty are compensated for their work. I have to reach deeper and deeper to find the motivation to continue to go into that classroom even as I am strapped with an exorbitant amount of student loans and my salary barely budes. I have graduate students that earn more than I do in the private sector, but I am expected to go on this way if I want to work in academia, continue my research and teach students. I feel that I should be thankful that I have a full time job as I see the increased hiring of adjuncts and part-time instructors far outnumbering full-time tenure-track or teaching positions. With such a low salary (given our level of education and experience), the benefits are just the slightest perk. How much more can academic faculty take? Every day I hear distressing news about enrollment, budget cuts, cancelled classes, tuition hikes, federal grants cancelled and I long for the day when teaching is my primary concern and not the constant worry about our program going away or resources being cut. I have been at UNLV only 6 years and in that short time I have lost five colleagues in the department to cancer. Five. Our department currently has only 11 full-time faculty. With these potential changes to insurance premiums, I now carry the fear of major medical issues and increased insurance costs. So now I have to ask myself again, why do I continue to work in higher education? How far can the love of teaching and the desire to see my students learn and succeed carry me?

Dear PEPB,

Please do increase rates again. In a time of a high cost of living, every dollar counts, and you have already lowered everyone's paychecks, some quite significantly. You have also proven that you reject similar messages, even when those voices are correct.

Thus, I do not know how to uniquely ask you to not support any plans that raise rates or lower benefits for current employees or retirees. Please prove that your leadership team earns their executive salaries by finding solutions that do not tell state workers that they must sacrifice even more. Advocate at the state level as you should.

Your company is driving fantastic employees and their families out of Nevada. Please care enough to not penalize us further.

Sincerely,
Martha Johnson-Olin



NEVADA FACULTY ALLIANCE
NFA-UNR PEBP Public Comment October 2nd, 2026

Dr. Ian M. Hartshorn, Vice President, Nevada Faculty Alliance at UNR (NFA-UNR). Thank you chair and members of the PEBP Board. I join my fellow state employees in asking this board to reject proposals outlined for today's meeting that shift the burden of increased costs to members, dependents, and retirees. These proposals come after already approving sharp increases in the coming years that will be a burden to all PEBP members. The problems with PEBP are problems in funding, and the proper place to close that gap is in the legislature. Advocating for more from the legislature, though, must start with a full independent audit that outlines the issues PEBP has faced in recent years. PEBP is valued by our members, and we stand ready to support and advocate for it, but only after a full reckoning of what led to its present conditions. The fiscal crisis PEBP faces was not caused by its members and cannot be solved by shifting more and more costs to its members. Our organization has advocated for the existence of this Board as well as its continued independence. It must use that independence in support of PEBP members. I thank the Board members for their service.

###

The Nevada Faculty Alliance is the independent statewide association of professional employees 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, and the American Federation of Teachers/AFL-CIO, representing over 300,000 higher education professionals nationwide. The NFA works to empower our members to be wholly engaged in our mission to help students succeed.

September 29, 2026

Re: PEBP CHANGES

Dear Members of the Board:

UNLV as a university is struggling to recruit and retain highly qualified faculty and staff. The university cannot compete with salaries offered in the private sector. The major incentive for quality staff and faculty to seek employment at the university (especially the professional health care schools) is the benefit package. Please do not devalue the benefits. Pay increases are much more expensive to the system than maintaining benefits. All employees will receive across the board pay increases but only a portion of the employees will use the health care benefits. Therefore, maintaining benefits is a cost-effective way to make state employment more attractive.

Nevada wants and deserves quality health care providers. In order to have quality providers trained in Nevada, we must have supporting schools for training. Benefits help to attract the qualified employees needed to offer excellent training. Please consider supporting the existing benefit packages. Thank you for your consideration of this appeal.

Ron Lemon, DMD
Associate Dean, Advanced Education
Director, Endodontics

September 29, 2026

Dear PEBP Board Members,

I am a faculty member at UNLV, and I am writing to share my concern about the proposed changes to PEBP health insurance.

My monthly premium for the low-deductible plan has increased by more than \$140 this year. As an early-career faculty member with a nine-month salary and two young children as a single parent, this is a significant financial burden. Healthcare costs are already a major expense for my family, and another substantial increase would add even more stress.

Even with the low-deductible plan, many healthcare expenses are still difficult to afford. For example, my daughter needs [REDACTED], and a significant portion of the cost is not covered at all by our dental insurance. I have also delayed some of my own dental care because the out-of-pocket cost is too high. Having insurance does not always mean that healthcare is affordable.

I also want to share some context about the financial reality of becoming a faculty member. I spent more than 17 years pursuing higher education and professional training after high school, including college, graduate school, doctoral education, and postdoctoral training, before reaching my current faculty position. Like many faculty members, I invested a significant portion of my adult life preparing for a career in higher education, often earning very little during those years. Becoming a faculty member requires a deep commitment to education, research, and service, as well as years of perseverance and sacrifice. However, the financial reality of academic careers does not always reflect the substantial education, training, and commitment required to reach these positions.

After reaching a faculty position, I continue to work on a nine-month salary while balancing teaching, research, and service responsibilities and supporting two children as a single parent. At the same time, the cost of healthcare and other basic expenses continues to increase. When my monthly premium is almost double what it was before, it has a real and meaningful impact on my family's budget. For faculty members who have invested many years in education and training, rising healthcare costs can feel particularly discouraging when they come after such a significant personal and professional investment.

Higher education also needs to remain sustainable for faculty. Faculty members invest many years in education, training, research, and professional development. If the financial and healthcare burdens continue to increase without comparable compensation and support, it may become increasingly difficult to attract and retain the next generation of researchers and educators. Talented individuals considering careers in higher education may ultimately choose professions that offer greater financial stability and more predictable benefits.

I understand that PEBP faces difficult decisions and that changes may be necessary. However, I hope the Board will carefully consider how these proposals would affect employees with families and those who are already experiencing increasing healthcare costs. Families should not have to choose between necessary healthcare and other basic household expenses.

I also hope PEBP will look beyond the monthly premium when considering changes to health insurance. The question should not only be how much employees pay each month, but also what families actually receive from their insurance when they need healthcare. A plan may appear affordable based on its premium, but if deductibles, out-of-pocket costs, and limited coverage make necessary care difficult to afford, families may be afraid to use the healthcare they need. We need health insurance that is not only affordable to have, but also affordable to use.

Education is one of the most important investments we can make in our communities and our country. Supporting the people who educate the next generation also means making it possible for them to afford to live and care for their families.

Thank you for considering the perspective of UNLV faculty and families as you make these decisions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ying Guo".

Ying Guo, PhD
Assistant Professor
Department of Environmental and Global Health
School of Public Health
University of Nevada, Las Vegas

By Electronic Submission

Jasmin Nina Serrano
UNLV - Academic Advisor (College of Engineering)

September 29th, 2026

NV PEBP Board
3427 Goni Road, Suite 109
Carson City, NV, 89706

Public Comment Submission for PEBP Board Meeting - October 2, 2026

To the NV PEBP Board,

Regarding the consideration of proposals which would increase insurance premiums for retirees and active employees with dependents, I implore you to think about the impact this would have on Nevada families. And also, the impact it would have on those who plan on having children while employed under the state, like myself and many of my colleagues.

I understand that these are listed as "medium" to "low" priority level potential action items on the October 2, 2026 Board Packet, however I'd like this statement on the record, nonetheless.

In the current economic climate, almost all families are struggling. This is true whether children are involved or not. We are being asked to pay higher and higher insurance premiums that may or may not cover necessary care in its entirety, while also just trying to survive and put food on the table.

For those that are retired, after years of dedicated services to our community, asking them to fork over an increased monthly cost is outrageous.

Then there are those like me, who recently started working for UNLV within the last year. I love helping students, and supporting them has been an honor that I hope to continue to have. But I'd also like to have children one day. Financially speaking, it's looking like that is unrealistic if my benefits plan punishes me for having them.

If the PEBP Board has identified ways to mitigate costs outpacing cashflow that have little to no member impact, please consider those options more heavily and prioritize those. In these days of penny-pinching, every little bit helps. Thank you for your time and consideration.

Sincerely,

Jasmin Nina Serrano

Submitted by Bill Doyle

Sept 29, 2026

Dear Members of the PEBP Board,

As I understand them, the plan proposals PEBP might vote on at their Friday, Oct 2, 2026 meeting are unconscionable and excessive. Additionally, as the current UNLV Faculty Senate President has suggested, the proposed cuts are unequal and have the potential to pit active employees and retirees against one another, state employees with spouses and children against those without, and effectively punish those who do not have the privilege or means to pay for higher premiums or out of pocket expenses.

To be clear, these proposed cuts to benefits represent another effective pay cut or cut to retirement benefits. This would be after the effective cut State of Nevada employees already took in July 2026, at the beginning of the current fiscal year! As a state employee with a college-aged child these cuts aren't insignificant. Instead, they will be felt deeply and personally.

Finally, given the reports I've read, this mess is self-inflicted by PEBP rather than a burden that should be borne by current state employees or retirees. What's worse, as the Nevada Faculty Alliance leadership indicates, the PEBP Executive Officer and the full PEBP Board cannot or will not explain the \$100,000,000 gap between what was presented to the 83rd Nevada State Legislature and the public in 2025 and the budget information that the PEBP, through its actuaries, is reporting now. \$100 million dollars might be a rounding error in the U.S. Federal Budget, but to Nevadans in state public service, this has already meant real pain, both financial and physical.

None of the PEBP Board proposals are acceptable! I am accountable for the work I do as a state employee. PEBP should have a similar accountability to the state employees it is supposed to represent.

Respectfully Submitted,

Bill Doyle
Henderson, Nevada
UNLV Faculty Member

Subject: Restructuring PEBP Benefits Risks Escalating Nevada's Physician Crisis and Undermining Academic Medicine

To the Board of the Public Employees' Benefits Program (PEBP):

Nevada is currently facing a healthcare workforce emergency. According to data from the Association of American Medical Colleges (AAMC), Nevada ranks **45th nationally in total active physicians per capita** (with roughly 218.5 physicians per 100,000 residents) and **48th for primary care physicians**. To simply reach the national average, Nevada requires an influx of thousands of additional physicians.

Within this fragile ecosystem, academic physicians—those serving on the faculties of institutions like the Kirk Kerkorian School of Medicine at UNLV and the University of Nevada, Reno School of Medicine—play a crucial role. Nationwide, academic medical center faculty represent a small minority of practicing physicians (typically around 10–15% of the total workforce), yet they shoulder a disproportionate share of complex care, resident training, and clinical research. Recent national trends from the AAMC indicate a concerning rise in faculty attrition and turnover across academic medicine, driven largely by clinical burnout, administrative burdens, and growing compensation gaps relative to private practice.

Any proposal by PEBP to reduce coverage or shift costs—particularly by penalizing retirees or employees with family dependents to offset costs for single coverage—is fundamentally short-sighted. While framed as actuarial science or necessary cost-containment, such measures fail to account for the broader economic and clinical incentives that dictate physician recruitment:

1. **The Economic Trade-Off of Academic Medicine:** Academic physicians deliberately forgo the significantly higher earning potential of private practice. We choose academia out of a commitment to train the next generation of doctors, conduct vital clinical research, and serve as the primary safety net for Nevada's underinsured, Medicaid, and vulnerable patient populations who otherwise lack access to specialized care. Total compensation in academia relies heavily on comprehensive health and retirement benefits to bridge the financial gap with private practice.
2. **Family and Long-Term Stability:** The vast majority of medical school faculty have families. Proposals that increase costs or reduce coverage for dependents directly erode the net compensation of academic physicians. Furthermore, weakening retiree benefits severely disincentivizes mid-to-late-career clinical educators—the

very professors required to lead departments, mentor junior faculty, and maintain accreditation—from remaining in Nevada.

3. **Institutional Standards and Research Competitiveness:** Academic institutions like UNLV rely on top-tier faculty to build national prestige and secure competitive federal research funding, such as National Institutes of Health (NIH) grants. Nevada traditionally ranks near the bottom nationwide in NIH funding per capita. Stripping away fringe benefits directly harms faculty recruitment and retention, lowering institutional standards, stunting research growth, and hindering UNLV's trajectory as a top-tier research university.

Disincentivizing physicians from choosing or remaining in academic medicine will trigger a domino effect: faculty turnover, reduced residency training capacity, and an worsening of Nevada's doctor shortage.

Rather than diluting benefits under the guise of cost savings, PEBP should actively **strengthen and enhance** the benefits package for state academic employees. Protecting family and retiree health coverage is not a luxury—it is an essential investment required to keep qualified academic physicians in Nevada, safeguard public health, and protect the state's healthcare infrastructure.

Sincerely,



John Menezes, MD

Section Head: Craniofacial Surgery

Department of Plastic Surgery

Kirk Kerkorian School of Medicine at UNLV

**PROTECTING AFFORDABLE HEALTHCARE FOR NEVADA STATE EMPLOYEES AND
THEIR FAMILIES
PEBP Board Meeting - October 2, 2026**

Dear Members of the PEBP Board,

I am submitting this public comment regarding the plan design and state subsidization proposals being considered for the upcoming biennium.

I am a Correctional Officer for the State of Nevada and rely on PEBP health insurance for myself and my family. I am concerned about proposals that could further increase the cost of dependent and family coverage or significantly alter the health plans available to state employees.

Correctional officers perform essential work for the State under demanding, stressful, and at times dangerous conditions. Affordable healthcare is an important part of our overall compensation and provides security for our families. However, my concerns extend beyond correctional officers to state employees throughout Nevada.

State employees are already facing substantial financial pressure. Housing, groceries, utilities, transportation, childcare, insurance, and other necessities have become more expensive. At the same time, employees have faced higher PERS contributions and increased costs associated with State-provided healthcare.

These issues may be addressed separately within state government, but employees experience them collectively. A PERS increase, a healthcare increase, and a compensation decision ultimately affect the same paycheck. As a result, salary increases do not always translate into meaningful increases in take-home pay.

This is particularly frustrating for employees represented by the Fraternal Order of Police Nevada C.O. Lodge 21. Our representatives used the collective bargaining and arbitration process to advocate for compensation that would help employees keep pace with rising costs. Compensation increases and other benefits were awarded through arbitration, yet the Legislature ultimately did not fully fund all of those provisions.

Employees followed the established process, negotiated through their representatives, and obtained an arbitration award. When those compensation gains are not fully realized while PERS, healthcare, and living expenses continue to increase, it becomes increasingly difficult for employees to maintain financial stability.

That experience is directly relevant to the decisions now before PEBP. Additional healthcare costs can further reduce the value of compensation employees have worked to obtain. For employees covering spouses and children, changes to dependent subsidies could result in substantial increases in monthly premiums.

I am also concerned about the limited time employees have had to review and respond to proposals that could materially affect their healthcare coverage and household expenses. Decisions of this significance deserve transparency, adequate notice, and meaningful employee participation.

I respectfully urge the Board to:

- Protect affordable dependent and family coverage and avoid unnecessarily shifting additional costs to employees and retirees.
- Consider the total financial impact employees already face from PERS contributions, healthcare premiums, deductibles, copays, prescription costs, and the overall cost of living.
- Evaluate any changes to HMO, EPO, PPO, or other plan options for their effect on affordability, provider access, and continuity of care.

- Provide clear dollar-for-dollar comparisons showing how each proposed subsidy model would affect employee-only, employee-plus-spouse, employee-plus-children, and family premiums before adopting a new policy.
- Provide employees and retirees adequate notice and a meaningful opportunity to review and comment on significant benefit changes before final decisions are made.

I also ask the Board to recognize a broader concern among state employees. We participate in collective bargaining, attend meetings, and submit public comments because these are the processes available to us to make our voices heard. Yet there is a growing perception that employee participation does not always meaningfully influence the final outcome.

I hope this Board demonstrates otherwise.

Public comment should be more than a procedural requirement. The experiences of employees and retirees who will bear the financial consequences of these decisions should be a meaningful part of the Board's deliberations.

The State of Nevada depends on correctional officers and thousands of other public employees to provide essential services every day. In return, employees should reasonably expect the State to make every effort to preserve affordable healthcare and the value of the compensation and benefits provided to its workforce.

I am not asking for special treatment as a correctional officer. I am asking the Board to consider the financial reality facing Nevada state employees and not address rising healthcare costs primarily by transferring those costs to employees and their families.

Before making these decisions, please ensure employees understand what is being proposed, what it will cost them, what alternatives have been considered, and how those changes will affect their overall compensation.

State employees continue to fulfill our commitment to Nevada. I respectfully ask the Board to give our concerns meaningful consideration and demonstrate through its decisions that Nevada remains committed to its employees as well.

Thank you for your consideration.

Sincerely,

Federico Fonseca

Correctional Officer

State of Nevada

My concern is when switching to a new policy or open enrollment it should be more communication and assistance with making changing my previous experience I had got a email stating everything was done on my behalf for open enrollment but nothing every change because pebp said, it was finalize.

We cannot keep raising health insurance premiums without increasing pay. My family rate has only one child and I'm paying the same rate if someone had multiple. This whole system is messed up and the PEBP board keeps making us pay for their mistakes. The 'low deductible' plan isn't even that low of a deductible anymore.

You have to do better and make this right rather than making us continue increasing the amount we are paying. It's going to cause people to flee working for the State, and the quality worker will suffer.

We don't get paid enough for Nevada to skimp on the benefits.

Dr. Craig Hennigan

UNLV Lecturer

Donald Castle

Retired Professional Administrative Faculty, University of Nevada, Las Vegas
Henderson, Nevada

September 29, 2026

Public Employees' Benefits Program Board
State of Nevada
3427 Goni Road, Suite 109
Carson City, Nevada 89706

Written Public Comment — October 2, 2026 Board Meeting, Agenda Item 8, Plan Design and State Subsidization Policy

Dear Members of the Board:

My name is Don Castle. I am retired professional administrative faculty from the University of Nevada, Las Vegas, and a State of Nevada retiree. I served the state for 25 years in information technology, at UNLV. I am writing to ask you to reject the proposals in Agenda Item 8 that would balance the program's budget by shifting costs onto retirees.

Retirees have already absorbed a major increase this plan year. My own monthly premium for medical coverage rose by nearly \$200 a month on July 1, 2026. That is a real reduction in a fixed retirement income, and we accepted it. Now, less than three months later, the Board packet proposes to go back to the same group again.

The numbers in the packet speak for themselves. Option C, "decoupling" actives and retirees, is projected to cut premiums for active employees by 4 percent (\$19 million) while raising them for retirees by 27 percent (\$20 million). That is not a savings to the State of Nevada; it is a transfer from one group of public servants to another. Subsidy Scenario 1 trims the active-employee subsidy by half a percentage point while cutting the retiree subsidy by six points, producing increases of \$48 to \$186 a month for retirees against \$5 to \$17 for actives. Scenarios 4 and 5 go further, with retiree-plus-spouse increases of \$229 and \$461 a month. The "combined" proposal at the end of the report adopts the retiree subsidy cut as its centerpiece.

I understand that retiree claims cost more than active-employee claims. We are older. That is precisely why a public employee benefit program pools its members: so that people are not priced out of coverage at the moment in life when they need it most. Active employees will be retirees one day. Splitting the pool today does not make the cost disappear; it simply hands the bill to the people least able to pay it.

I would also caution the Board about where this leads. Once the program begins robbing Peter to pay Paul, it does not stop. If retirees can be singled out this year because their claims are higher, then next year it will be members with spouses, then members with children, then whichever group is easiest to charge more. Every active employee reading this packet should understand that the retiree line is where they will be standing in a few years, and that a precedent set against retirees today can be turned on them very quickly.

Retirees cannot negotiate a raise, change employers, or take on a second job to cover a premium increase. We spent our careers accepting modest public salaries in part because of the

retirement benefits the state offered. We fulfilled our side of that agreement. I ask that the Board not treat the people who kept this state running for decades as the one constituency it can charge more because it assumes we will not push back.

Specifically, I respectfully ask the Board to:

1. **Reject Option C (separate rating of actives and retirees) and Subsidy Scenarios 1, 4 and 5, along with any combined scenario built on reducing the retiree subsidy below its current 70 percent.**
2. **If the program must find savings from members, apply them proportionally across all groups, not disproportionately to retirees or to members with families.**
3. **Prioritize the options in the Options Report that reduce actual cost rather than shift it: direct provider contracts, carrier and pharmacy procurement, and utilization management.**
4. **Preserve a viable HMO/EPO option for those who depend on it, and give affected members more than a few days 'notice before changes of this size are considered.**

Thank you for your service on this Board and for considering this comment. I am asking only that Nevada's retirees be treated with the same fairness and respect they showed the state throughout their careers.

Respectfully,

Don Castle

Retired Professional Administrative Faculty

University of Nevada, Las Vegas

Henderson, Nevada

Kent Ervin

There are lots of options on the table today, but most would save the plan money simply by shifting costs to employees, retirees, and dependents. That is the wrong direction and approach. PEBP needs to proactively advocate with the State for full funding of current plan design and restoration of mandatory reserves. Cuts to benefits and employer contributions should be the very last resort after the Governor's Executive Budget is known next January.

However, there are some ways PEBP can reduce costs without reducing benefits. The Milliman report indicates the best opportunities for savings is working on provider reimbursements and contracting. That work should be expedited. The CTI audits of UMR in Q1 to Q3 showed large overpayments for small random samples of claims. Extrapolating to all claims suggests possible savings of \$25 million, which could be retained through payment integrity reviews. Today's Express Scripts audit from 2023-2024 also showed overpayments. Audits for FY2025 and FY2026 could find more savings. PEBP should concentrate on optimizing provider payments and getting better contracts, without reducing benefits. Also, PEBP and the Nevada Health Authority could pursue legislation to cap hospital charges at a percentage above Medicare rates, as some other states have done.

The other plan options and subsidy scenarios presented by Segal just shift costs from the plan to participants or between different groups of participants. It is especially unfair to raise premiums for the non-Medicare retirees who are not eligible for Medicare A because they were hired before the State started paying into Medicare in the 1980s. They have no good alternatives and were hired with the promise of retiree health benefits.

Separating the risk pools of actives and retirees is a really bad policy idea, besides being prohibited by NRS 287.043(2)(a). It would greatly increase the rates for non-Medicare retirees by 27% while only saving 4% for actives, which is less than one year's trend, and is about cost-neutral for the plan. It is inequitable for a 60-year-old retiree to be charged a rate over 30% higher than a 60-year-old active employee, for example. Their insurance risks are similar. The retiree already gets a smaller subsidy, but that's a separate policy decision. Finally, the smaller and diminishing retiree group would have higher rate volatility. The point of insurance is to spread out risks over as broad a group as possible.

Board members, please reject options that shift costs to participants or subgroups of participants and concentrate on reducing claims costs for everyone through better contracting and cost controls.

Thank you.

To the Members of the Public Employees' Benefits Program (PEBP) Board:

I am writing to express my strong opposition to the proposed rate structures that disproportionately increase insurance premiums for employees with families and dependents, while scaling back affordability for retirees.

Balancing the program's budget on the backs of working families and lifelong public servants is fundamentally unjust.

- **Discrimination Against Families:** Raising premium tiers higher for employees with children and spouses—while lowering or keeping rates flat for single employee-only coverage—penalizes workers simply for having a family. Raising dependent costs turns basic healthcare coverage into an unaffordable luxury for parents, effectively acting as a severe, demoralizing pay cut for the very people who need stability the most.
- **Penalizing Retirees:** Increasing costs or reducing subsidies for those who wish to retire or are already retired breaks the implicit promise made to public servants who dedicated their careers to the State of Nevada and higher education. Retirees live on fixed incomes and cannot simply absorb sudden, compounding health cost increases.
- **Impact on Recruitment and Retention:** UNLV and the Nevada System of Higher Education already struggle to compete with regional and national markets for top talent. Dismantling family-friendly and secure retirement benefit structures guarantees a continuing "brain drain" and a recruitment crisis across our campuses.

I urge the PEBP Board to reject tiered proposals that punish family sizes, restore fair cost-sharing ratios, and protect our retirees from escalating financial hardship.

Sincerely,
Beth DeBouck

TO: Jim Wells, Chair; and Public Employee Benefits Program Board

FROM: Douglas Unger, Past President, UNLV Chapter, Nevada Faculty Alliance; & Member, UNLV Employee Benefits Advisory Committee

PEBP BOARD MEETING – 10-2-2026 – PUBLIC COMMENT

Doug Unger, Past President, UNLV Chapter, Nevada Faculty Alliance; and Member, UNLV Employee Benefits Advisory Committee.

It's with no little dismay that I and other state employee advocates have reviewed the PEBP Board agenda for this week. In the wake of serious accounting discrepancies carrying over from last spring that the Executive Officer either cannot or will not explain, the E.O.'s report in Item #5 that presents one page of numbers without context or trends hardly seems trustworthy. The Milliman "Program Assessments" in Item #6 reads like a litany of cruel suggestions to shave provider payments, eliminate HMO/EPO choices, and dump rising healthcare costs onto the spouses and children of our state workforce and retirees—what happened to that old slogan "family values"? Not for state employees anymore—who knew?

Then we get the Segal "Plan Design and State Subsidization" report in Item #8 *for possible action* that suggests A and B options to eliminate our HMO and EPO, or junk the HMO in the South for an EPO like the one in the North—baffling, since the EPO plan has historically suffered high costs requiring cross-plan subsidies. In 2024, when the HMO and EPO were last considered for elimination, hundreds of PEBP members wrote and delivered Public Comments in opposition—a significant percentage of state workers rely on the HMO for its cost predictability and stability. It's as if this PEBP Board doesn't care about or remember member preferences as Segal brings back this possible elimination. Segal's option C then suggests violating Nevada law by proposing to "De-couple" actives and retirees so as to shift high costs to retirees and their families. NRS 287.043 (2) (a) mandates PEBP to "*commingle the claims experience of such active and retired officers and employees and their dependents*". I'm not an attorney, but as an English Professor, I can assure the PEBP Board that to "de-couple" is a pretty direct antonym to "co-mingle". Segal's proposal C plus the cost-shuffling shell games with "Subsidies" in scenarios 4 and 5 are, if not criminal, richly litigable. And if PEBP leadership hopes to get the 84th Legislature to change the statute, that ain't going to happen. No way will Legislators dump long-serving state workers—beloved Grandpas and Grandmas in their districts—into the poorhouse because current PEBP leadership appears unwilling to do what's right (at least so far), which is to join with state employees to recommend that Governor Lombardo keep his promise to do everything possible to address the short staffing crisis at state agencies by increasing wages and benefits so as to hire and retain a sufficient and competent state workforce. This whole agenda raises the question: what happened to the Governor's promise? Has that been forgotten?

The least bad proposal by Segal is #1 that lowers subsidies to so-called "historical" levels—which means further cuts to benefits and/or new cost burdens for state workers already struggling to carry the premium increases and/or benefit cuts for this fiscal year. In sum: none of these proposals is acceptable. None. And in this election year, you don't have to wonder too much about to whom state employees are going to direct their justifiable anger if any of these bad to worse proposals is approved by the Board. So—table them all, please. Don't approve any of them. Come back in a month with scenarios to increase support for state employee healthcare in the Governor's biennial budget. Thank you.

Bruce Blackadar

September 29, 2026

Dear PEBP Board:

I am a retired UNR professor and I am concerned about the proposed reduction of subsidies for health care for retired employees.

I was a UNR professor of mathematics for 46 years from 1975 until my retirement in 2021. I am a former UNR Outstanding Researcher of the Year, and a Foundation Professor. I am among a relatively small number of retired faculty hired during the 1970s and 1980s ineligible for Medicare who would be disproportionately impacted by reductions in health care subsidies. Employees hired either before or after this period have access to benefits we do not. My family is especially impacted since my wife is also in the same class of retired UNR faculty ineligible for Medicare.

I, and many other retired employees, live on a fixed and limited set of resources. Current state employees will someday be in the same situation. The state has a moral obligation, and a social contract, to support former employees who retired after decades of service to the state, especially with regard to health care which is even more critical for older retirees (we were promised this when we retired). Reducing benefits for retired employees may be expedient, but is just not morally justifiable.

Sincerely,
(Dr.) Bruce Blackadar

Written Public Comment — PEBP Board Meeting, October 2, 2026

Dear Members of the PEBP Board:

I recently retired after 34 years as a faculty member at UNLV, where I also served as Chair of the Faculty Senate. During my tenure as Chair, I advocated strongly for preserving the HMO option because I believe affordable health coverage and meaningful plan choice are essential benefits for Nevada's public employees.

As a Medicare retiree, the proposals I am addressing today do not affect my own health coverage. I am not asking the Board to protect a benefit for myself. I am writing because, after 34 years at UNLV and my service in faculty governance, I continue to care deeply about the employees, families, and retirees who make up our university community.

I recognize that PEBP faces serious financial challenges and that the Board must address them. I do not presume to tell the Board how to balance its budget. I am concerned, however, about solutions that achieve savings largely by shifting costs from one group of participants to another.

The proposals before you illustrate that concern. Some would reduce costs for employees with employee-only coverage while increasing costs for employees covering spouses or families. Others would substantially increase costs for certain retirees. Still others contemplate eliminating or replacing existing plan choices. The Board's own materials acknowledge that some of these approaches achieve savings primarily through shifting costs to members.

I do not believe these groups should be viewed as competing constituencies. An employee raising children should not have to bear a disproportionate increase so that another employee pays less. Active employees should not receive relief primarily by transferring costs to retirees. And employees who have chosen a particular health plan because its network and structure meet their needs should not lose that choice without careful consideration of the consequences.

Over 34 years at UNLV, I watched colleagues move through all these stages. They began careers, married, raised families, faced health challenges, cared for loved ones, and eventually retired. The employee with individual coverage, the employee supporting a family, and the retiree are not separate interests. They are members of the same community at different points in their lives.

I understand that PEBP's financial difficulties are real. But shifting substantial costs to particular groups of employees, families, or retirees does not make those costs disappear. It simply changes who has to bear them.

I urge the Board to seek a financially sustainable path that preserves affordable coverage and meaningful choice without placing a disproportionate burden on any one group of PEBP participants.

Thank you for considering my comments.

Dr. Deborah Arteaga

Professor Emerita

University of Nevada, Las Vegas

Former Chair, UNLV Faculty Senate

Cheryl Collins

Members of the Board,

I am a PEBP participant and have been covered since 2001. I would like to urge the Board to retain the HMO option.

Eliminating the HMO would reduce choice for employees who are willing to pay higher premiums in return for predictable costs. It also spares patients with complex illnesses from tracking and paying many separate bills. For me and many other families, that predictability and simplicity are worth the added premium.

I speak from experience. Beginning in early 2020, I was treated for [REDACTED], and that treatment included radiation and seven surgeries. Over that time, I dealt with interventional radiologists, pathologists, diagnostic radiologists, cancer surgeons, a radiation oncologist, medical oncologists, anesthesiologists, a reconstruction surgeon, hospitals, and surgery centers. Without the HMO, each would have billed me separately every time I needed them. The HMO dramatically reduced my stress and made it easier for me to work full time during an ordeal that is still not quite over.

I understand the Board faces difficult financial decisions. I hope you will keep the HMO as an option for those of us who value the benefits it provides.

George Buch

The Chair of the UNLV Faculty Senate, Mr. Kagen, emailed us “urgently with alarming news.” The alarming news? PEBP is considering adjusting premium amounts for different enrolled individuals. After reading his email, what’s alarming to me is my premiums are as high as they are because I am paying for people that don’t even work at UNLV anymore and I am paying for spouses and children of current employees!!!

My entire adult life I have been paying into various systems for the benefit of “others”! I pay higher car insurance premiums to cover the cost of damage done by those that don’t have insurance. I pay property tax to fund local schools where children I DON’T have will NEVER attend. I’m taxed continuously to fund endless wars and welfare programs for which there is no incentive to leave.

If I read Mr. Kagen’s email correctly, the proposal is to reduce premiums for those that don’t have spouses and children. To that I say HELL YES! We are free to make our own choices, we are not free of the consequences. To those that choose to get married and have children, the consequence is higher medical expenses. It is not my responsibility, or anyone else’s for that matter, to be financially responsible for THEIR decisions. Mr. Kagen states “we should not penalize people for having spouses and families”. I would ask why should we penalize those that don’t?!

I know Mr. Kagen plans on giving public comment as “chair of the senate”. I can assure you he speaks for himself only, not as a representative of the faculty, especially not this faculty member. I absolutely disagree with his position and strongly urge PEBP to move forward with the change in pricing structure.

September 30, 2026

To Whom it May Concern,

I am writing to protest further changes to the PEBP program. I am a professor at the University of Nevada with two young children.

My premiums have already been sharply increased and are projected to further increase for the next two years. It is unfair to shift costs from the plan to participants, from active employees to retirees, or from employees/retirees to dependents. PEBP should instead advocate for the State to fund its share of healthcare costs in the next biennial budget.

I am especially concerned about plan proposals that would raise healthcare costs for spouses and dependents. The proposed changes would unjustly punish state employees with families, at a time when we are already bearing incredibly high costs for healthcare.

Instead of further raising costs for state employees, who are already hit hard by the rising cost of living, PEBP should push the state legislature to fund our insurance sufficiently.

Thank you,

Renata Keller
Associate Professor of History
University of Nevada, Reno

Dear PEPB committee members,

I found out just by accident that the board had come to focus on this specific group of retirees I belong too. We are all seniors now. I believe the youngest would be about 70 years old. We are on fixed incomes, we do not receive social security of course. Our funds are limited while our lives are running out.

Our group was denied Medicare coverage by decisions the state made long ago. For other employees, the state started paying into Medicare, I believe a few years after I was hired in 1982. I feel my group is being targeted by the board because we are old. We need health care; we are being singled out.

Medicare was often on my mind when I was working. In my extended family which included many poor folks, it was seen as a tremendous benefit. Thus, from time to time I worried about my health care once I retired.

Once the state started paying into Medicare for new hires, I would periodically ask HR if there was a way I could join that group. I was assured that while this was impossible, the state had promised to keep us covered for health care in our later years. That assurance has meant a great deal to me. It was very much on my mind when I made the decision to retire early, although I am not on PERS.

I have not taken my health insurance for granted. I am a responsible insured person. There have been at least four incidents that I can recall where I refused more medical testing because after research and asking questions, I determined it would be of limited benefit. One example: I refused a CT scan with contrast after a negative initial CT. The situation arose because my identical twin sister was treated for two [REDACTED]. I understand that if a patient lets providers keep testing they will find something!!

On the other hand, as far as preventative measures are concerned, I am notably responsible. I exercise and faithfully follow my doctor's recommendations on diet and other lifestyle factors based upon my family and personal history. I get all my vaccinations on time. I have protected myself from COVID so far. For my [REDACTED] I faithfully use preventative measures. I depend on the pharmacy coverage for that prevention. My husband and I have invested in all kinds of home changes to keep me healthy. I am doing very well, thanks in part to my insurance.

As the committee contemplates changes that would affect our specific group: seniors on set incomes. I ask you to keep in mind who we are and what we have contributed to the state. Also, please keep in mind that we have limited ability to absorb more fixed spending. Inflation has impacted us more than other age groups – we cannot increase our income.

Finally we have no control over what the federal government may decide in regard to what we have to pay for Medicare part B. Historically the subsidy has increased, **but then so have the**

fees for purchasing Medicare Part B. Reducing the subsidy to 64 percent would be a great burden. Because we have no way of knowing what the federal government will do about Medicare, it creates a great deal of anxiety for us, in addition to the cost burden.

I am currently on EPO. I have contemplated moving to CDHP. If the subsidy scenario 2 and 3 happens I would of course move to CDHP. In reviewing my medical costs over the last ten years, moving to CDHP would increase my out of pocket, but less than the other scenarios.

The Decoupling option is a betrayal of what the state promised future retirees when it decided not to pay into Medicare for us. Decoupling is obviously agist, as it singles out a specific group of seniors. Decoupling throws us into a crisis. Who will make the decisions? On what basis will they be made? Once we are decoupled, we will be thrown into tremendous uncertainty. How will we be able to manage our expenditures when so much will be up to the vagaries of whatever is decided from year to year.

Keep in mind as well that our particular group also was harmed salary wise because we worked during the years that the state tax shortfalls reduced or abolished cost of living increases. Then just as things improved salary wise in the came the depression this of 2007 and more bad salary years.

This specific group of employees to which I belong were dedicated state workers for decades through some very tough years. I ask that you keep this in mind as well as our income situations and the promises made to us many years ago.

Sincerely,

Martha Hildreth

State employee from 1982 to 2018.

In plan year 26-27, you increased my premium and introduced a deductible to the low deductible plan for the first time. This effectively costs me over \$800. This is equivalent to a wage cut. Now you plan to do it again? When will you stop? Why is everything always getting worse? I get it. Your costs are going up. But guess what, our salaries aren't. I'm a tenured faculty member, but adjusting for inflation I make less now than I did in 2014 when I was hired, except now I have a family of 5 to support. When you jack up premiums or deductibles, when you increase out of pockets costs for services or prescription drugs, you know, it's not like our salaries are even keeping pace with inflation. Every year our salaries buy less food, pay less rent, buy less household necessities. When you increase the cost of our employer sponsored healthcare plans, you're effectively giving us a pay cut in absolute dollars, as well as real dollars. Of course you're going to do this anyway.

It is unfair to shift costs from the plan to participants, from active employees to retirees, and from employees and retirees to their dependents. Employee premiums have already risen sharply and are projected to increase further over the next two years.

These costs directly affect my family, as we provide health insurance for our daughter while she attends college. We already face higher deductibles and out-of-pocket maximums in our plan. Higher premiums add to the medical expenses our household must already budget for and make maintaining affordable family coverage more difficult.

I urge PEBP to advocate for adequate State funding in the next biennial budget to address rising health care costs without placing an increasing financial burden on employees, retirees, and their families.

Draft #1

I am a single income person, with no kids, and a first-generation college graduate who has ascended to a position as an academic faculty member in my career at UNLV. Even though I've come a long way from where I started, my early years living in poverty still affect my health today. I have a chronic condition and must stay on top of my health. Being first-gen matters because my family was never able to contribute financially to support me. As a result, I am still deeply in debt accrued to finance my attendance at conferences and other meetings to present papers and workshops that are part of my job. This means that as of now, even though I'm in a good job, I'm still economically insecure, trying to pay off debt, and manage my health, all while trying to be excellent in my job. Inflation does not help. My income supports other family members who live in poverty and work jobs that are poorly compensated. Any increase in my health insurance will be a hardship, especially because my co-pays have already doubled. If the board can imagine health care is a necessity for our colleagues with spouses, children, and our former colleagues. We all need care. There must be ways to imagine financing our healthcare without removing options or penalizing any class of employee or former employee. We're humans we ought to care for one another and find creative non-punitive solutions to do so.

Respectfully

Draft #2

I am a single income person, with no kids, and a first-generation college graduate who has ascended to a position as an academic faculty member in my career at UNLV. Even though I've come a long way from where I started, my early years living in poverty still affect my health today. I have a chronic condition and must stay on top of my health. Any increase in my health insurance will be a hardship, especially because my co-pays have already doubled. Removing the HMO would be a devastating blow, because I finally have a group of stable providers who care. If the board can imagine health care is a necessity for all of us, including our colleagues with spouses and children, and our former colleagues. We all need care. There must be ways to imagine financing our healthcare without removing options or penalizing any class of employee or former employee. We're humans, we ought to care for one another and find creative non-punitive solutions to do so.

Respectfully,

September 30, 2026

Torri Kellough

Public Comment: Agenda Item 8 – Discussion and possible action regarding plan design and the State Subsidization Policy and any necessary amendments to PEBP's Board and Agency Duties, Policies and Procedures. (Debbie Donaldson, Segal) (For Possible Action).

I reviewed the Segal slide deck dated October 2, 2026, and I am aghast. I live in a single income household and my HMO premium increased from \$219.91 to \$381.24 for an individual in fiscal year 2027. This represents a **73.36% increase** which dwarfs the current inflation rate of just over 3%. What in the world is going on that the PEBP Board would even entertain another rate hike **right after a 73.36% increase** or elimination of the HMO plan altogether and even before the biennium budget cycle? What person in America can maintain a stable household budget when a must have bill **increases over 70%**? This is complete madness!

People like me choose the HMO because the costs are predictable and as a result, we give up choice to have our care management by our PCPs, so that we can ensure continuity of care without sporadic price changes. We already have a health care system where no one knows what anything costs (zero consumer choice) before we receive healthcare, so this type of plan removes the uncertainty that is baked into the system. In this economy with gas costing over \$5.79 a gallon in Southern Nevada and exorbitant food costs, why would PEBP resort to this inhumane and cruel option? I am intentional with these words because it seems that public officials are not understanding the depth of financial pain these types of increases have on household budgets. If 70% of the U.S. economy is driven by consumer spending, then consider another rate hike as a death nail in the coffin of economic growth, because who will have money to spend on anything outside of the basic necessities to stay alive.

Segal's Option A under its Plan Design Scenarios should be rejected once again. It is simply unconscionable and morally repugnant. Go back to the drawing board and find some knowledgeable and creative minds that can examine this issue and figure out how to balance funding needs with the human need to have consistent and reasonable costing healthcare. More importantly a thorough audit of PEBP's financials is way overdue because I do not believe that this Board is clear at all on the solvency of our health care programs.

Torri Kellough

Hello,

Please do what you can to keep rates stable for all of us. The HMO price increase last year caused a 5% pay cut for me. That hurt. A lot. Let's slow things down as much as possible till the legislature can hopefully offset these price increases and the cost of living problems.

Josh Hawkins
UNLV

April Reckling

I spend \$950 a month for insurance for both myself and my husband. We have HPN, I am the only person working as my husband has had a [redacted]. I bring just under \$3,000 a month (Net) and I have worked for the UNLV for 24 years. I **cannot** afford higher insurance. I might just have to quite and find another job with better benefits. I have to sell my house because I can't afford it anymore, and move in with family members. **PLEASE** do not punish us anymore. We need affordable Insurance.

Dear PEBP Board and Administration,

I am writing to formally express my deep concern regarding the recent proposed increases to our PEBP health insurance plan costs.

The dramatic increase in premiums proposed more than doubles the cost to employees, yet there will be no cost-of-living increase to offset this additional financial burden. For many of us, this creates an immediate and unsustainable strain on our household budgets.

In addition to the substantial rise in monthly premiums, the plan changes also increase out-of-pocket expenses for medications, co-pays, and overall deductible limits. These combined changes represent a significant financial shift for employees and their families. Beyond the budgetary impact, this will force families like mine to reconsider seeking medical care due to concerns about upfront costs and higher out-of-pocket exposure. No employee should have to hesitate before seeking necessary medical treatment because of affordability.

I respectfully urge PEBP to reconsider the scale of these increases and to explore alternative solutions that do not disproportionately burden employees and their families

Thank you for your time and consideration. I sincerely hope you will take employee feedback into account as you move forward.

Sincerely,

Tanya Webb

Planning and Construction, UNLV

Taylor Shipman

To the PEBP Board,

I am writing to express my deep concern and strong displeasure regarding the proposals currently being considered for changes to PEBP health insurance premiums and plan options.

As a public employee and member of the Nevada higher education community, I depend on PEBP to provide affordable, accessible healthcare as an essential part of my compensation. Significant increases in premiums, the elimination of the HMO option, or changes that disproportionately increase costs for employees with spouses and children would place a substantial financial burden on working families.

I am particularly concerned by proposals that would reduce costs for employees without dependents while increasing costs for employees who cover spouses or children. Healthcare costs are already a significant expense for working families. Having a family should not result in being financially penalized through substantially higher insurance costs. If anything, maintaining affordable family coverage should be an important consideration when Nevada seeks to recruit and retain a strong public workforce.

I am also deeply concerned about proposals that would shift significant costs onto retirees. The employees who have spent decades serving the State of Nevada should not be treated as a separate group whose healthcare security can be sacrificed to offset costs elsewhere. Active employees and retirees should not be placed in opposition to one another when we are all part of the same public workforce.

I understand that PEBP faces financial and actuarial challenges and that difficult decisions may be necessary. However, I strongly believe that those challenges should be addressed through solutions that do not simply transfer an increasingly large share of healthcare costs onto employees and retirees. Previous PEBP materials have already documented substantial increases in employee and retiree premiums, making further cost shifting particularly concerning.

I respectfully urge the Board to consider the long-term consequences of these proposals—not only for the PEBP budget, but for the people who rely on this program to access healthcare. Affordable healthcare is fundamental to the ability of Nevada to recruit, retain, and support its public employees.

Please do not balance the program by pitting active employees against retirees or employees with dependents against those without them. We should be looking for solutions that preserve equitable, affordable access to healthcare for the entire PEBP community.

Thank you for considering the concerns of the employees and retirees who depend on this program.

It is unfair to shift costs from the plan to participants, from active employees to retirees, and from employees/retirees to dependents. In the current economy inflation is putting pressure on PEBP participants to purchase food, fuel, and other necessary living expenses. Employee premiums have also been sharply increased and are projected to further increase for the next two years as part of this inflationary trend. PEBP should instead advocate for the State to fund its full share of increases in the next biennial budget. PEBP should change the deductible and 20% coinsurance on the Northern EPO plan so that it matches the HMO plan in Southern Nevada.

Ishah Moore

To the PEBP Board and UNLV Faculty Senate Leadership,

I am writing to express my strong opposition to the proposed changes to our healthcare plans and premium structures.

Pitting active employees against retirees, or single employees against those with dependents, is not a solution. The last thing any employee needs—regardless of family status or career stage—is an additional financial burden. With existing deductions already taking over 20% from our monthly paychecks during a time of high cost of living, shifting healthcare costs onto employees is unacceptable across the board.

Premia should not increase for **anyone**—single, married, with children, or retired. Lowering costs for one group by raising them for another is a false compromise that undermines our community.

I urge PEBP to reject proposals that raise premiums or split our workforce, and instead seek sustainable funding solutions that protect health coverage for all Nevada public employees.

Tanja Hayes PEBP board public comment 9-30-26:

Please **vote no on the proposed changes**. Elimination of the EPO/HMO plan option decreases choice for employees who are willing to pay higher monthly premiums in exchange for predictability of health care expenses. As a parent of three children, I cannot manage the uncertainty of unknown, and potentially large healthcare bills. Instead, the deductible and 20% coinsurance on the Northern EPO plan should be eliminated to match the HMO plan in Southern Nevada.

Public Comment – PEBP Board Meeting, October 2, 2026, Agenda Item 8

From: Tim Meagher, Assistant Professor in Residence, University of Nevada, Las Vegas

Date: September 30, 2026

Dear Members of the PEBP Board,

I am a UNLV faculty member enrolled in the Low Deductible PPO (LDPPO). I am writing to oppose the plan design and subsidy changes proposed under Agenda Item 8.

My plan's deductible recently went from \$0 to \$300. I was disappointed by that change, and I was concerned at the time that once a deductible existed, it would become an easy lever to raise year after year. That concern is already coming true: Option A proposes raising the LDPPO deductible again, from \$300 to \$500 for individuals and from \$600 to \$1,000 for families. Combined with the proposed tier changes and subsidy reductions, employees would be asked to pay more in both premiums and out-of-pocket costs at the same time.

I understand that healthcare costs are rising, and I do not expect insurance to get cheaper. But those increases should not fall mostly on employees and retirees. I urge the Board to ask the State to take on a fair share of the increase through the AEGIS and REGI subsidies, rather than returning subsidies to lower "historical" levels.

This matters because our pay has not kept up with inflation. We are doing the same work for less buying power, and these proposals would ask us to spend more of that shrinking paycheck on health insurance. The result is that our standard of living goes down, not up, the longer we

stay in state service. That makes it harder to retain the faculty and staff Nevada has invested in.

I also ask the Board to reject proposals that shift costs between groups, whether from employees without dependents to those with families, or from active employees to retirees. These changes do not reduce costs. They only move the burden onto the people least able to absorb it.

Thank you for your consideration.

Sincerely,

Tim Meagher

Assistant Professor in Residence, University of Nevada, Las Vegas

My name is Kinsey Wright, and I am a faculty member at Nevada State University and a PEBP participant. I am providing public comment regarding the Plan Design and Subsidy Considerations presented for the October 2, 2026 meeting.

I comment today with disappointment. The options on the table for consideration shift the budget deficit onto participants, whether from the plan to members, from active employees to retirees, or from employees and retirees to their dependents. Our insurance rates have increased annually since I became a state employee in 2022, and drastically in the last two years. Combined with decreased benefits (e.g., higher deductibles, out of pocket maximums, and copays), this has had a significant financial impact on me. At a time when wages are stagnant and cost of living is rising, PEBP should support their members by keeping both premiums and plans stable.

Plan members, retirees, and their dependents should not be responsible for digging PEBP out of the financial conundrum they find themselves in. Your lack of planning and fiscal mismanagement should not be an emergency for PEBP participants.

I also ask the Board to commission a full, independent audit of PEBP's finances, reserves, and rate-setting procedures. Participants deserve a detailed explanation of how this situation developed before being asked to pay more to resolve it.

Thank you for your consideration.

Sincerely,

Kinsey Wright, Ed.D.

Assistant Professor of Special Education Nevada State University

RAE YUHAS

- 1) It is unfair to shift costs from the plan to participants, from active employees to retirees, and from employees/retirees to dependents. Employee premiums have already been sharply increased and are projected to further increase for the next two years. PEBP should instead advocate for the State to fund its full share of increases in the next biennial budget.
- 2) Elimination of the EPO/HMO plan option decreases choice for employees who are willing to pay higher monthly premiums in exchange for predictability of health care expenses. Instead, the deductible and 20% coinsurance on the Northern EPO plan should be eliminated to match the HMO plan in Southern Nevada.
- 3) There should be a full independent audit of PEBP's finances, reserves, and rate-setting procedures. Quantitatively and in detail, how did the current fiscal crisis arise.

I have been with NSHE for 11+ years. In that time, I have seen the premiums increase from \$222 a month for my entire family (PPO), to over \$900 for just myself and my spouse (HMO).

Approximately three years ago we had to change to the HMO when PEBP changed from Healthscope to UMR managing the claims. The claims were an absolute nightmare due to this change. We were forced to change to the HMO as a result. UMR took forever to process claims. My spouse had surgery early in the fiscal year and paid everyone 100% of the costs. I spent nearly a year trying to get claims processed to be able to get our overpayments back from various doctors/facilities. This nightmare caused me so much stress, my blood pressure rose.

I had [redacted] in 2017 and in July 2025, my spouse was diagnosed with two different [redacted]. Changing to another plan would completely disrupt our current managed care and treatment plans.

Our workforce is aging; many of us know we will have healthcare costs and do not want to be on a high-deductible plan. Please don't make that the only option as it is unaffordable. We need an affordable HMO option in Southern Nevada.

Thank you,

Rae Yuhas
Desert Research Institute

Dear PEBP Board Members,

I am a faculty member at UNLV and a single mother, and I am very concerned about the proposals to increase health insurance premiums for employees with families.

My children are [redacted] and need ongoing services, so having good and affordable health insurance is very important for my family. I cannot simply reduce or go without healthcare coverage because my children depend on these services.

As a single mother, an increase in my insurance premiums would make it harder for me to pay my bills and would mean less money available for my children and our everyday needs. I already have a lot of expenses coming out of my paycheck, including retirement contributions and parking through the university. Everything adds up, and another increase in healthcare costs would be difficult for my family.

I understand that PEBP has to look at different options, but I hope you will consider the real impact these changes can have on families. Employees who have children should not be penalized with significantly higher healthcare costs simply because we need coverage for our families.

Please reconsider these proposals and especially consider the impact of higher premiums on employees with dependents. For families like mine, affordable healthcare is not a luxury. It is something we depend on.

Thank you for listening to the concerns of UNLV employees and families.

Sincerely,

Amanda Baltazar

UNLV Faculty

Jennifer Tripp-Herring

To the Members of the PEBP Board,

My name is Jennifer Tripp and I am an administrative assistant at the UNLV Preschool. Every day, I work directly with families, educators, and the young children of our university community. I am writing to express my strong opposition to the recent PEBP premium increases, which are deeply unfair to state workers and entirely unfair in how they penalize working families.

As a university support staff member, my income does not absorb sudden, dramatic spikes in healthcare costs. Shifting this large deficit onto the backs of state employees—with some monthly premiums jumping by hundreds of dollars—is a de facto pay cut that my family budget simply cannot afford. Also, **you have already raised our healthcare considerably!!**

It is completely unreasonable that state workers are being financially punished for other's miscalculations. When my premiums, deductibles, and out-of-pocket maximums go up, it doesn't just affect me—it directly reduces what families can spend on groceries, utilities, and basic necessities. For those of us keeping university programs running and have families of their own, these hikes make it incredibly difficult to stay in public service.

The PEBP Board **must** stop using family health coverage as a balancing mechanism for state budgeting errors. I urge the board to freeze these premium increases, advocate for the State of Nevada to fully fund its legislative obligations, and protect the hard-working families who keep our educational institutions operational.

Thank you for your time and consideration.

Sincerely,

Jennifer Tripp

Jayd Sorenson

I am asking UNLV and NSHE to reconsider any decision to eliminate the HMO health insurance plan. For employees like me who manage chronic medical conditions, this plan is not simply an insurance option. It provides access to the ongoing care, specialists, prescriptions, and medical services that I depend on.

I have [redacted], both of which require regular medical care and continued management. Having an affordable health insurance plan is extremely important to me because these are not conditions where I can simply choose to delay treatment or stop seeing my healthcare providers when costs become too high. Removing the HMO option could significantly increase what I have to pay for appointments, specialists, medications, supplies, testing, and other necessary care.

Employees enrolled in this plan have also already experienced an increase in how much we are required to pay for the coverage. We have adjusted our personal budgets to account for those higher premiums because the plan still provides valuable and necessary coverage. Taking the plan away entirely after already increasing the employee cost would place an additional financial burden on employees who rely on it.

For someone managing multiple chronic health conditions, even relatively small increases in copays, deductibles, prescription costs, or out-of-pocket maximums can add up very quickly. Moving employees into plans with substantially higher out-of-pocket costs could force people to make difficult financial decisions regarding care that is medically necessary.

I understand that healthcare costs continue to rise and that benefit plans sometimes need to change. However, I strongly encourage UNLV and NSHE to consider the real impact eliminating the HMO plan would have on employees and their families, particularly those managing chronic medical conditions. Maintaining an HMO option gives employees greater stability, predictable healthcare expenses, and the ability to continue receiving the care they need without facing unreasonable financial strain.

Please consider keeping the HMO plan available as an option for employees who depend on it.

Joe Campanale, Ph.D.

Assistant Professor, School of Life Sciences
University of Nevada, Las Vegas

Public Comment to the PEBP Board – October 2, 2026 Meeting

Dear Members of the PEBP Board,

My name is Joe Campanale, and I am an Assistant Professor of Molecular and Cellular Biology in the School of Life Sciences at UNLV. I am writing to strongly oppose the proposals before the Board that would raise premiums for employees with spouses and children, raise costs for retirees, and eliminate the HMO option.

Last year my healthcare costs already rose by about 50%. Another major increase, on top of that one, would put serious strain on employees who are already absorbing higher costs. It would also hurt Nevada's ability to recruit and keep the faculty and staff who make our universities work.

I am especially concerned about proposals that shift costs onto employees with dependents. Raising the price of family coverage penalizes people for having spouses and children. It makes working for the State of Nevada less viable for the early-career faculty and staff we are trying to attract. Similarly, sharply raising costs for retirees breaks faith with people who gave years of service to this state and planned their futures around the benefits they were promised.

Eliminating the HMO option would take away an affordable choice that many employees rely on. It would leave members with fewer and more expensive options.

I urge the Board not to balance the plan by pitting one group of members against another, whether that means active employees against retirees or employees with families against those without. Please reject these proposals. I also ask that you seek solutions that protect affordability for all members, with meaningful time for employee input before any changes are adopted.

Thank you for your consideration.

Sincerely,

Joe Campanale, Ph.D.
Assistant Professor, School of Life Sciences
University of Nevada, Las Vegas

I am commenting in regards to the proposed changes to the medical benefits by the Public Employees Benefits Program. The proposal to increase premiums for employees who have spouses or children while reducing premiums for employees who do not is abhorrent and should not be taken into consideration. Employees do not deserve to be price gouged on the simple premise that they have, or want to have, a family. The cost of living for families in Las Vegas is already outrageous enough, and to add financial punishment in the form of substantial increases to healthcare premiums for faculty and staff with families is vile and harmful.

As a Classified Staff and one of the lowest paid members of the UNLV community, I can attest to how difficult it has been to remain at UNLV in my position while I have watched my paychecks dwindle in the past two years as PERS and PEBP increases have surpassed my annual step increases. While my gross pay may have increased, my take-home pay has decreased for two years in a row, all while inflation has dramatically increased in Las Vegas and beyond. For PEBP to come back another year later and propose increases once again to healthcare, we are now reaching a point where many faculty and staff are going to be completely priced out of being able to work at UNLV as take-home pay will no longer cover the cost of basic living. I strongly urge that any substantial increase to healthcare please be reconsidered – especially to those employees with families. As a community, we should want to make raising a family be more affordable and not pit employees against each other based on whether someone has a spouse and/or children. Healthcare options should be fair across the board for all employees, and no one should be forced to now have to choose whether or not they can even afford to carry health insurance because the cost has simply become unaffordable.

Thank you for your time and attention to this matter.

I am a full-time employee. I do not have children. Despite these things, I DO NOT want my colleagues and others in my community to have increased premiums simply because they are retired or have dependents. Not only do we live in a literal desert, but we also live in a healthcare desert where costs are often well above what the general public can pay for the few providers who choose to stay in the Valley. It does not take a mathematician to know the high cost of raising a family and it does not take a medical doctor to preach to the public that children and elder adults can get sick. Sometimes it takes loud voices to speak to those in power to remind them of how these are some of the more vulnerable people in our community and that access should be expanded to them, not taken away.

When families have to make a decision between bringing their child to get medical intervention or pay for essential living items, they are put in life-altering positions. They potentially have to take off work to watch their child/children, lose on previous hours to earn pay to get support, and more. It's already a risky situation. Add higher premiums, especially for children who have medical conditions or disabilities, and you have an entire system bearing down on parents who may already be struggling to survive in an economic climate that is against them.

When elder adults in the community have to choose between life-saving care and having a roof over their heads, you strip away years of rest one has been forced to earn through work. Not all elder adults have families within the state to help them. Not all elder adults have access to vehicles to drive themselves. Increased premiums heavily increase the burden on elder adults to navigate their remaining finances. Elder adults' medical conditions may even be more complex. While surface logic may say that premiums must be increased for them, it is a shallow solution because it eliminates the financial privileges that others in the community have to shoulder the cost and prevent the increase on—again—our most vulnerable.

I also know I am speaking from a place of great privilege. I reiterate: I do not have children, I am a full-time employee, and I am also very financially well-off. However, just because these changes do not apply to me—and may, for whatever reason, benefit me—doesn't mean I want them. It's simply not fair and seems to emphasize, somehow, that workers who do not have dependents or are within early- to mid-career positions are somehow more valuable. This is simply not the case; it's classist and unfair.

Don't get me wrong; I don't want premiums to raise for *anyone*. I know many people in my position who are also not financially well-off. That, however, should not deter us from pointing out the blatant disregard that these policy changes will have on our most vulnerable in the community. I have seen public comments in the past who have begged and pleaded not to have higher premiums. I have seen many of these public comments be dismissed and ignored. I deeply hope another disgusting mistake like that will not be made this coming Friday.

Submitted by: Kia Vichaikul

Wednesday, September 30, 2026

I urge the PEBP Board to reject the proposed changes to faculty and staff health insurance. The proposals under consideration this week—which would dramatically increase premiums, eliminate the HMO option, and create financial penalties for employees with families and retirees—fundamentally contradict UNLV's values and represent a step backward for our university community.

Our current health insurance plans already burden faculty and staff with significant out-of-pocket costs. Many employees face deductibles and out-of-pocket maximums so high that accessing care feels like a luxury. We already lack comprehensive coverage for essential services—orthodontics, for example, is not covered at all, forcing families to choose between their children's dental health and financial stability. These gaps in coverage, combined with high deductibles and co-pays, mean that many of us are already stretched financially. Raising premiums further while maintaining these gaps is not a solution; it is a crisis.

At UNLV, we say we value families. We say we honor those who have dedicated their careers to this institution. These proposals do the opposite. They pit faculty with families against those without. They pit retirees against active employees. They make it harder, not easier, to raise a family while working here.

I call on the PEBP Board to reject these proposals and instead pursue healthcare solutions that reflect our institutional values: equitable access, support for families, respect for retirees, and unity within our campus community. I respectfully urge the board to prioritize sustainable, long-term solutions that minimize the financial impact on members and protect access to affordable, comprehensive healthcare. Our people are UNLV's most valuable asset. Let's ensure our healthcare policies reflect that commitment.

Sincerely,

Kia Vichaikul

Kia Vichaikul
Online Program Coordinator
UNLV Online

To the Board,

As someone soon to retire I strongly urge you not to increase retiree premium more than all other PEBP members. As a retiree we have fixed incomes and will be less able to handle a large increase. This should be equally spread out over several years. It's painful for all of us. Please don't take retirement from me after serving UNLV for 22 years.

Cindy Claus

Lorena Giese

UNLV Classified Staff Council Chair

Statement from the UNLV Classified Staff Council

The UNLV Classified Staff Council strongly urges the Public Employees' Benefits Program (PEBP) to maintain the HMO option currently available to UNLV employees and to refrain from increasing insurance premiums.

UNLV classified staff are already experiencing significant financial pressures due to the rising costs of gasoline, groceries, housing, and other essential expenses. The absence of cost-of-living adjustments (COLAs), combined with the possibility of increased health insurance premiums, would place an additional and substantial financial burden on classified employees and their families.

The proposed increases would be particularly challenging for employees who provide health coverage for spouses and children. Higher premiums and associated costs could force families to make difficult decisions about their healthcare coverage and other essential household expenses.

The Classified Staff Council respectfully asks PEBP to consider the financial realities facing state employees and to avoid implementing changes that would create additional hardship. We believe that access to affordable, quality healthcare is an important component of employee compensation and financial stability.

The UNLV Classified Staff Council strongly recommends that PEBP prioritize affordable insurance plans that are accessible to all UNLV employees and carefully reconsider or remove proposals that would result in significant increases in employee costs.

We respectfully ask PEBP to listen to the concerns of classified staff and work toward solutions that preserve affordable healthcare options while recognizing the financial challenges faced by Nevada's public employees and their families.

Respectfully,
UNLV Classified Staff Council

Public Written Comment

I am writing to share my frustrations with not only the most recent increase in premiums for our health insurance, but the proposal of increasing the premiums yet again. I had very extensive health issues and when I first started working for NSHE the health insurance was well worth it and covered most of the expenses. Since the premium increase not only am I paying almost double what I was paying before, but now I have a deductible (for the no/low deductible plan mind you) and nothing is covered the way it used to be. I am doing the same imaging/tests/etc that I did the previous year, but the cost has increased substantially for me. Pray fully I have started a health journey and should not require as much medical care as I previously did, but with the state of our health insurance I have seriously contemplated just cancelling it all together as I have racked up thousands in medical debt since this change. And now you want to increase it even more, you can't be serious? Even if my situation is bettering, I'm sure there are plenty of others out there needing extensive medical care or that will eventually develop the need. Raising costs further while seemingly covering less in my mind is very disrespectful to the hard work each and every employee offers to the NSHE business. I know the words of an LOA employee who has been here less than 2 years probably mean nothing, but I will always stand for what's right and another year of increases is not right and we all know PEBP know this.

TO: PEBP Board

FROM: Faith Gomez, Office Manager, UNLV/CSUN Preschool

DATE: Sep 30, 2026

SUBJECT: Friday, Oct. 2 Meeting

Statement of Concern

As the Office Manager at the UNLV/CSUN Preschool, I work closely with UNLV families every day. I am deeply concerned that increasing the cost of insurance for employees with dependents would place an additional and potentially devastating financial burden on families who are already struggling to make ends meet.

Through my daily interactions with enrolled families and those seeking assistance, I see firsthand the financial hardships many families are facing. Every day, I receive calls and emails from parents navigating significant financial pressures, with access to affordable childcare being just one of many challenges. Existing resources are already insufficient to meet the growing demand.

Increasing insurance premiums would compound these financial pressures and make it even more difficult for working families to afford the care and coverage they need. Families should not have to choose between maintaining health insurance for their dependents and meeting other essential household expenses.

I respectfully urge the Board to reconsider the proposed increase and to carefully consider its impact on NSHE employees and their families. Maintaining affordable dependent coverage is critical to supporting the financial stability and well-being of the UNLV community.

Public Comment for PEBP Board
September 30, 2026

I oppose plans to shift more of the costs of paying for health care onto employees and retirees. As usual, the people who caused the current fiscal crisis facing PEBP are not being held accountable and those who are blameless are being asked to fix someone else's mess. It is particularly unconscionable to ask retirees to pay hundreds of dollars more in premiums, which will cause enormous financial hardship for many of them. The AARP recently reported that a disturbingly high proportion of elderly Americans are living hand to mouth, with one in three at risk of going hungry. Meanwhile, active employees whose salaries have not kept up with inflation are finding it hard to pay for rent, mortgages, child care, groceries, and other necessities. Please don't add to the economic distress that so many NSHE employees are facing.

Greta de Jong

Allison Laney

09/30/2026

To Whom It May Concern,

We were just hit with a huge increase on our insurance. With inflation on gas and groceries, if it getting to the point where state workers are going to take their knowledge and walk out the door.

- Our pay gap got drastically worse, not better.
- Approximately, 1/5 of our paycheck is removed for PERS, making our bring home barely enough to make ends meet.
- We have to pay to park where we work, with no sliding scale.
- Our steps end at 10 years, really no reason to stay.
- We are already paying huge amounts for medical insurance.
- I am a single parent and have two children who can't afford to pay their own medical insurance.

Enough is enough.

Sincerely,

Allison Laney

September 30, 2026

The Public Employees Benefits Program (PEBP) Board is scheduled to meet on **Friday, Oct. 2, at 9 a.m.**

To whom it may concern,

I have HMO because I can't afford the PPO. You just can't take away the HMO from us. I live paycheck to paycheck. I can't even afford food, gas and struggling to pay my rent. I get my food from a church every other weekend. Since July 1st, 2026, the health insurance already went up. I am short a \$100.00 each paycheck from my health insurance going up. Here is my question? ARE YOU GOING TO INCREASE MY PAY TO SERVE LIVING HERE IN NEVADA?? I no longer get 10 steps in my pay anymore. Cola is a joke and we get nothing from that. WOW what a whole 1% of nothing??? I am trying to keep my head above water and not drowning in high health insurances. I can't get a head in trying to pay off my credit cards. My paycheck is short that \$100.00 every paycheck. Get real and stop this BS!!

Kimberly Ensigne,

Administrative Asst. II
Hospitality Advising Center
University of Nevada, Las Vegas

To the PEBP Board:

As a state employee and PEBP member, I formally protest the proposed increases to premiums and copays. PEBP is asking members to absorb dramatically higher costs without first showing that it has managed our money responsibly. That is not acceptable.

I call for a full, independent audit of PEBP's finances, reserves, and rate-setting procedures. The audit must be conducted by an outside firm with no ties to PEBP or its contracted vendors, and the results must be made public.

Members are owed a detailed, quantitative account of how this fiscal crisis arose. That includes:

- Reserve balances for each of the past several years, and when and why they declined
- Which cost drivers grew, and by how much
- The actuarial assumptions used to set current and prior rates
- Why the shortfall was not identified and addressed sooner

Until PEBP answers these questions with numbers, not generalities, it has no justification for shifting this burden onto employees. We are being asked to pay more while being told almost nothing about how our contributions have been spent.

Respectfully,
Venessa Peterson
Lecturer, Clinical Instructor
Nevada State University

Public Comment for PEBP Board – Member John Curry

I write in regard to the meeting being held on October 2, 2026 to discuss changes to the PEBP Plan that will unfairly burden employees in the program.

First of all, employee premiums have already been sharply increasing in recent years, and will continue to do so. and are projected to further increase for the next two years. Morale is already very low at my institution for a variety of financial and other reasons, and this will only contribute to the growing malaise. Instead of burdening their members with more costs and difficulties, especially in regard to their family members, PEBP should instead advocate that the State fund its share of healthcare costs in the next biennial budget.

I am also deeply disturbed by the possibility of abandoning non-Medicare age retirees who have contributed decades of service and planned their retirements accordingly. It is unethical for PEBP to radically abandon non-Medicare retirees by raising their premiums by 27% or more, while eliminating support for their spouses and dependents. The PEBP Board should not break Nevada's promise to its retirees.

I am especially unhappy about plan proposals that would raise healthcare costs for spouses and dependents. This unjustly punish state employees with families. This is just plain wrong, and given the lack of births to replace death across much of the world right now due to high costs of raising families, it has implications that go far beyond just this moment. Do better!

Finally, PEBP needs to explain this whole mess far more clearly than it has. This much money should not just "disappear" in this way. A full independent audit of its finances, reserves, and rate-setting procedures is in order to sort out the accounting gaps between its budgets reported in 2025 and the budgets reported this year. This should be done before ANY decisions are made, so we can avoid these kinds of catastrophic mistakes in the future.

With best regards, John Curry

It is unfair to shift additional costs from the plan to participants, from active employees to retirees, and from employees and retirees to dependents. Employee premiums have already increased sharply and are projected to rise further over the next two years. Rather than shifting these costs onto participants, PEBP should advocate for the State to fund its full share of the projected increases in the next biennial budget.

The planned increase in retirees' premiums is particularly concerning. Higher premiums could create significant financial hardship for retirees who are not yet eligible for Medicare, as well as for employees who are approaching retirement and planning their finances based on the current cost of health coverage. These individuals may have limited opportunities to increase their income or otherwise absorb substantial increases in health insurance costs.

I urge you not to strip our benefits any further. Last year, due to the rising cost, I had to remove my son from my healthcare plan as the cost was too much to justify keeping him on my plan. We are already getting much less than we used to and are expected to pay more out of pocket. Please do not further strip our benefits, which are supposed to offset the reduced pay for working in the public sector. The proposed changes are alarming and will force families to make hard decisions during a difficult time economically.

September 30, 2026

Re: PEBP Proposed Rate Hikes

I have been a public employee for the state of Nevada for 10 years. Each year, significant changes or increases make getting adequate healthcare nearly impossible. It is already difficult enough to find highly trained, qualified physicians. Now PEBP is making things financially more difficult for Nevada employees, retirees, and their families.

I believe it is unjust to shift costs from the plan to participants, from active employees to retirees, and from employees/retirees to dependents. Premiums continue to increase year after year with no end in sight. Our options have become more limited and we have less and less disposable income to pay for basic necessities, such as groceries, gas, and housing. PEBP should instead urge the State to fund its full share of the increases in the next biennial budget.

Thank you,

Ashley H. Doughty

Rafael Oganessian

I am urging PEBP to refrain from making any changes to benefits until it has exhausted all other options, brought each specific option to the PEBP meeting as an information item only, and to consult with PEBP members for feedback on proposed changes.

I write to express my strong opposition to proposed changes in PEPB plans. The core theme of these proposals is to shift financial burdens of care onto families. Tiers covering a spouse, children, or full family face steep increases. This directly impacts me and my family, currently ensured as a family under the CDHP. Any increase in employee paid contributions or reductions in state subsidies hit our budget hard on top of existing deductible obligations.

The loss of an HMO option removes an important safety valve for all state employees. If a member of my family developed a chronic health condition or required frequent medical visits, we would lose the option to shift to predictable copays. Losing this forces everyone regardless of need into the PPO/CDHP structure, and forces thousands of others into self-funded pools, altering the risk pool and placing upward pressure on future deductibles, coinsurance, and premiums across the board.

Proposals that drastically hike costs for retirees directly impact your long-term benefit value. The PEBP proposal to "decouple" active employee rates from retiree rates raises non-Medicare retiree costs significantly, meaning the healthcare security I earn as faculty will be far more expensive when I retire.

Pitting faculty categories against each other (single vs. family, active vs. retired) sets a precedent where cost overruns are handled by paring back family subsidies rather than securing adequate state funding.

My family would likely withdraw from PEBP insurance and instead opt into my spouse's workplace coverage. We are fortunate to have this option, while others are not.

Keeva Lough
Public Comment 9/30/26

As a public employee and a member of a PEBP health plan, I am writing this public comment for the September 30, 2026 meeting of the Nevada PEBP Board to express my disapproval of the changes currently being proposed for public employee health plans.

First, these proposals would negatively impact health outcomes for public employees by removing options for health plan choice and forcing employees to accept lower quality health plans.

Second, the proposed plans would raise premiums for employees with spouses and children. This would discourage members from marrying or building families. Does the PEBP Board truly wish to discourage Nevadans from marrying, having children, and raising families? These proposals would have a negative impact on the culture and population of Nevada.

Third, the above changes, in addition to negatively impacting current PEBP members, would drive current employees to seek employment elsewhere, and prospective employees would choose to pursue careers elsewhere. These decisions would drive away qualified employees, negatively impacting everyone across the entire state of Nevada.

-Keeva Lough

Dear Faculty Senate and PEBP Board,

My name is Raenna, and I work as a Web Specialist here on campus. The recent news regarding potential changes to our health insurance has been deeply concerning for my family.

My wife has been diagnosed with [redacted], a medical condition where tissue similar to the [redacted] outside of it. It is a chronic illness that significantly affects her quality of life. She has already gone through surgery back in April 2026 and may later face a second one in the future. She relies on a prescribed medication to manage her symptoms and maintain her daily functioning. Unfortunately, her current health insurance will no longer cover this medication, resulting in an out-of-pocket cost of approximately \$1,500 every 28 days. This is not an optional treatment. It is critical to her health and well-being.

Because of this loss of coverage, we have made the difficult decision to enroll her in my employer-sponsored insurance plan. Learning that premiums may increase has been devastating. We are already facing significant healthcare expenses, and the prospect of additional financial strain simply to ensure that my wife has access to the medication she needs is discouraging and disheartening.

Healthcare should not place spouses and families in the position of choosing between financial stability and necessary medical treatment. For the past two years, accessing affordable and comprehensive healthcare has been a constant challenge for us. The possibility of increased costs only adds to that burden.

I urge you to consider the very real impact that rising premiums and reduced coverage have on employees and their families. Behind these decisions are individuals living with chronic conditions who depend on affordable healthcare to maintain their health, dignity, and quality of life.

Thank you for your time and consideration.

Sincerely,

Raenna

Web Specialist

From: Ivet Aldaba
Sent: Wednesday, September 30, 2026 9:02 AM
To: PEBP Member Services <memberservices@nvha.nv.gov>
Subject: PEBP Board

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

Dear PEBP Representatives:

UNLV has been central to my personal and professional life since my time as an Upward Bound (High School) and first-generation student. As an alumna with three degrees and a long-term employee, I view this institution as a second home where I have also raised my two daughters. Our current quality of life relies heavily on the health insurance provided, which has been an invaluable benefit for my single-parent household.

The current proposals, however, disproportionately increase premiums for employees with families while reducing costs for those without dependents. This approach appears inequitable and undermines the university's commitment to being a family-oriented institution. Having dedicated over two decades to student success, I am deeply concerned that these changes would penalize employees for having families, making it increasingly difficult to remain at the university.

I urge you to reconsider these proposals and align them with the foundational values that define UNLV. Can my daughter's rely on your continued support for affordable healthcare coverage?

Sincerely,

Dr. Ivet Aldaba, LCSW
Alessandra, 10 years old
Isabelle, 16 years old

Dr. Ivet Aldaba, D.P.P., LCSW
Lecturer

School of Social Work

University of Nevada, Las Vegas

To Whom It May Concern

I strong object to increasing the cost burden on employees who have kids and a spouse in order to more deeply subsidize existing employees. It is absolutely ridiculous to undermine your current employees by intentionally increasing costs on our family health plans.

Already, we have witnessed a serious erosion of benefits and landslide of costs since I began teaching at UNLV 17 years ago. I now pay triple to what I paid then, and even still, the benefits are not comparable. Increasing costs on those with families will only further diminish the prospects of hiring and retaining those excellent employees that have made this a tier one university. Without excellent faculty, this institution will quickly slip backward into obscurity. Instead, let me recommend that this group consider equalizing the cost rates across the board among employee, employees plus spouse, employee plus children and employees plus families. Afterall, it is most likely those older adults (employees) that represent the highest cost burden, not families with small kids.

Gabriel Judkins

Dear Members of the PEBP Board:

My name is Candice Seay-Angotta, and I am a UNLV employee, a parent, and a participant in Nevada's public employee benefits system. I am writing to urge the Board not to approve proposals that eliminate the HMO option, substantially increase premiums for employees covering dependents, or shift significant healthcare costs to retirees without additional study and meaningful participant input.

I recognize that PEBP faces serious financial challenges and that maintaining a sustainable benefits program requires difficult decisions. However, sustainability should not be achieved by simply transferring costs to families, spouses, children, or retirees.

The potential increases presented in the Board materials are not minor adjustments. Under one scenario, an active employee covering a family could pay an additional \$185 to \$310 per month—between \$2,220 and \$3,720 per year—depending on the plan. An employee covering a spouse could face an increase of as much as \$222 per month. These increases would consume a meaningful portion of many employees' take-home pay and effectively operate as a substantial compensation reduction.

The consequences would extend beyond household budgets. Affordable family healthcare is an essential recruitment and retention tool. UNLV and other state institutions already compete with private employers and public institutions in other states for talented employees. Dramatically increasing dependent premiums would make state employment less competitive and could cause experienced employees to leave—or qualified candidates to decline employment altogether.

These proposals may also disproportionately burden employees who carry family coverage, including parents, caregivers, and households whose spouses lack affordable employer-sponsored insurance. Providing individual coverage at a lower cost by sharply increasing what families pay does not eliminate costs; it merely redistributes them to employees with dependents. Families should not be treated as the solution to a systemwide funding problem.

I am similarly concerned about separating active employees and retirees in a manner projected to reduce active rates by approximately 4% while increasing retiree rates by approximately 27%. Retirees planned their futures after years of public service and generally have less ability to absorb sudden increases or return to the workforce. Other scenarios could increase a retiree's family premium by as much as \$615 per month—\$7,380 per year. That is not a modest policy adjustment; it could place continued coverage beyond the reach of some retirees.

Eliminating the HMO would also disrupt established relationships with physicians, specialists, and care-coordination systems. This is particularly concerning for people managing chronic illnesses, disabilities, complex medical needs, or ongoing treatment. Enrollment percentages alone do not measure the harm caused when thousands of people must change plans or potentially change providers.

Importantly, the consultant's report acknowledges that provider reimbursement presents the clearest opportunity for genuine plan savings, while many of the other proposals produce savings

primarily by shifting costs to members. Before reducing benefits or reallocating subsidies, the Board should fully investigate provider-contracting reforms, direct contracting, network efficiencies, prescription-drug savings, care coordination, and other approaches that address the actual cost of healthcare.

I respectfully ask the Board to refrain from taking final action on these major structural changes at this meeting. Please provide participants with adequate notice, conduct a detailed demographic and workforce-impact analysis, hold public listening sessions in both Northern and Southern Nevada, and clearly disclose how each proposal would affect every coverage tier.

PEBP should not balance its finances by pitting employees without dependents against employees with families, active employees against retirees, or one region of Nevada against another. We need a solution that preserves meaningful access to care, protects the people who have devoted their careers to public service, and keeps Nevada competitive as an employer.

Thank you for your consideration.

Candice Seay-Angotta
UNLV Employee and PEBP Participant

September 30, 2026

Members of the Board:

I have reviewed the proposed changes to the PEPB health plan options for 2027. I am concerned that the premium increases are not only substantial, but also unevenly distributed. This seems to suggest that not all members are being treated equally. I am also concerned that in an economic climate in which all costs for ordinary living have increased dramatically. It seems unlikely that any cost-of-living increase to salaries, if there is one, would be commensurate with the real burden of inflation. The way the PEBP increases are structured does not take into account this ongoing burden on its members. I hope you will consider a new plan that does not place a greater burden on employees with children and retirees than on other members.

Thank you for your attention.

Elizabeth White Nelson

Dear PEBP Board Members,

I am writing to express my strong opposition to the proposed increases in healthcare insurance premiums and other changes being considered by PEBP.

As a UNLV employee, I believe affordable and accessible healthcare is an important part of the benefits provided to employees who serve the State of Nevada. Increasing healthcare costs places an additional financial burden on employees and their families, especially those who provide coverage for spouses and children.

I am particularly concerned about proposals that would significantly increase premiums for employees with dependents. Employees should not be financially penalized simply because they have a spouse or children who rely on their health insurance coverage. Healthcare costs are already a significant expense for working families, and additional premium increases could make it more difficult for employees to maintain the coverage their families need.

I am also concerned about changes that could eliminate healthcare options, such as the HMO, and about proposals that would shift costs between active employees and retirees. I believe PEBP should look for solutions that maintain affordable and quality healthcare coverage without placing an unreasonable financial burden on one group of employees or retirees.

I respectfully ask the PEBP Board to reconsider these proposed increases and carefully consider the financial impact they will have on Nevada employees and their families. Please work toward maintaining affordable healthcare options and protecting the healthcare benefits that employees depend on.

Thank you for considering my comments and for your service to the State of Nevada.

Sincerely,

Ricardo Vigil

UNLV Employee

Good morning. My name is Scott Jackson, and I'm submitting this public comment regarding the proposed plan design and subsidy modifications under discussion today.

I support the Board's consideration of separate risk pools for active employees and retirees. The actuarial data clearly shows that non-Medicare retirees generate approximately 70% higher claims costs than active employees. This difference should be reflected in their premium rates rather than having active employees subsidize that difference. That said, I recognize that we as an institution value our retirees who have served the State, and appropriate support mechanisms should remain in place for those who served.

I do NOT support proposals that would increase premium contributions for employees with families. The tier ratio analysis presented shows that the cost of dependent coverage is driven by actual claims experience, not by some unintended subsidy. Shifting costs to families with children or spouses would be particularly challenging for lower-wage state employees and runs counter to our values as an institution.

I support Option A: eliminating the EPO/HMO options and redirecting those members to the enhanced LDPPO. The HMO represents a small portion of enrollment and has shown significantly higher costs. The low deductible PPO option has worked effectively for my family and provides the right balance of access and cost-sharing. I urge the Board to maintain robust PPO options as the foundation of our plan offerings.

Most importantly: I strongly oppose any net increase in employee premium contributions. The Board has already implemented a multi-year phase-in of increased rates. Adding further increases would create genuine hardship for state employees, particularly given the tight labor market and recruitment challenges. I urge you to pursue cost containment through provider contracting, network optimization, and plan design enhancements—not through cost-shifting to employees. Any savings generated should reduce, not increase, employee premiums.

Thank you for your consideration.

Dear Board of PEBP,

I am writing to discourage any healthcare premium increases for family. Las Vegas families already deal with poor public education and in many cases the need to pay private school and daycare tuitions. Additional penalties to families are going to drive families away from Las Vegas. Las Vegas needs families more than any demographic to create real community. Real community is why specialized physicians, scientists, engineers, teachers and business owners are interested in dropping roots and staying in a city. Further disincentivizing families to stay in Las Vegas will have consequences for the entire city and UNLV's ability to retain quality staff. I strongly discourage any increase in premiums for UNLV faculty with dependents that utilize PEBP UMR health insurance.

Thank you for your consideration,
Jessica Immonen Ph.D., M.S.
Associate Professor in Residence
UNLV School of Dental Medicine
Dept. of Biomedical Sciences

To the PEBP board,

If what I have heard is true about your current plans for healthcare benefits in the future, I have to voice my disagreement with the current plans. There is a huge diversity of family, economic status, and health needs within our system. The current plan as I understand it would not only limit choice in healthcare plans, but would also place more burden on the more vulnerable or on those already stretched thin.

Thank you for your time,

Dustin Clow PT, DPT

Assistant Professor at UNLV

Please do not increase the health insurance premiums. There has been no Cost of Living adjustment and the healthcare cost is already so high.

September 30, 2026

Lori Temple

Dear Members of the Public Employees Benefits Program,

I am writing to share my concerns about the possibility that the HMO option for Public Employees will be removed from the health care options available for current and retired public employees.

I opted for the HMO when I was hired at UNLV in 1984. I spent my entire career at UNLV, retiring in early 2023. I remain in the HMO in my retirement. I have over 40 years of experience with the HMO in Southern Nevada. I have developed important relationships with my healthcare providers. Those relationships help keep me healthy as the providers know me. New practitioners also have access to all of my records and can get up to speed on my health history quickly.

Upon retirement there are many matters to be concerned with and the possibility of having to start over with the management of my health care is daunting. I know where to go for all of my needs. I know how to manage the online and in-person administrative tasks associated with receiving and paying for care, I know how to manage the costs of care and who to call if I have questions about services and costs.

Additionally, my spouse, a 17 year employee of UNLV, now retired but not yet qualified for Medicare also uses the HMO. I am also one of those rare public employees who does not qualify for Medicare Part A services as I did not qualify for Social Security. This means I do not have hospital coverage. Being a member of an HMO makes it possible for me to know what an unanticipated hospitalization will cost and makes it possible for me to plan accordingly.

Most importantly, I have had excellent care throughout my 40 years with the practitioners and support staff associated with the HMO. Given the shortage of medical professionals and medical services in Las Vegas, I am very concerned that I will not be able to get timely appointments with the healthcare professionals I need. Assuming I do get the needed appointments, I will have to spend a good deal of their time and mine getting them up to speed on the services I need.

There are many others who have chosen to use an HMO and many of them are long time users of the services. We all have different reasons for choosing an HMO over other options (e.g., known costs for services, coordination of care, ease of sharing health history across providers within the HMO). As you consider removing the HMO option, put yourselves in our shoes. Think about the families with young children who have a pediatrician they adore, online clinics they can use to avoid urgent care visits, and urgent care facilities they know how to access should the needs arise. Think of the healthy family members who have access to quick appointments for things like school physicals for sports teams and routine wellness checks that only take minutes. Think of the seniors who have special services for age-related health issues that often

require a team of specialists that must communicate with each other to avoid conflicting remedies for care. The seniors among us even have our own phone number to expedite getting appointments, handling Medicare-related and other billing issues, and helping with the electronic medical health care systems that can be challenging for those not used to such systems. Think about those of us who would have to start all over and traverse new systems of care to replace what we have had available to us for decades.

I know that you have the responsibility to manage the resources for Public Employees in a fiscally responsible manner. But you also have the responsibility to do so in a manner that balances the costs with meeting the needs of those you serve. We all need to have comfort that our health care needs are being met. For those of us opting for HMOs, those needs would be best met by keeping the HMO option available.

Thank you for your consideration.

Lori Temple
Emeritus Administrative Faculty Member
Retired UNLV Employee

To: PEBP Board.

I am writing in opposition to several of the proposed ideas and or cuts to the current PEBP. After ignoring the participant feedback, suggestions, and concerns back in February of this year, the PEBP Board went through with significant rate, and out-of-pocket maximum increases with deductibles, and diminished benefits that went into effect on July 1st.

Options the Board are considering include:

Option A – **PEBP's plan to eliminate the HMO and EPO plans.** This has been a persistent PEBP agenda very strongly resisted by state employees.

Option B – **Eliminate the HMO by making it an EPO (self-funded)** – a mystery to state employee advocates why, as the EPO in the North has been historically costly.

Option C – **De-couple “Actives” and “Non-Medicare” (or early) retirees..** This action might save “active” employees 4% in premiums but **raise Non-Medicare retiree premiums by 27% or more** (which may be a violation of Nevada Law, in NRS 287.043 which requires that Actives and Non-Medicare retirees be “comingled”). Please note that this action would be especially burdensome for state employees who often retire early under special PERS provisions because of their high stress jobs -- (Corrections Officers, State Police, Highway Patrol, Campus Police, State Fire Marshall employees, and others in these special Police/Fire positions).

Agenda Item #8 also proposes various possible shifts in employer contributions (or “subsidies”). Five sets of possible changes are proposed that either lower employer contribution percentages or radically **increase costs for spouses and dependents** (and even one that proposal that would eliminate state support entirely for the spouses and dependents of non-Medicare retirees).

I have worked for the state for over 26 years and am now looking forward to retiring with the promised benefits including the retiree insurance for myself, wife, and dependents. These proposed last-minute changes appear not just to move the goal post further away; but may make it unattainable to someone on a fixed income. Option C appears not only to violate NRS 287.043, but may also violate portions of the Affordable Care Act (ACA) as it appears to be a workaround to target the older and sicker members of the total group. They want to outprice the retirees and according to agenda item 8 kick the spouses that have support and made it possible for state workers to obtain longevity off the insurance

altogether. Retired dependents are likewise seen as parasites and a liability to long solvency. I am sure it is nothing person, just business.

What is notably absent from the agenda is the prospect of looking for alternative Health Insurance Groups and soliciting estimates for better or lower costing policies. It is no secret to state workers that UMR on the PPO plan frequently rejects claims from healthcare providers and does not pay their valid bills on time or even on some occasions. This has become a major issue in Northern Nevada where the limit healthcare providers no longer accept state insurance. Several labor organizations have independently reached out to competing health care groups such as Blue Cross and Blue Shield and received estimates for lower cost higher benefit plans. Why has the PEBP not?

The PEBP Board alleges significant deficits in funding for FY 2026/2027 some approximately \$56 million, however one must not only question these shortfall estimates, but inquire as to why this was not addressed with the Nevada Legislature during the last session. Why are we now just hearing about this, and are there any plans to address and or possibly mitigate these shortfalls with the next legislative session next year?

Nevada employees receive meniscal raises of 1%/1% last legislative secession that dis not even keep up with inflation which was around 2.9%/2.7% conservatively depending upon the source, as some were estimating it was closer 4.7 the second year; not to mention the 2.75% increase in PERS or the increase in PEBP. Now the state is looking at another biennium increase of another 1%/1% for FY2027/2028. The State of Nevada was already having difficulty competing to applicants, let alone retaining current employees and these draconian proposals by the PEBP are likely to hasten employees who seek alternative employment which will undoubtedly better and more affordable health care option. It may behoove the PEBP to seek more input and suggestions for alternatives. How are other states, municipalities, or the private sector addressing their health care expenses? Perhaps the state workers themselves through their bargaining unit can locate and negotiate better option than the PEBP is currently able to; as preliminary efforts from FOP appear to have successful identified alternative options.

Respectfully,

Jonathan R. Allen-Ricksecker

FOP NV CO Lodge 21 Chairperson of Trustee

Public Comment Submission

To: The Board of the Public Employees' Benefits Program (PEBP)

From: Patricia Cullinan, Retired State Employee

Date: September 30, 2026

Subject: Opposition to Cost-Shifting, Plan Disparities, and the Elimination of EPO/HMO Options

Dear Chairman and Members of the PEBP Board,

I am writing as a retired state employee to voice my strong opposition to the recent and projected structural changes to our health benefits, which disproportionately place the financial burden of stabilizing the program on its participants. Shifting costs from the plan to participants, from active employees to retirees, and from primary enrollees to dependents is fundamentally unfair and breaks the long-standing promise of stable post-service benefits.

Our premiums have already increased sharply, and projections of further hikes over the next two years create an unsustainable financial environment for families and retirees, like myself, on fixed incomes.

I urge the Board to reconsider its trajectory based on the following critical points:

- **Reject Unfair Internal Cross-Shifting:** It is unacceptable to establish experience-based rates or alternative structures that dismantle internal cross-subsidies at the expense of vulnerable groups, particularly retirees and dependents. This structural shift destroys the collaborative nature of a public risk pool.
- **Advocate for Full State Funding:** Rather than penalizing participants for historical deficits and systemic healthcare inflation, PEBP must aggressively advocate for the State of Nevada to fund its full, equitable share of these cost increases in the upcoming biennial budget. State funding gaps should not be resolved by eroding employee and retiree take-home income.
- **Oppose the Elimination of EPO/HMO Plans:** I strongly oppose any measures to eliminate or fundamentally restructure the Exclusive Provider Organization (EPO) and Health Plan of Nevada (HMO) options. For years, these plans have provided a vital safety net for participants who require predictable, manageable upfront costs rather than the high deductibles associated with PPO alternatives. Removing these options strips away necessary choices and forces participants into financial exposure they cannot afford.

State workers and retirees dedicated their careers to serving Nevada with the understanding that their health and wellness would be protected. I ask the Board to stand with its members, halt further cost-shifting, preserve our managed care plan options, and demand that Nevada adequately invest in the Public Employees' Benefits Program.

Thank you for your time and consideration.

Sincerely,

Patricia Cullinan