

November 14, 2024

To whom it may concern:

Re: a complaint letter regarding Via Benefits

My name is Samir Moujaes and am a recently retired professor(June 30,2024) from the Dept. of Mechanical Engineering after spending 40 yrs in academia at UNLV. I had informed the university of my retirement intentions one year before I retired and hoped that somebody from the university's benefits office would contact me before I retired to work with me and help guide me to the right steps for retirement. That did not happen and after I joined the Medicare B plan I also joined the AARP supplementary insurance company plan to get the extra coverage on top of my standard coverage with Plan B Medicare.

Little did I know that according to PEBP rules that if a faculty member does not join through the Via Benefits office within 60 days he would loose their free coverage with the Life Insurance offered by UNLV of \$12,500 and would not also obtain the monthly payment of HRA of \$270 that faculty are entitled to.

The problem I am facing is that I've been trying to contact the Via Benefits office to join a supplementary insurance company thru them so I at least don't loose out on getting my HRA payment, but it has been very difficult to contact Via by telephone when I have already tried three or four times. Every time a get a digital response from their phone system the wait times I am told to hold on are unacceptable to me. They are usually over 50 minutes wait. The last time I called t was a requested wait time of 140min.

Something needs to be done to rectify things with this company. Mayne they need to hire more employees.

Anyway I'll stop here at the present and see what steps will be taken to rectify this situation from PEBP.

Regards;



Samir Moujaes;

Professor Emeritus

Mechanical Engineering Dept.;UNLV

The Board of Regents of the Nevada  
System of Higher Education on behalf  
of Western Nevada College  
2201 West College Parkway  
Carson City, NV 89703

November 1, 2024

Nevada Public Employees Benefits Program (PEBP)  
3427 Goni Road, Suite 109  
Carson City, NV 89706

Subject: Carson Tahoe Hospital leaving the United Healthcare network

Dear Nevada Public Employees Benefits Program,

We are writing on behalf of all people affected at Western Nevada College, and State employees throughout Northern Nevada, to formally share our displeasure with the recently disclosed termination of our current contract between Carson Tahoe Hospital (CTH), their affiliates and United Healthcare (UHC), effective May 30, 2025. We would like to formally request that you immediately look into a replacement vendor for your PEBP members. Due to United Healthcare's short-comings, this jeopardizes Carson Tahoe Health's ability to provide appropriate in-network care to PEBP members and customers. Higher out-of-pocket and increased distance for basic services discourages members to seek ample care, and having to establish relationships with new doctors and specialists after PEBP members have already spent years creating and building relationships with current doctors and specialist is an unacceptable and unreasonable ask. At times, PEBP members have experienced extended delays in obtaining in-network referrals to facilities where they may no longer be eligible to receive in-network services. In-network coverage is already a significant issue, and unfortunately, rural areas such as Fallon are disproportionately affected, especially with Banner Churchill Community Hospital being out-of-network. They currently have to travel to Reno or Carson for their non-emergency services. The negative impacts that they have seen include higher costs, limited coverage, additional travel expenses, and delayed prior authorization. These impacts to our rural areas should be improving, not worsening and impacting even more PEBP members. It is crucial for all of us to gain and maintain reasonable, continuous in-network health coverage. We encourage you to please look into researching for a better, affordable healthcare insurance company, since United does not seem to be working well with the hospitals and medical facilities that our populations need.

Please let us know if you require any additional information or documentation to assist you in your review of this extremely critical situation that affects so many state employees in Carson City and surrounding areas.

Thank you for your prompt attention to this urgent matter. We appreciate your time and efforts.

Sincerely,

Classified Council (52 members)

Administrative Faculty Senate (approximately 52 members)

RECEIVED

OCT 23 2024

OFFICE OF THE GOVERNOR  
CARSON CITY, NV

Nevada Governor Joe Lombardo

101 N. Carson Street

Carson City, NV 89701

Joanne M. Grundman

21 October 2024

Attn: Ryan Cherry, Chief of Staff

Re: Carson Tahoe Health and United Health Contract

I am a retired Nevada State employee with plus 35 years of service. My last position was the first program administrator of NevadaCheckUp. I am writing to you regarding your office's contract negotiation involvement along with PEBP between Carson Tahoe Health [CTH] and United Health [UH].

Michelle Joy, CTH CEO, announced in August 2024, that CTH would not renew its contract as of May 31, 2024, with United Health [UH]. She stated "... increasing insurance authorization denials and possible delays in physician-directed treatments; as well as, payment barriers making an ongoing relationship insurmountable....has forced this decision". In July 2023, I had surgery at CTH, and it took almost 7 months for CTH to receive payment because of 'billing paperwork' issues.

I am on Medicare Part B only; as such, my primary insurer for hospital care is United Medical Resources PEBP. Since I am not eligible for Part A, I cannot buy an Advantage Plan [Part C]. All of my health providers are located in Carson City, and most are affiliated with CTH. If a new contract is not negotiated between CTH and UH, this means I will either pay a higher co-pay or seek care from non CTH providers in the counties of Carson City, Douglas, and Washoe.

According to the Carson City Chamber of Commerce, government (state and local) employs over 11,500 in the city. [1] The largest employers include the Nevada National Guard and state departments of corrections, transportation and employment security. CTH is a nonprofit, is also one of the city's largest employers. UH reported revenues of \$37.6 billion and earnings from operations of \$32.4 billion in 2023. According to Cole Manbeck, UH director of corporate communications has indicated their willingness to negotiate towards reaching an agreement.

Hopefully, all involved negotiating parties will be able to reach a new contract effective May 31, 2024, to provide continued health insurance coverage for current and retired State of Nevada employees. Any status update that you can provide will be appreciated.

Regards,



Joanne M. Grundman

[1] Could not find data on the number of local state retirees

A comment from Makayla Lavender:

Dear PEBP Board:

I am a health economist, and I am writing to support the *removal* of the HMO plan. I am passionate about health insurance literacy and in my Health Economics courses I teach students how to compare insurance plans. I will walk through a comparison of the HMO and the high deductible health plan (HDHP) Consumer Driven Health Plan (CDHP-PPO).

According to my calculations, it is in the best interest of PEBP beneficiaries to remove the HMO plan. People on that plan who think there would be a financial hardship if it was eliminated probably do not understand how to compare the numerous aspects of health insurance plans (premiums, deductibles, coinsurance/copays, out of pocket maximums, and HSA contributions). The HDHP is incredibly generous for beneficiaries and reduces moral hazard concerns, thereby making it cheaper to administer.

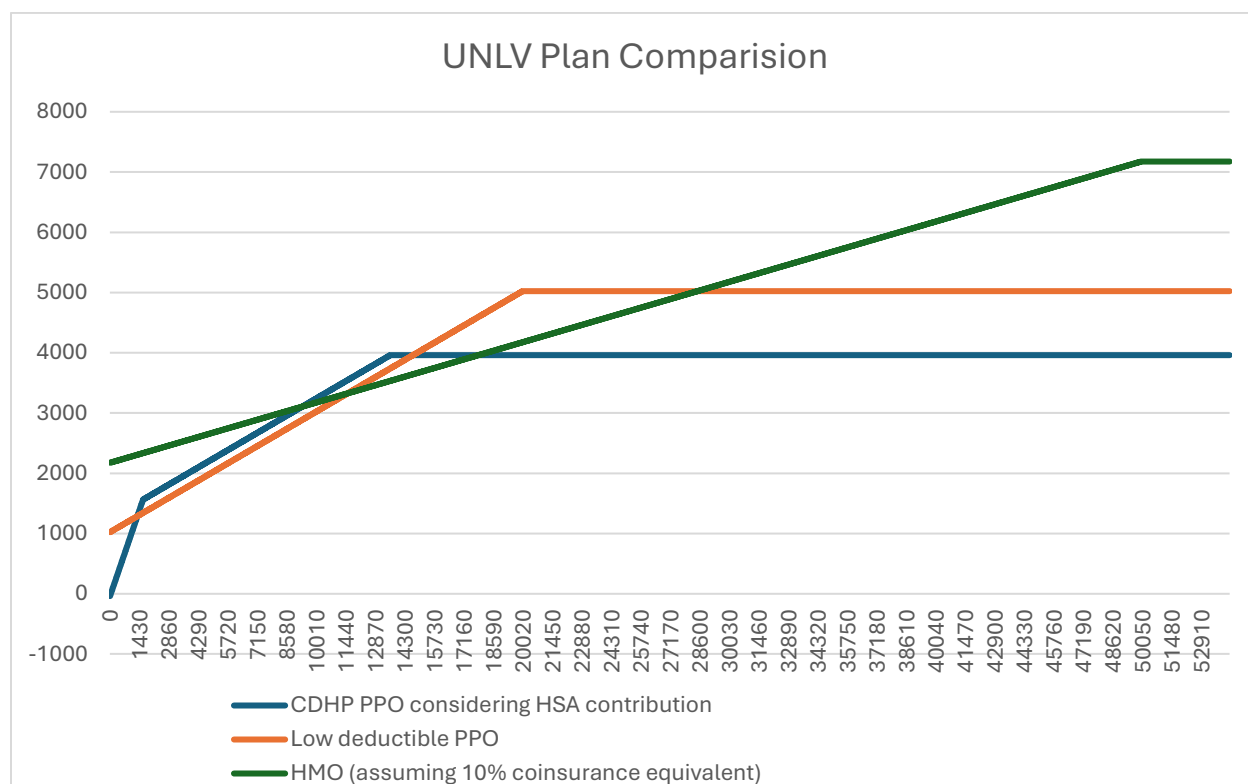
I will show the comparison for an individual employee because family plans are more complicated. The HDHP has an employee premium of \$55.26, so once a \$700 HSA contribution is considered the effective premium is essentially *negative* \$3.07, meaning PEBP is paying employees \$3.07 towards their HSA to select this plan  $(55.26 \times 12 - 700) / 12$ . This is significantly cheaper than the \$181.24 premium for the HMO plan.

The HDHP's lower premiums more than make up for its deductible, making the HDHP plan better for people with limited health care needs. The HDHP has a \$1,600 deductible whereas the HMO has no deductible. But the annual premiums of the HMO are \$2,174  $(181.24 \times 12)$ . Suppose an employee has accumulated \$2,200 of non-preventative medical bills during the year. The cost to the employee on the HDHP = deductible + 20% coinsurance region payments + premiums =  $1,600 + (2,200 - 1,600) \times .2 + -3.07 \times 12 = \$1,683.16$ . For simplification, assume the person has no cost sharing on the HMO plan. (Because the HMO has copayments rather than coinsurance, how much \$2,200 of care would cost the beneficiary depends on what types of care was used. To simplify the comparison and give the HMO the best case possible, I effectively made the HMO have a 0% coinsurance). The employee would save almost \$500 by being on the HDHP rather than the HMO  $(\$2,174 - 1,683 = \$491)$ . Remember these benefits are understated because I did include the cost sharing for the HMO plan.

What about employees with serious health needs? The HDHP is still better. If someone has extensive health needs, they will hit the out-of-pocket max (OOPM) on both plans. In that case, their total spending for the year would be the premium + the OOPM. For the HDHP, the OOPM is \$4,000 and recall that the premiums for the year are actually negative when considering the HSA contribution. The total, worst-case-scenario expenditures for the person on the HDHP are  $\$3,963.12 = 4000 + (55.26 \times 12 - 700)$ . For the HMO the OOPM is \$5,000, so the worst-case-scenario expenditures are  $\$7,174.88 = 5,000 + 181.24 \times 12$ . This means employees with high health needs would save \$3,200 a year by being on the HDHP.

Medical Care Used	What the beneficiary pays		Cost Savings on the HDHP
	HDHP	HMO	
\$0	= $55.26 \times 12 - 700$ \$ (36.88)	= $181.24 \times 12$ \$ 2,174.88	\$ 2,211.76
\$2,200	= $1,600 + (2,200 - 1,600) \times 0.2 + 55.26 \times 12 - 700$ \$ 1,683.12	=Copayments + $181.24 \times 12$ Copayments+ \$2,174.88	\$491 plus any copayments on HMO Plan
\$100,000	= $4,000 + 55.26 \times 12 - 700$ \$ 3,963.12	= $5,000 + 181.24 \times 12$ \$ 7,174.88	\$ 3,211.76

I have shown the HDHP is better for employees with low health needs or high health needs, but what about employees with moderate health needs? This comparison is more tricky because the HMO has copayments and the HDHP has coinsurance, so they aren't directly comparable. If we assume the copayments for the HMO correspond to a 10% coinsurance rate, we can compare the plans graphically over any number of possible medical expenditures. The graph below compares the 3 plans, with the total amount of accumulated medical expenditures for the year on the horizontal axis and the amount the beneficiary would pay on the vertical axis. The graph shows there is a small range of medical care where the HMO plan would be slightly better. If the coinsurance equivalent is 15%, the HDHP is cheaper than the HMO at all possible levels of medical care.



There are some additional considerations which may explain why people are attached to the HMO. Importantly, the HDHP has no coverage of non-formulary drugs so people with certain prescriptions may be better off on the HMO plan. It may be that an employee's doctor is in the HMO plan network but not the HDHP's, causing them to prefer the HMO. Also, I laid out the case for an individual employee, and while things are similar for the family plans, there could be some combinations of family health care needs which may be better on the HMO. People may be thinking the HMO is cheaper because they view premiums, HSA contributions, and out-of-pocket costs differently. The premium costs are withheld from their paychecks which creates an "out of sight, out of mind" cost. Employees are generally uninformed about the benefits of HSAs, which are arguably the most tax-efficient investment account available in addition to being highly flexible.

Best,

Makayla Lavender

Assistant Professor of Economics

[Makayla.lavender@unlv.edu](mailto:Makayla.lavender@unlv.edu)

September 25, 2024

To Whom It May Concern:

As a 20+ year employee and an [REDACTED], I am strongly opposed to the possible elimination of the HMO option for my health insurance here at UNLV. My out of pocket costs for [REDACTED] supplies would undoubtedly skyrocket on an annual basis. Please vote to continue to give me the option of continuing to be covered by an HMO.

Thanks,

Grant Spear

UNLV Athletic Grounds Supervisor



The idea of eliminating the HMO is ridiculous. We already have some of the worst benefits and pay and now you are considering about taking what we do have away? Instead of eliminating maybe the state should be held accountable to take care of its staff and provide appropriate funding.

**Item 6.** Discussion and possible action regarding Plan Year 2026 Plan Design changes. Based on the limited availability of funding, PEBP staff recommend the following:

- Increase the Health Savings Account and Health Reimbursement Arrangement to \$700 for the primary and \$200 per dependent up to a maximum of \$600 for dependents for those enrolled in the CDHP (High Deductible PPO Plan).
- Maintain life insurance benefits at \$25,000 for employees and \$12,500 for retirees for all primary plan members.
- Transition the LDPPO (Low Deductible PPO plan) to a standard PPO Plan with a payment structure to be approved at the November 2024 Board meeting.
- Eliminate the EPO Plan (Northern Nevada) due to the continuation of increasing high costs to PEBP and the employee.
- Eliminate the HMO Plan (Southern Nevada) due to continuation of increasing high costs to PEBP and the employee and include cancellation of the RFP. **RESPONSE:** Currently I disagree with this proposal. I would like to see examples (financial figures) on how eliminating the HMO plan will be beneficial to the employee.
  - Based on the current PLAN Year 2025 for Employee + Family, the annual difference between the HMO & CDHP-PPO premiums would be \$3,590.73  $[(651.51 \times 12) - (352.28 \times 12)]$
  - Assuming this difference actually goes to the employee and doesn't get absorbed by other taxes, they now have \$3,590.73 to pay towards the \$3200 family deductible
  - Assuming now that that the deductible is met, the employee now has \$390.76 to pay for the %20 primary or 20% urgent care, or 20% specialist visit, etc
  - A single routine visit with your primary can be roughly \$387 (using an EOB for reference), therefore 20% of that would be roughly \$77.40. A single visit to

urgent care can be roughly \$574 (using an EOB for reference), therefore, 20% of that would be roughly \$114.80.

- This would allow for 5 regular primary care visits for the entire family or 3 visits to urgent care before the “difference” in premiums is used up. NOTE, this does not include the %20 for medication etc.
- The out of pocket maximums for CDHP are over \$1000 more than the HMO, telemedicine is subject to deductible first before you get the \$49 copay vs \$0 for HMO
- Emergency room visits and in-patient hospitalization would also be more than the capped \$600 for HMO . The current difference in premiums with these two plans would not be sufficient to minimize the higher out of pocket costs for the employee.
- Anecdotal: Assuming that on a MONTHLY basis, the different in premium (between CDHP & HMO) goes to the employee, they have \$299.23 for primary care visits etc. Since the 20% copay applies after the deductible is met, an employee who goes to the urgent care and has a primary visit both in month, prior to the deductible being paid, would roughly have an \$961 bill and only \$299.23 to pay towards it. Are we hoping this person will have other sources of funding, that they don't visit the doctor for a few months after, and that the medical office allows for a payment plan, so that this person can slowly use the monthly premium difference to pay off their bill?
- If an employee does not select a new plan, they would be transitioned to the LDPPO (Low Deductible PPO) plan. **RESPONSE:** if the LDPPO is going to be transitioned to a standard PPO plan and there is an attempt to eliminate the HMO plan, then what “new” plan are members supposed to choose from? It seems that there will only be one plant available for staff.

## PEBP HMO plan elimination

09.25.24

Why would you eliminate the HMO? I can't afford any money to a PPO. All my money goes to my bills. Rent, Car payment, Power, credits cards, etc. I am the only pay for all of that. I am really glad for last year 2023 and this year 2024 to have the HSA card to help pay for my meds, and my appointments. Without that HSA card I can't afford to get my meds. My daughter is still on my health plan. My son is on welfare and he don't work. I get my food from a local church. Please don't get rid of the HMO.

Kimberly Ensign in the Hospitality Advising Center as an AAll

[REDACTED]

Name: Shantal Marshall

I am an academic faculty member at Nevada State University. I have always had the HMO health plan for the past twelve years that I have been at Nevada State. The reason I chose it, and continue to choose it, is because it gives me peace of mind. I have compared the HMO to the PPO numerous times to determine if it would be best for me to switch to the PPO. And I come to the same conclusion every time: no, it would not. I value knowing exactly what my copay is for most visits and procedures before I visit a health provider. I know myself well and know that if I had to consider paying 20% of the cost of a visit or procedure it would mean that I would have to make a cost-benefit analysis of whether or not to see a doctor or get treatment on a case by case basis, depending on the specific cost of that treatment. And that is simply not how I want my health insurance to work. I have even been advised to stay on the HMO if I were to start a family so that the delivery of my child would not lead to a high bill and instead have a simple copay. I would like to stress that **even if the out-of-pocket expenses are equivalent at the end of the year**, I prefer to have the peace of mind of knowing exactly what the copay is up front.

In addition, I have heard that the PPO plans have less coverage for mental and behavioral health. This is not acceptable. As someone who has had a difficult time finding a therapist in the Las Vegas area, it would be detrimental to have even fewer options than I already do.

Given that you have already put out an RFP for another health insurance company to cover the HMO, I strongly urge you to keep the HMO in place at least until you get proposals to be able to make a more informed decision. Then a decision can be made comparing what we have now with what we could have in the future, instead of deciding to remove it completely and potentially having to do the work of putting an HMO back together when we have seen the fallout.

Thank you.

Hello, I am sorry I am late with this message but hopefully you get it in time. I am academic faculty at CSN starting my 29<sup>th</sup> year. Except for one year, I have always had an HMO. A few years ago, I decided to try the cheaper monthly plan, as I am generally very healthy. Then I had my first excruciating [REDACTED] and ended up in an emergency facility twice. I thought once I passed the [REDACTED] that my pain was over, but then the nightmare really started. The bills started coming in all at once, so many! One night I was there when the doctors switched so I actually received two doctor's bills for that, long with the others for every person, every procedure, every medication! It was just so outrageous!

To be fair, once it was all done, I probably didn't pay much more than I would have on my HMO payments & that treatment payment, but it was ALL at once instead of being spread out and planned monthly payments. Luckily, these were my only bills for medical issues for the year.

With the HMO, you know the cost upfront. You go in, you pay, and you are done. Another thing that concerns me is that I am gone most of the summer (often out of the country), so if I had bills come in when I was gone, I would not have access to them, and now I would be late for the payment and risk ruining my excellent credit score/history.

As soon as I was able, I went scurrying back to my HMO!

Please, please, please, please support continuing the HMO option!!

Thank you.

Patricia Dreven  
CIT Professor

[REDACTED]

Why we must NOT get rid of the HMO option for PEBP participants, and why PEBP must continue to give participants like me and my family the choice of an HMO/EPO option.

Our family's HMO plan at UNR provided us with lower premiums, copays and out-of-pocket costs when compared with most other types of health plans. The HMO that we have been using at UNR has provided coverage for medical care, mental health, and pharmacy benefits, and this was **specially useful for me when I had a [REDACTED] about 18 years ago**. The out of pocket costs would have been very hard on my family as we were raising four children.

**1. Families with small children (that was us a few years ago)** who often get sick need to be able to choose an HMO option otherwise their out of pocket costs with an EPO would be enormous.

**One of my children needed [REDACTED]**, and the HMO provided this service much cheaper.

2. The HMO we have used even now has been affordable than other plans, with predictable costs and no deductibles or coinsurance for medical services. The EPO alternative has always had higher premiums and out of pocket costs with the EPO ran higher comparatively to the HMO alternative that we picked. I understand that EPOs have some HMO features, but they are still more expensive than an HMO alternative.

3. The HMO has provided us with a dedicated primary care provider (PCP) to coordinate care and keep a record of health history.

4. Our HMO has also offered access to a wide range of health care providers, including urgent care and hospitals.

5. Our HMOs offered wellness programs (e.g after I had a [REDACTED]) and disease management.

6. I have never had any problem getting referrals for other services.

NSHE should make both options available instead of forcing us to choose a EPO.

**From:** [MICHAEL AMESQUITA](#)  
**To:** [Jessica Crane](#)  
**Subject:** Re: PEBP Public Comment  
**Date:** Tuesday, November 12, 2024 9:48:47 AM

---

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

Good Morning Jennifer,

Thank you for letting me know! Below is my public Comment:

Dear Ms. Michelle Kelley and Dr. Jennifer London

I got the email too late on Tuesday afternoon to be able to send in an official public comment.

My name is Michael Amesquita and I currently work for NSHE - UNLV. I am a first-generation Latino who graduated with a bachelors from UNLV. I have always had an HMO since I turned 18. Those, including myself, rely on a HMO because we cannot afford 20% of the cost for an operation.

When I worked for the George Washington University I had the HMO and I came down with [REDACTED] and had to have an operation with a five day stay in the hospital. I paid a \$200 copay of the 40K total. Tore my [REDACTED] and it was a \$16k outpatient surgery and I paid \$100. [REDACTED] surgery for [REDACTED] was \$100. I pay the HMO premium for these reasons. I have never been close to the deductible so getting rid of an HMO would put an unreasonable financial burden on me due to the illness that I currently have.

Currently, my HMO covers 100% (with no copay) any x-rays I may need, all the blood tests I have to have for my condition. If it was a PPO I would not be able to afford this care.

I am also extremely worried about losing my providers. I have been back in Las Vegas for five years and I have finally figured out who the good doctors are, for me.

It could just be me, but I feel that Southern Nevada has the larger marginalized communities and taking away the HMO option would have a bigger negative impact on us.

Best regards,  
Michael Amesquita  
[REDACTED]

On Tue, Nov 12, 2024 at 9:20 AM Jessica Crane <[jcrane@peb.nv.gov](mailto:jcrane@peb.nv.gov)> wrote:

|



Good morning Michael,

I'm reaching out regarding the public comment you submitted on 9/26/24 regarding the potential removal of the EPO/HMO plans. The document you submitted is not opening properly. Would you kindly resubmit? I will be adding your comment to the 11/21 board meeting. Thank you!

Warm regards,

Jess Crane

Executive Assistant

State of Nevada Public Employee's Benefits Program

3427 Goni Rd. Suite 109 Carson City, NV 89706

E: [jcrane@peb.nv.gov](mailto:jcrane@peb.nv.gov)

T: 775.684.7016

TF: 1.800.326.5496

--



**Michael Amesquita, M.A.**

Residential Life Coordinator

Housing and Residential Life

Student Life; Division of Student Affairs

University of Nevada, Las Vegas

Pronouns: he/him/el - [About pronouns \(pdf\)](#)



*Top 3 percent nationally in research activity.*

UNLV is proud to be a Minority Serving Institution with HSI & AANAPISI designations.



Top 3% of U.S. colleges & universities.

[unlv.edu](#) • [Twitter](#) • [Facebook](#) • [Instagram](#) • [YouTube](#)

I am a 37 (25 years @ UNLV) member of the HMO insurance plan. I have several preexisting conditions and several doctors that I see regularly and medications I take every day. If the HMO option is removed from southern Nevada and I'm forced to use the PPO option, this is going to cost me much more than I am paying currently to receive the same service. This will put a big hit in my finances and could increase costs up to 50% of what I'm paying now. Please look for another option to keep people on the HMO plan option. Thank you.

To whom it may concern,

I am writing you in regard to the proposed elimination of HMO insurance. I have been employed by UNLV for 19 years now and have had HMO insurance as my coverage. I have a family and established doctors within my insurance plan. I have a primary care doctor I have been seeing for years and is familiar with my health issues. My children have an established doctor they have been seeing since birth. If we are forced to obtain a PPO plan this will cause a big financial burden to my family. With the cost of living going up here in southern Nevada this hardship might be unbearable. I would hope you would take all this into consideration while making your decision. Although we have seen a cost of living increase just know that this has helped little. State employees here in southern Nevada are still underpaid compared to other states. I have always paid the higher premium for the HMO plan and hope that you really consider the lives you will be impacting. I have been a loyal employee and dedicated 19 years here at UNLV.

Sincerely a concerned employee,

Adelina Frank

To Whom It May Concern,

I am writing to express my serious concerns regarding the proposal to eliminate the HMO option from PEBP's health insurance offerings. As a member directly impacted by this change, I believe the removal of the HMO option would place a significant financial burden on me and others in similar situations. The increased costs associated with alternative plans would be challenging to manage, especially in light of current economic conditions.

Additionally, the elimination of the HMO option would require me to seek out new healthcare providers, a process that could disrupt ongoing treatment and cause added stress. For many of us, continuity of care with trusted physicians is crucial for our health and well-being. The relationships we have established with our current providers, as well as the familiarity with our medical history, play an essential role in receiving consistent and effective care.

I urge PEBP to consider the impact on members who rely on the HMO option to maintain both financial stability and uninterrupted healthcare. I respectfully request that PEBP retains the HMO option within its insurance offerings to ensure accessibility, affordability, and continuity of care for all members.

Thank you for considering these concerns.

Sincerely,  
Sandy Ziegler

Carrie Tyler

Dear Faculty Senate representatives, I strongly oppose the elimination of the HMO and EPO plans, as this will cause financial hardship for many faculty. In addition, if eliminated, many faculty will have to change healthcare providers. The latter is particularly detrimental for anyone managing a chronic condition, as they will have to wait months to get in with a new provider. This also causes issues for anyone that has to regularly see a specialist, as specialists are in short supply in the state of Nevada, and most are not accepting new patients as they are already at capacity. The status of healthcare in Nevada is insufficient to accommodate this healthcare plan change.

Thank you,  
-Dr. Carrie Tyler

I have had HPN since I started with the state 24 years ago. I have established relationships with my current doctors who have my entire medical history from that time. I am happy and comfortable with the plan that I have and would not like to see it eliminated.

My budget does not allow for unknown medical costs based on deductibles and percentages. I need to know what copays I will have for my medical needs.

It would be an extreme hardship for me and many of my colleagues if you were to eliminate the HPN HMO plan.

Sincerely,  
Maggie Hierro

Debra Biordi

[REDACTED]

I am writing to discuss the implications of the aforementioned change on my family.

I have a family of 5 who all rely on the UNLV HMO Medical program.

It is already a financial hardship to maintain the current insurance at what we pay now.

Any changes to this plan that require us to pay more, would result in a significant financial hardship.

I truly hope you decide that this is not a change that would benefit UNLV employees.

Feel free to reach out to me if you would like to discuss this further.



Hello Dr. Deborah Arteaga and Michelle Kelley,

My name is Monica Rosales, and I am an administrative assistant in the UNLV Physical Therapy Department. I have been with the University for over seven years, and throughout that time, I have always chosen the HMO insurance plan. I have deeply appreciated this plan over the others available. While I recognize that its premiums are higher and may not suit everyone, I feel the benefits provided by the HMO plan have been invaluable to me.

Without going too deeply into my personal health experiences, I visit both my primary care doctor and specialists more than twice a year. I find great reassurance in knowing my co-pay upfront, allowing me to avoid the uncertainties of meeting deductibles and handling costs after co-insurance percentages. If the HMO plan were eliminated, it would have a serious impact on my ability to manage my medical care effectively.

I understand this plan may not be as popular as other options, but it has been essential to my healthcare needs. I kindly ask that you consider retaining the HMO plan.

Warm regards,



Christine Luu [REDACTED]

---

## Please Keep HMO

1 message

---

Christine Luu [REDACTED]

Wed, Nov 13, 2024 at 11:01 AM

To: Deborah Arteaga [REDACTED], [REDACTED]

To: PEBP

I have HMO for the last 20 years. It is a simple plan, no headaches (when it comes to billing).

Doctor appointments can be done conveniently at many Southwest Medical locations (all in one building).

I am asking you to please KEEP HMO !

Thank you !

Best Regards,



**Christine Luu**

Administrative Assistant 3

Planning & Construction

University of Nevada, Las Vegas



From Zach Perzan:

Dear Members of the Public Employees' Benefits Program Board,

As a faculty member at UNLV, I am writing to express my strong support for retaining the Health Plan of Nevada HMO option in the PEBP offerings for Plan Year 2025, along with the EPO option for employees in northern Nevada. The HMO plan has ensured that I have access to quality healthcare and has been an essential factor in my ability to effectively manage healthcare costs.

Faculty at UNLV (as with many government employees) are paid lower salaries than what they would receive in the private sector. Access to comprehensive benefits, including the HMO and EPO plans, balance out this wage gap and provide a sense of financial security. The elimination of the HMO plan would create substantial financial hardship for me and reduce my access to quality healthcare, particularly given my need for ongoing medical care. The current HMO plan offers manageable copayments and predictable out-of-pocket expenses, which are critical for individuals requiring regular specialist visits, prescriptions and other healthcare services.

Replacing the HMO plan with alternative options such as the CDHP or LDPPO would significantly increase my healthcare expenses, making it more difficult to meet the costs associated with necessary and recurring medical treatments.

I urge the board to consider the significant impact that removing this plan would have on UNLV faculty and other public employees who depend on its affordability and accessibility. Maintaining a diverse range of healthcare options, including the HMO plan, ensures that PEBP remains an equitable and supportive program for all its participants.

Sincerely,  
Zach Perzan  
Assistant Professor  
University of Nevada, Las Vegas

RE: Proposed Health Insurance Changes

Specifically, Eliminating the HMO in Southern Nevada

As a Classified Employee of 23 years I am appalled at the suggestion that the HMO insurance that I have been using all of these years is up for elimination. Having [REDACTED] along with other issues, I would not be able to afford the multiple prescriptions, blood tests and mandatory doctor's visits that allow me to live.

Moving to a PPO would mean that I would not, as a Classified Employee, be able to afford what is necessary to keep myself healthy and it would mean I would need to change providers I have been with for years.

We are not all able to afford out of pocket expenses and deductibles. Please have some compassion for those of us that need to rely on an HMO for our health needs.

Giorgina Agrellas

Dear Board Members,

As a faculty member, I am deeply concerned about the proposed elimination of the HMO option in the south. This change would significantly impact our me and my colleagues, many of whom are facing the potential for financial strain and disruptions in their established healthcare relationships should this change proceed.

The HMO option has been a vital resource for faculty members who need an affordable and stable healthcare plan. Requiring these individuals to move to a different plan, such as the Consumer Driven Healthcare PPO, will create new financial burdens, despite the proposed increase in HSA contributions. Moreover, many of us have longstanding relationships with healthcare providers that cannot easily be replaced, a transition that could compromise both continuity and quality of care.

Southern Nevada already ranks at the bottom of US for affordable, quality healthcare options. Eliminating this plan will make medical care and access more difficult to afford for our faculty, and will likely impact retention and recruitment.

Thank you

Nicholas Barr, Assistant Professor, UNLV School of Social Work.

Dr. Victoria Weaver, UNLV

Dear board Members,

I am writing to express my serious concerns regarding the decision to eliminate the HMO medical insurance plan option. This change will create significant disruption to my established healthcare routine and impose additional financial burdens.

Specifically, this change will impact me in the following ways:

1. Disruption of Existing Care
  - I will be forced to leave my current healthcare providers and find new doctors
  - This interrupts ongoing treatment plans and provider relationships
  - The transition period puts my continuity of care at risk
2. Financial Impact
  - The alternative plan involves higher copays
  - This creates an unexpected increase in my healthcare expenses
3. Healthcare Access
  - The HMO plan provided predictable, manageable healthcare costs
  - The established referral system ensured coordinated care
  - My current healthcare practices are optimized around the HMO model

I respectfully request that the board reconsider this decision and maintain the HMO plan as an option for current enrollees

Thank you for considering these concerns. I would appreciate the opportunity to discuss this matter further and understand what accommodations might be possible for those significantly impacted by this change.

Regards,

Dr. Victoria Weaver

Cheyenne Taylor

Subject: Please Keep the HMO Plan for Essential Health Care Needs

Dear PEBP Board Members,

I am writing to urge you to retain the HMO plan in southern Nevada. Like many others who manage chronic conditions, I have found that having consistent, affordable access to specialized care is critical to my health and well-being. With an [REDACTED], regular monitoring and coordination with my healthcare providers allow me to keep my health stable and avoid unnecessary complications.

The HMO plan has been essential for me to maintain this continuity of care. Over time, I have developed a trusted network of specialists who understand my unique needs, and this support has been instrumental in helping me manage my condition effectively. Without the HMO plan, I would face disruptions that could set back my health and lead to increased financial strain. Moving to another plan not only risks losing access to these trusted providers but also adds financial and logistical burdens that can be especially challenging with a chronic health condition.

Please consider the real, human impact of removing the HMO option. For those of us who rely on this plan, it is not just about coverage - it is about our ability to live healthy, stable lives and continue contributing to our communities.

Thank you for considering the voices of those who depend on this plan.

Sincerely,

Cheyenne Taylor



I have been in higher ed for over 20 years. My understanding was that PPO recipients paid a little more to be able to go to a particular doctor in their network. HMO recipients belonged to organizations such as Keizer ( not sure what it is in Nevada) that had a group of doctors that were chosen for the recipient. It may mean that you don't get the same doctor everytime. This may have changed over the years.

What would the impact be on PPO recipients if HMO was eliminated? Higher costs? What impact would it have on the health care providers? Would it cause health care rates to increase?

Noah Ahmed

Public Comment Against the Elimination of the Public Employees Benefits Program  
Health Management Organization Option

Hello,

I am a relatively new staff member at the University of Nevada, Las Vegas. I have a complex medical history, with numerous conditions that require – at times – advanced care. The Health Management Organization (HMO) option is *very* clearly the best choice for me to keep up with my health needs in an affordable way.

Prior to beginning work in my current position, I was a dependent under the PEBP low deductible plan, as one of my parents is also an employee. Although that plan worked well for my family as a whole, I made compromises on the quality of my care and treatment to keep our costs low as a family. With my current healthcare options under the HMO, I no longer have to choose between high quality, efficient healthcare and being financially stable. I have been prescribed medications in the past with an out of pocket cost in excess of \$1,2000 per month *each*, and that was under the other PEBP healthcare coverage options. Now, I pay less than \$50 per month for *all* of my prescriptions.

The HMO is the only option that works for my healthcare needs while remaining affordable. If it is eliminated, countless state employees like myself would have their health and wellbeing put in jeopardy. This is unacceptable. On behalf of myself and the many others in this position, I strongly oppose the elimination of the HMO option. I ask that you do the same.

Thank you.

Noah



November 13, 2024

Dear Members of the PEBP Board,

I am writing as a member of the PEBP to urge you to reconsider the proposed elimination of the HMO option for the South. As you deliberate on this critical decision, I hope you will weigh the impact this change will have on us members, particularly in terms of access to affordable healthcare and continuity of care.

The HMO option currently stands as a cost-effective and accessible healthcare model that allows many of us—especially those of us in academia—to afford essential medical services. Unlike our counterparts in industry who may benefit from higher salaries and more comprehensive benefits packages, we rely on the affordability of HMO plans to maintain our health without the additional burden of high premiums. With the rising cost of living and healthcare premiums, the HMO is one of the few options that allows us to stay within budget while still accessing necessary services.

Beyond affordability, there is the issue of consistency in care. For members who are currently enrolled, the proposed elimination of this option could mean losing access to trusted providers or encountering substantial delays in receiving new services. Any disruption or delay of care has potential long-term health and financial consequences for our members, which is especially concerning for those managing chronic conditions or ongoing treatments. Moving to a different plan may lead to the loss of established provider relationships, unfamiliar coverage policies, and increased out-of-pocket expenses—all of which could negatively impact our health outcomes.

We understand that this proposal may present a short-term cost benefit for the board. However, it is important to recognize that the HMO's affordability and stability are vital for the health and well-being of our members, particularly at a time when financial strain is increasing. In short, what may appear to be a budgetary adjustment has life-altering implications for members whose healthcare choices will be restricted and who face the prospect of added financial strain and potential care delays.

Therefore, I respectfully urge you to retain the HMO option for the South. Your decision could make the difference between accessible, continuous healthcare and a burdensome, disjointed experience for the members who depend on it. Please consider the real, human impact of this decision, and let us work together to protect access to affordable, consistent care for all.

Thank you for your time and for considering the voices of the members who are directly affected by this change.

Sincerely,

A handwritten signature in black ink, appearing to read "K. DiNicola", is written over a solid black horizontal line.

Kirsten DiNicola

University of Nevada, Las Vegas  
School of Public Policy and Leadership



## Concerns Regarding Proposed Elimination of HMO Plan in the South

Dear Public Employees' Benefits Program (PEBP) Board,

I am writing to express my serious concerns regarding the proposed elimination of the HMO plan in Southern Nevada. This change would not only have significant financial consequences for me but could also lead to legal complications and undue hardship on my family.

The HMO plan has been part of my health insurance coverage for a long time, and it is an essential component of my court stipulation and order with my co-parent for our child's care. The elimination of this HMO option would likely force me into a different plan with higher out-of-pocket costs and potential changes in provider access, which I cannot afford given my current financial situation.

In addition to the financial burden that would result from a shift in insurance plans, I may face a new lawsuit from my co-parent. Since the HMO plan is court-ordered for my child's healthcare, removing this plan could force a renegotiation, requiring significant attorney fees that would place further strain on my finances. With existing financial responsibilities, including child support and a low household income, this change would put me in a precarious position and possibly lead to unmanageable debt.

I urge the PEBP Board to reconsider the proposed elimination of the HMO plan in Southern Nevada. Retaining this option would allow me, and others in similar situations, to maintain stability and continue meeting our obligations without added financial and legal stress.

Thank you for your attention and consideration.

Sincerely,

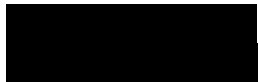
Cyrus Zarganj

UNLV

Cyrus Ford ZarGanj

Special Formats Librarian

University of Nevada, Las Vegas Libraries



I am writing to oppose any change in PEBP plans that would require employees to have to change their health care provider without some kind of well thought out transition plan. If one has not tried to change health care providers recently, one might be unaware of how difficult this is. Two years ago the practice I was using for primary care decided to convert to Medicare only. We received a letter informing us of the change right about the time that I was due for my annual checkup. I searched for months for a practice to switch to that was covered under my plan. Most of the practices in Las Vegas were not taking new patients. If they were, they had no availability for many months. I am taking a prescription medication that cannot be stopped cold turkey and is not prescribed by urgent/quick care facilities, and health clinics. I was shocked to find that no contingency exists for taking care of people put in this predicament. I was very fortunate that I had accumulated a supply of my medication over time from missed doses, so that I was able to taper my dose and survive until I found a practice to take me and then wait for an appointment. In my case, the disruption in my medical care was not caused by PEBP and the number of people searching for a new provider was probably not very large because it was just one practice that dumped a portion of their patients. I imagine the situation would be worse if a large employer like NSHE simultaneously orphaned a large number of employees all at once. Please remember that state employees are human beings who have real healthcare needs and treat us all accordingly. Thank you for your consideration.

First and Last name: Arya Udry

Please do not eliminate the HMO in the south and EPO (exclusive provider option) in the north. While the financial hardship is enough of a reason, changing healthcare providers is also not trivial, and appointments for new patients, particularly to see specialists, take months to get. This would be detrimental for anyone with a chronic illness, which concerns a high amount of people.

MICHAEL VELEZ

Greetings to the November 21 PEPB Board meeting.

This comment addresses the proposed change to remove the HMO option for NSHE employees.

I will keep this brief. I have served UNLV's students as a part-time instructor for the English department since 2003. I love what I do, have won several teaching awards, and work hard for my students' success.

I also have a chronic medical condition for which I have been working with the same medical practice and physician for over 15 years. They have been of great help in maintaining my health and equilibrium.

Having not been deemed eligible for last fiscal year's raise and bonuses as a PTI, one of the few remaining benefits is my HMO insurance plan. It is affordable and a good value. If this option is removed, I will seek employment elsewhere, as there is literally no other tangible benefit remaining for me at UNLV.

Thank you for reading.

.

SEAN SLATTERY

13 November 2024

Dear Members of the PEPB Board,

I am a public employee with the HMO plan. I have had the PPO plan, and it was more expensive with more headaches. Also, HSAs are arcane financial tools that most employees probably do not use as they were intended, and raising them is not an adequate substitute for eradicating the HMO. Please do not remove our HMO option.

Sincerely,

**Sean Slattery**

Associate Professor in Residence, Painting & Design  
College of Fine Arts / Art Department  
University of Nevada, Las Vegas



November 13, 2024

Dear Board Member Michelle Kelley,

As a faculty member at UNLV and a single parent with a fragile dependent, it is important for me to be able to take my son to his doctors whenever he needs them. By not providing me with the Low Deductible Health Plan, I will be financially limited from taking my son to the doctor. As it is, I already place much money aside on our Medical Flex account to prepare for his needs. I cannot afford having a different plan. In addition, we are already limited to certain doctors on the network, by not allowing different plans, we will all be going to the same doctors and the wait time will be even longer for us to see doctors and specialists. I already have to wait an average of two (2) months to see a specialist. I dread the idea of what kinds of health situations my son and I will be faced without my current insurance. Please stop the Board from taking away our choices in health care.

Respectfully,

Maria B. Roberts

UNLV Faculty Member

Dear PEBP Board Members,

I urge you to reconsider cancelation of the HMO and low-deductible PPO options. Both of these plans serve a wide range of PEBP employees and offer critical options for members. As a long-time customer of the HMO, I know this elimination will not only increase costs but diminish the quality of care for members like myself and my dependents. Likewise, failure to offer a low deductible PPO option at the same time the HMO is eliminated will leave substantial numbers of members without an appropriate and affordable healthcare option for their needs. Given the structural challenges to healthcare access in Nevada already this would certainly cause financial hardship and force unwanted changes to longstanding providers and services.

Please reconsider this very serious decision that will negatively impact so many for reasons that are not clear to members.

I hope this email finds you well. I am writing to express my concerns regarding the potential elimination of the HMO insurance plan and the possible conversion of the Low Deductible PPO to a "standard" PPO. While I am not currently enrolled in the HMO plan, I am deeply concerned about the significant impact these changes could have on employees who rely on these options.

The HMO plan provides an affordable healthcare option for many employees, particularly those managing serious or chronic health conditions. Eliminating this plan would disrupt established doctor-patient relationships and ongoing treatments, causing undue stress and hardship for those who have built trust and continuity with their healthcare providers.

Additionally, the thought of converting the Low Deductible PPO to a "standard" PPO raises questions about what this change entails. I made the decision to switch to the Low Deductible PPO earlier this year, establishing relationships with new doctors who now understand my medical history and needs. The possibility of having to navigate yet another transition and start over with new providers as soon as next July is both frustrating and unsettling.

I urge you to consider the real-life implications of these changes for employees, particularly those managing complex medical situations or those who have recently made the effort to establish new care networks. Stability and affordability are critical components of a comprehensive health insurance offering, and I hope these values will be prioritized in your decision-making process for the upcoming year.

Thank you for taking the time to consider my concerns. I am confident that the leadership team will make decisions that prioritize the well-being and stability of all employees.

Sincerely,  
Christina

# Donald J. Castle



November 13, 2024

Regarding Proposed Health Insurance Changes

To be honest, without the HMO plan we currently have, we would face severe financial hardship. Therefore, it's crucial that we retain the HMO.

Individuals with an HMO plan find managing pre-existing medical conditions and those persons with uncertain future conditions more manageable and livable, knowing they have reliable medical insurance coverage.

Sincerely yours,

Donald J. Castle

A handwritten signature in cursive script, appearing to read "Donald J. Castle".

For what justifiable reason would you cancel one of the most affordable insurance plans!!! It's bad enough that the plan doesn't cover really anything, the ever-changing insurance companies (UMR), only to find out that even though UMR is accepted Sierra Health-Care is not. The endless changes to the .HSA amounts (also not enough to cover anything). To cancel the HMO would only result in my family having no coverage at all – I simply cannot afford to pay more than what I already pay in co-pays. The regular rates are ridiculous and unaffordable just like everything else is becoming. Company's greed is only going to make it to where people can't afford to live. What a shame.

I am new to the Low Deductible PPO this year and although have to pay more each month I appreciate with this plan there is no deductible requirement.

What is the proposed new format for converting the Low Deductible PPO to a “standard” PPO?

Would the Low Deductible PPO have a deductible?

Hello my name is Mark Valentin and I wanted to speak on the proposed changes to our health care benefits.

I will have to advocate that the HMO plan not be eliminated. I'm a bit astounded that that is even an option. I know so many co-workers that have medical conditions and I'm afraid of their medical costs if we were to eliminate the HMO plan. The great thing about the HMO is that, while you are paying a higher premium, you are not surprised by out of pocket costs that you might incur with treatment. Removing the HMO option would leave either the Low Deductible PPO plan or the High Deductible PPO plan, which only covers expenses after the deductible has been met (and covers it 80/20). This would absolutely hurt a lot of my fellow co-workers.

In addition, there is talk of converting the low – deductible PPO plan into a “standard” PPO plan. This gives me all sorts of anxiety. We finally get a decent health insurance company with UMR (I cannot tell how happy I am to get away from Health Plan of Nevada, how miserable that carrier was). I don't know what a “standard” ppo plan is, but if we eliminate the HMO, we'll be left with two options. I've had the high deductible plan before and it frankly sucked. It didn't cover anything. The deductible was (surprise!) very high. My insurance didn't kick in until around \$1900 out of pocket. This is before the recent bouts of inflation. My current rent is about 50% of my take home. I'm lucky that I have the low deductible plan where I don't have to worry about expensive deductibles. With these changes though, I don't know how I'm supposed to afford this (plus we are already paying premiums for this health insurance). It was better than not having anything, but with the purchasing power and the leverage NSHE has, it's laughable to think they can't negotiate anything better than that. I am a single dad and thankful that my two kids are on a good health insurance with mom or I'd be really hurting. I'm also afraid that we will switch to an inferior provider. We cannot go back to Health Plan of Nevada, it was so bad. Every medical office I went to where I had to (shamefully) admit I had Health Plan of Nevada, they all gave a look. It's like it's a known quantity that HPN is terrible. We finally have decent health insurance and now we are facing a possibility of losing it. It's very frustrating.

Dear PEBP Board,

I am writing to **urge you NOT to eliminate the HMO** plan in the south of Nevada, and the EPO plan in the north of Nevada.

I am an employee at the University of Nevada, Las Vegas, and I (along with many employees) rely on the HMO plan to receive basic health care. This is one of the only plans that will not send many employees (especially those with chronic conditions and disabilities) into financial ruin due to healthcare needs. PEBP's range of insurance options is one of the factors that helped me decide to accept a job at UNLV. **If you eliminate the HMO plan, it will have an impact on the hires our universities are able to make and subsequently, the reputations of our academic programs.**

The HMO plan is also the only plan with full support for parents giving birth, covering far more than the other two plans and allowing employees wishing to have children to financially plan (rather than be financially ruined by alternatives). **Voting to eliminate this plan will greatly impact parent employee wellbeing, and disproportionately impact women employees (as a preponderance of research has shown that policies that do not support parents hurt women parents most in the long run).**

Thank you for your time and consideration of this comment, and please consider keeping the HMO plan to best support your marginalized employees who have a variety of temporary and lifelong healthcare needs.

Best,  
Annaliese Grant  
UNLV



Dear Public Employees Benefits Program Board,

I am writing to express my concern regarding the potential elimination of the HMO plan. This change would force many employees to transition into the only remaining option, the Consumer Driven Healthcare PPO, which is, hands-down a worse trade-off for many individuals who rely on the HMO for more affordable, comprehensive coverage.

For those managing chronic health issues, this shift would drastically increase their medical expenses, potentially putting essential treatments and medications out of reach.

Moreover, with a new administration taking office in January, the future of healthcare policy is unpredictable, making it simply absurd to start considering the removal such a crucial plan as the HMO at this time. Eliminating the HMO plan now would jeopardize the stability of employees' health and well-being, especially for those facing serious medical challenges. This plan serves as a lifeline, and its removal could place both lives and livelihoods at risk.

Though my current plan is the low-deductible PPO, I believe in supporting my colleagues and their access to affordable healthcare. Eliminating the HMO would have far-reaching consequences, and I urge the PEBP Board to prioritize the needs of all UNLV employees in this decision. One does not need a degree in Business or Math in order to see the absurdity of this proposal. PEBP at least this once, must look at individuals enrolled in the HMO as people, not numbers.

Thank you for your time.

Cheers,

Aline Lopes

**FROM:** Jessie Herrero

**RE:** Reasons to keep HMO/EPO Insurance Plans as an Option for Classified Employees in Nevada

**FROM:** Jessie Herrero, AAll - A Classified Employee with NSHE at the Kirk Kerkorian School of Medicine at UNLV, Department of Family and Community Medicine

**DATE:** 09/24/2024 at 2:10PM Pacific time.

To whom it may concern,

My name is Jessie Herrero, AAll a classified employee of NSHE at the Kirk Kerkorian School of Medicine at UNLV, in the Department of Family and Community Medicine. I am writing you today per the information just received via email regarding possible elimination of the HMO/EPO plan.

I have the HMO plan because I could not afford the PPO plan. I tried PPO but had to put out too much money up front so I had to revert back to HMO.

I am a single woman renting a condo and have a car payment and lots of other bills, etc... and may not be able to afford the healthcare if I have to pay full price for my healthcare visits until my deductible and out of pocket are met on the PPO plan.

**Feel free to contact me on my cell at [REDACTED] or my work email is [REDACTED] with any questions.**

Thank you in advance for your consideration to this request and very important matter regarding keeping HMO/EPO as future healthcare options provided by PEBP.

Best regards,



Jessie Herrero  
Administrative Assistant II  
Family and Community Medicine



KIRK KERKORIAN  
SCHOOL OF  
MEDICINE  
UNLV

As an assistant professor at UNLV, I do not support eliminating the HMO plan. I would also like to know what will happen if the Low Deductible PPO is converted to a standard PPO and what the new conditions will be. In any case, eliminating the HMO plan will put many faculty and staff members into a complicated financial situation, which is the last thing we need. Everything is more expensive than years ago. I know that some of us are not even able to afford to buy a home, which is unheard of for a profession like ours. Having a healthcare plan that we feel comfortable with is extremely important and eliminating this plan will negatively impact many UNLV members in a personal and financial manner. We need to keep what is important to us, and having good healthcare is one of these things. Do not ruin our lives as we are devoting our lives to providing education to future generations and making UNLV a better place.

Submitted by: **Adrienne Valdespino**

November 13, 2024

### **Public Comment Regarding Removal of HMO Insurance**

To whom it may concern,

I do not think that the university should eliminate the HMO plan because it would cause a financial hardship on many employees and their families. For people who are younger and/or have few health problems, this is a good option. In general, regardless of health problems, it is simply less expensive generally. The HMO plan does provide for hospitalization, which nowadays is exorbitant. My brother is a bankruptcy attorney, and most of his clients are people who are uninsured and got sick. If employees have to turn to the ACA, or other insurance options, that would be a real shame. We should care for our own. Our UNLV community deserves the option for health insurance they can afford. As state employees in academia, paychecks are already smaller than corporations. In the past, benefits were what helped to alleviate that financial disparity. In addition, a few years ago UNLV employees all had to take a pay cut, then wait for half of the money back one year, then received the other half the next year. The state has not kept up with the cost of living increases, and with the current economy, many are struggling to make ends meet. It is fairly common for families to care for older relatives or live with their adult children, due to the high cost of housing in the Las Vegas Valley. In addition, the price of college has skyrocketed, not to mention the corporations taking advantage post pandemic by keeping prices unnecessarily high. I heard a report on NPR recently that said the price of diapers has increased 150% since the pandemic, hence our recent ballot measure regarding diapers.

My husband, who is in the Music School, has always had to take on additional jobs to support me and our three daughters. The arts simply does not pay as well as the Business School or the Sciences. Professors are expected to keep up with their respective instrument, perform, travel, teach and recruit, mostly on their own dime, in order to move up the ladder. However, despite a stellar record, the university has not been offering merit pay, which is added on to one's base pay. I calculate that my husband has lost about \$20,000 over the years in merit pay, not to mention the lack of cost of living increases. (Merit pay did occur last year.) In short, professors in the arts are affected more adversely than their colleagues, in terms of finances, at UNLV. When our daughters were younger, all three needed two sets of braces, and this was not covered at all by the university, so we had to pay out of pocket. We had all three in college simultaneously. Having the option of an HMO at that time was a big help. Let's support our UNLV community and continue offering an HMO option. Vegas Strong.

Thank you for the opportunity to share my thoughts.

Karen Grow

Please do not delete the HMO option. I have had Health Plan of Nevada HMO since I started with the state 12 years ago. I have established relationships with my current doctors who have my entire medical history from that time. I would be distressed to see it eliminated.

My budget does not allow for unknown medical costs based on deductibles and percentages. I need to know what copays I will have for my medical needs.

It would be an extreme hardship for me and many of my colleagues if you were to eliminate the Health Plan of Nevada HMO plan.

Sincerely,  
Karen Grow

Katherine Burdick

I am writing to you today to consider keeping the HMO plan as a healthcare option for us. I have had HMO almost my entire time here at UNLV and pay extra every month in comparison to the other plans because the HMO plan works for me and my healthcare. With the lower out of pocket costs associated with the HMO plan, I don't have to worry about unexpected healthcare bills.

Please continue offering diversity in our healthcare plans and keep the HMO plan.

Ashley Caoagas

I'm reaching out to strongly encourage the continuation of the HMO healthcare plan. Although I don't personally subscribe to this plan, many of my friends and colleagues rely on it to manage their healthcare needs affordably and effectively. I've seen firsthand how essential it is for them and their families, providing a sense of security through predictable costs and access to trusted healthcare providers. Discontinuing this plan could cause significant challenges for those who rely on it. Please consider preserving the HMO option to support the well-being of these individuals and their families.

Michael Pfurr

Public Comment

I'm reaching out to strongly encourage the continuation of the HMO healthcare plan. Although I don't personally subscribe to this plan, many of my friends and colleagues rely on it to manage their healthcare needs affordably and effectively. I've seen firsthand how essential it is for them and their families, providing a sense of security through predictable costs and access to trusted healthcare providers. Discontinuing this plan could cause significant challenges for those who rely on it.

Please consider preserving the HMO option to support the well-being of these individuals and their families.



Dear PEBP Board,

I'm strongly opposed to the removal of HMO option. Not only do a significant percentage of state employees use it, but for those of us that do it provides stability. As someone with a lifelong medical condition requiring regular doctor visits and ongoing medication, stable medical support has always been vital to me. I've always used the HMO for that stability. Removing that stability is frankly nothing short of terrifying. I have no idea how badly it will hurt my family finances. Whatever deductible is required I will have to pay all of in my first month, I have no question about that, it'll devastate my finances for that month, and while I do fine, I don't do that fine. After that...I don't know the details of the plans, but I'm sure it'll hurt my finances. I know the value of the medical supplies, at least the cost listed on the forms, is usually in the area of my monthly salary. And while whatever I pay won't come out to that, I don't know what it'll come to and it will almost certainly be higher to much higher than what I currently pay. Comprehensive, stable insurance is my key need in employment. I've spent my whole life fighting to get and keep health insurance. I know those who haven't had chronic conditions for a lifetime don't understand the fear that medical instability creates, but it's real, it's powerful. This is the wrong move for me and my family. I hope PEBP chooses not to inflict this upon us.

Josh Hawkins  
UNLV Employee

Carly Lutes – Public Comment

November 15, 2024

Dear Members of the PEBP Board,

I am writing to express my strong concern regarding the proposed changes to the healthcare plans under consideration, particularly the elimination of the HMO in the South and the EPO in the North, as well as the conversion of the Low Deductible PPO to a "Standard" PPO.

First and foremost, the elimination of the HMO and EPO options will disproportionately affect those employees who rely on these plans for their healthcare needs. Many of our colleagues have chosen the HMO plan because it provides an affordable way to access comprehensive care through a network of trusted healthcare providers. For many, the loss of this plan means not only a significant increase in out-of-pocket costs but also the potential need to change providers—a disruption that could lead to lapses in care, confusion, and financial strain.

In particular, for employees who have longstanding relationships with specific healthcare providers, the transition away from the HMO could force them into a situation where they must choose between maintaining continuity of care and affording necessary treatment. This is a dilemma no employee should have to face, especially when many employees are already struggling with rising costs and uncertain economic conditions.

The proposed conversion of the Low Deductible PPO to a "Standard" PPO also raises serious concerns. While some may view this as a simple adjustment, it can significantly affect employees who have relied on the Low Deductible PPO for its more affordable upfront costs. Many employees, especially those with chronic conditions or families with multiple dependents, will find the increased deductibles and out-of-pocket expenses associated with the "Standard" PPO to be a significant financial burden.

It is important to remember that healthcare is not just a benefit—it is a fundamental necessity for all employees. Changes to the healthcare plans should be made with careful consideration of how they will impact individuals' health and financial well-being. We must ensure that the plans we offer provide equitable access to care without creating additional barriers or hardship.

In light of these concerns, I urge the board to reconsider the elimination of the HMO and EPO options and to explore alternative solutions that protect employees' access to affordable, quality care. Additionally, I ask that the board consider the broader implications of converting the Low Deductible PPO to a "Standard" PPO, particularly for those who rely on the lower deductibles to manage their healthcare costs.

Thank you for considering the needs and well-being of all PEBP participants as you make these important decisions. I look forward to hearing more about potential alternatives that will better support the health and financial security of all employees.

Sincerely,

Carly Lutes

Executive Assistant, UNLV Graduate College

[REDACTED]

Public Written Comment to the PEBP Board  
Submitted by: Janelle Yasukochi

Public Written Comment:

Dear PEBP Board,

Please accept this public written comment as a form of my request and support to KEEP the HMO plan in the south and EPO plan (exclusive provider option) in the north. I have personally experienced the benefits of the HMO plan in comparison to the Consumer Driven Healthcare PPO. I hope to continue using this plan to address my healthcare needs moving forward, along with many other colleagues at my institution.

Thank you for your time.

Respectfully, the undersigned:

Joseph Alexander, DO, PGY-4  
Joshua Eredics, DO, PGY-1  
Crystal Oden, MD, PGY-2  
Arianna Palermini, DO, PGY-3  
Sarin Pakhdikian, DO, PGY-3  
Faun Powers, MD, PGY-4  
Kyle Ramsay, DO, PGY-3  
Manpreet Romana, DO, MPH, PGY-3  
Nicolas Vaughn, MD, PGY-2

**To the Public Employees Benefits Program (PEBP) Board:**

As current resident physicians/employees of the University of Nevada Las Vegas (UNLV), we wanted to share our thoughts regarding the recently proposed changes to our health insurance plan options, particularly that of eliminating the HMO (health maintenance organization) option. The HMO plan is one that can provide significant financial relief and value to employees, especially those who may not need extensive healthcare services or who are simply looking to minimize upfront costs. While PPO offers greater flexibility, the HMO is structured in a way that can provide financial stability, cost predictability, and coordinated care for individuals who may not need the added flexibility of a PPO. We kindly ask that UNLV continue to offer both the HMO and PPO plan options to its employees.

**HMO plans offer the following key benefits, which will be further discussed in the paragraphs that follow:**

1. Lower Premiums (Affordability)
2. Lower Out-of-Pocket Costs
3. Comprehensive Care with Coordinated Access
4. Preventative Care Focus
5. Fixed Costs & Predictability
6. Protection for Those with Chronic Conditions
7. Cost-Efficiency for Employers

HMO offers lower premiums, which makes the HMO plan far more affordable than PPO in terms of monthly costs. This is especially important for employees who may be struggling to make ends meet (especially with rising inflation) or those who don't anticipate needing significant medical care. The HMO provides a lower-cost option; while it does have network restrictions and requires referrals for specialists, it is a vital choice for people who can't afford the higher premiums of a PPO plan. For many employees, reducing premium costs is a top priority, and the HMO plan provides this while still offering access to essential healthcare.

The HMO plan also can sometimes offer lower deductibles and out-of-pocket expenses compared to PPO options. While the PPO gives more flexibility with provider choice, it also tends to come with higher deductibles, co-pays, and coinsurance. For employees who can't afford large deductibles and out-of-pocket costs, the HMO plan offers a more predictable, manageable cost structure. The lower deductible means that employees don't have to pay as much before insurance starts covering the costs, which is a crucial feature for families or individuals on a budget.

HMOs are designed to provide more coordinated care by requiring a primary care physician (PCP) who will manage referrals to specialists and direct the course of treatment. The HMO plan's focus on coordinated care can actually be an advantage for those who may not be familiar with navigating the healthcare system. For employees who are new to managing healthcare needs, the PCP referral system provides structure and ensures they get the care they need without the burden of figuring out which specialists are covered or how to access them. It's also a form of oversight that can help people avoid unnecessary or duplicate treatments, potentially saving costs in the long run.

HMOs often emphasize preventative care and wellness programs, which can help employees maintain good health and avoid costly medical issues in the future. An HMO plan encourages preventative care by covering annual checkups, screenings, and other wellness services at little to no cost. This can help employees detect health issues early, before they become more expensive to treat, ultimately saving them money on future healthcare costs. For employees who can't afford the high costs of specialty care or emergency services, preventative care is a critical investment in their long-term health.

HMOs typically have fixed co-pays for most services, which helps employees know exactly what they will be paying for each visit or treatment. The HMO plan's fixed co-pays provide greater predictability for employees when it comes to budgeting for healthcare. There are fewer surprises with cost sharing, unlike the PPO, where out-of-pocket expenses like co-insurance can vary significantly depending on the provider and the type of care received. For employees on a strict budget, the certainty of knowing exactly how much they will pay for a doctor's visit or specialist is a huge advantage.

While PPOs offer more flexibility in choosing doctors and specialists, HMOs offer a more structured approach that could be beneficial for people with chronic conditions who need consistent, managed care. For employees with ongoing health issues, the HMO model provides a more structured way to manage care. The Primary Care Physician (PCP) coordinates all

aspects of care, including referrals to specialists and follow-up visits. For those with chronic conditions who require regular monitoring, this can be a more affordable and more comprehensive solution. The PPO option may give more flexibility, but it also opens the door for higher, unexpected costs due to the lack of coordination."

Keeping the HMO plan may also be financially beneficial to the employer, since offering more affordable options can help reduce overall employee stress and turnover. Maintaining the HMO option also benefits the company by helping employees manage their healthcare costs more effectively. When employees are able to choose a lower-cost plan, they are less likely to experience financial hardship, which can reduce absenteeism, stress, and potentially even turnover. Providing affordable options shows that the company values the well-being of its employees.

### **Closing Statement**

In a diverse workforce, one size doesn't fit all. While the PPO plan offers more flexibility, the HMO plan is essential for those employees who need an affordable and predictable option to manage their healthcare. For many employees, particularly those with limited resources, the HMO is not just a low-cost option—it's the only affordable option that ensures access to care without breaking the bank. Eliminating the HMO would disproportionately affect these employees and could force them to go without coverage, seek emergency care, or make other financially harmful decisions. Maintaining the HMO plan ensures that all employees have access to quality care, regardless of their financial situation.

Respectfully, the undersigned:

Joseph Alexander, DO, PGY-4  
Joshua Eredics, DO, PGY-1  
Crystal Oden, MD, PGY-2  
Arianna Palermi, DO, PGY-3  
Sarin Pakhdikian, DO, PGY-3  
Faun Powers, MD, PGY-4  
Kyle Ramsay, DO, PGY-3  
Manpreet Romana, DO, MPH, PGY-3  
Nicolas Vaughn, MD, PGY-2



TO: PEBP Board

RE: Proposed Health Insurance Changes

Please do not eliminate the HMO option. It's the most economical for me (single person) even though it's the most expensive plan. I moved to Nevada two years ago and I finally found healthcare providers I like and I don't want to have to change providers and wait for appointments six months out.

~~ Antoinette Rodriguez

I am writing to express my perspective on the possibility of eliminating the HMO at UNLV. This is devastating to me from a personal standpoint, but I'd like to start by making a point about the collective impact this will have. The chaos this choice would create will affect not only the employees of UNLV. It will affect the medical community of Southern Nevada. The university will be introducing an immediate amount of chaos into the system of medical care in Southern Nevada that will occupy hundreds if not thousands of hours of time for the workforce to deal with. For every primary care physician, every OBGYN, every psychiatrist, every counselor, and for countless numbers of specialists, you will immediately be creating an inflow of administrative lift upon their offices. You will be creating a need for healthcare professionals to be willing to accept new patients as employees of UNLV will need to find new primary care doctors, new OBGYNs, new psychiatrists, new counselors, and new specialists. You undoubtedly already know that there are plenty of healthcare professionals in Southern Nevada who cannot accept new patients at this time. So setting aside the fact that you will interrupt the care experience for people with terminal diagnoses, people with cancer, people with autoimmune conditions, and people who are suffering psychological repercussions of trauma in their own lives, you also be introducing chaos into the healthcare field that is already an overburdened workforce. It would take me 20 to 30 hours alone to go through the amount of phone calls, paperwork and new appointments required to change all of the medical care professionals that I see as part of the HMO. Viewed from the point of view of the medical Care professionals themselves, all of those hours will also obligate them to field a new patient, develop a relationship of trust, have their staff process the transfer of records and process the insurance claims. What a colossal waste of time. More than that, it is a colossal waste of energy in a field that keeps us alive and well. If this decision is being made as a way to cut corners on costs, you are well aware that there are other ways to do that - ways that are not this destructive.

Furthermore, I continue to work at UNLV because I love the work that I do and because I love the benefits package including the HMO. I could absolutely make a better salary elsewhere. The healthcare I am receiving currently is excellent, which is a feat that has already taken 40 to 50 hours of reviewing countless professionals credentials to understand which professionals are located appropriately, trained appropriately, and patient-reviewed in such a way that I would consider seeing them. The fact that you would consider haphazardly dumping me into a new bucket of requirements and having to move to new providers is honestly unimaginable to me. The HMO option is absolutely the best option of insurance that is available currently through UNLV. The insult of it being removed makes a very clear statement that the healthcare and well-being of the employees of the University of Nevada at Las Vegas do not matter enough to its leadership. There are no two ways about it, this will have detrimental effects on thousands of employees at UNLV, among those you will certainly be affecting some with terminal diagnosis who have found a healthcare provider that they trust, among those you will absolutely have an impact on someone that will negatively affect their plan of care, possibly affect their time of death, and among those you will be asking for the limited time of single mothers and of families with children to consider how to add more time to their already very full weeks to figure out how to deal with the consequences of this selfish decision. You will also cause professors and other staff at UNLV to leave the university eventually. It will be easier to leave when making a comparison with a new role and thinking about the benefits package.

Do not do this. Do literally anything else. Be willing to stand strong against whatever forces are suggesting this is the only way - and fiercely insist on another solution.

21:55



To whom it may concern,

My name is Adrian Dalalo and I have been a Nevada State Employee at UNLV School of Dental Medicine with the HMO Insurance Plan since October of 2006. Despite the higher cost, I chose the HMO because it gave me piece of mind as to what my costs would be for my medical expenses. I currently see multiple medical providers and if the board decided to eliminate the HMO, I have serious concerns that I would not be able to afford the costs of switching to the PPO! I reviewed the data presented during the last board meeting and statistically enrollment shows that state employees have migrated to the PPO. The PPO is better suited for healthy individuals who see their provider for routine care. However, there are employees like me and their families like me who have multiple medical conditions and receive treatment for medical conditions that do not have cures. In addition, the costs for treatment have increased significantly over the years while insurance coverage has decreased. I plead with the board to reconsider the decision to eliminate the HMO. These changes will impact the lives of hundreds of state employees and their families who serve our state of Nevada.

Thank you for your time and consideration,

Adrian Dalalo



November 2024

HMO care plans help consumers obtain health care services that would normally be too costly. As a consumer of healthcare and as a healthcare provider, HMO insurance has helped me and many of my patients obtain services and care that would normally have been avoided or ignored due to the cost of high deductibles when accessing health care services.

As a former breast care specialist working in a cancer center, patients with high deductibles or non-HMO insurance would delay their care or forgo care due to costs associated with follow up appointments or diagnostic testing. Months later, they would return because of a major change to the lump and sadly, at the time of diagnosis, the cancer would be at an advanced stage. Without a doubt, a cancer diagnosis can be financially toxic on several levels. But having the ability to obtain care without having to worry about feeding your family or undergoing a much needed biopsy should not be something we should worry about. As I go through my own family's challenges with a [REDACTED] diagnosis, I am grateful that we have 2 working individuals contributing to our household budget because the loss of income from missed days of work for doctors appointments and treatment certainly adds up. If my patients were in a situation where their HMO plan was removed, I can't imagine how they would be able to continue their treatments or financially maintain their households. The financial impact of removing an HMO plan should also take into account the human asset impact.

Reasons HMO insurance should remain an option:

Cost effectiveness for consumers - Affordable copayments, lower premiums, predictable costs

Preventive Health Focus - Wellness programs and screening helps identify issues before they become an issue, my husband's [REDACTED] was diagnosed as a result of a routine screening for [REDACTED]

Coordinated care- My patients were able to see specialists that were in network and who could provide them with the services they needed. Surgeon and the facility where surgeries were performed were all contracted by the HMO

Improved access to care which leads to Health Equity - Maintaining an HMO option can help reduce disparities in access to care for those who might otherwise be underinsured or uninsured.

Janice Enriquez, DNP, APRN, CNM, WHNP-BC, CBCN

Assistant Professor in Residence, UNLV School of Nursing

Certified Nurse Midwife; Women's Health Nurse Practitioner, Board Certified; Certified Breast Care Nurse

Dear PEBP Board,

I am writing to express my deep concern regarding the potential removal of the HMO insurance plan. As someone who depends on this coverage for essential healthcare, I believe that eliminating this plan would have significant consequences for myself and many others who rely on it for access to medical care.

The HMO plan has been a critical resource for me in receiving timely and necessary medical attention. It ensures that I have access to a network of providers and specialists at an affordable cost, which is vital for maintaining my health. Without this option, many people, including myself, will face considerable challenges in getting the care we need. For some, it may result in delayed treatments, limited access to doctors, or even financial hardship due to increased out-of-pocket costs.

I understand that changes to insurance plans may be made for various reasons, but I urge you to consider the impact this decision will have on the well-being of individuals who rely on this coverage. Health is a fundamental human right, and we all deserve access to affordable and comprehensive care, especially in times of need.

Removing the HMO plan would not only be a disservice to those of us who depend on it, but it would also compromise the health of many families and communities. I strongly encourage you to reconsider this change and keep the HMO plan available to those who need it.

We all matter, and our health is important. I hope you will take this into account and work toward a solution that ensures everyone has access to the healthcare they deserve.

Thank you for your attention to this matter. I look forward to your response and hope for a favorable outcome.

Sincerely,

Dear PEBP Board,

I am writing to express my strong concern about the potential removal of the HMO insurance plan, a decision that could have a detrimental impact on the health and well-being of many individuals, including my wife and myself.

As you may be aware, the HMO plan offers essential healthcare services and a structured network of providers that many of us rely on for regular, ongoing care. For individuals like my myself and my wife, the HMO plan is not just an insurance option—it is a lifeline that provides access to affordable healthcare and the peace of mind that comes with knowing we can receive necessary medical treatment without financial strain.

Removing this plan would create significant barriers to care for countless individuals who depend on it to manage chronic conditions, receive preventive care, and address unforeseen health issues. Without this option, many of us may face increased out-of-pocket expenses, more limited access to physicians, and potentially serious delays in receiving necessary treatment.

I ask that you consider the broader impact of this decision. Health is a fundamental right, and changes to healthcare plans should reflect the needs of those who rely on them most. The HMO plan has served as an accessible, reliable choice for many people, and its removal would disproportionately affect those who already face challenges in maintaining their health.

Please recognize that the health and welfare of your policyholders, and their families, should be at the forefront of this decision. We all deserve access to affordable healthcare, and for many of us, the HMO plan is vital to making that possible.

I respectfully urge you to reconsider any plans to discontinue the HMO insurance option. I trust that you will weigh the potential consequences and the value it provides to your customers before making any final decisions.

Thank you for your time and attention to this important matter. I look forward to your response and hope for a resolution that takes the needs of all policyholders into account.

Sincerely,

Andrew Connors

Public Employees' Benefits Program (PEBP)

3427 Goni Road, Suite 109

Carson City, NV 89706

Re: Proposed Health Insurance Changes to be discussed at PEBP meeting on Thursday, Nov. 21, 2024

To Whom It May Concern,

Thank you for the opportunity to comment on Proposed Health Insurance Changes. My name is Heather Stinnett and I work in Human Resources at UNLV, in the Business Affairs division. My comments are my own and do not necessarily reflect the thoughts of the division that I work for. I have roughly 20+ years' experience in HR & Management. And 10 years of this was working as a benefits professional building and administering benefits plans.

As an HR professional, I am writing to you to express my concern on the discussion to eliminate the HMO option for state employees' health care in Southern Nevada. I feel that it is a very bad idea to eliminate the HMO option. As an employee, while I do not have the HMO for my personal healthcare situation, I oppose the idea of eliminating this plan from my colleagues. I also feel it is important to keep both the Low & the High Deductible PPO plan.

One of my primary duties in my role is as a recruiter, most often for Classified positions. While there are some exceptions, Classified State positions typically pay less than Administrative Faculty roles for support staff. It is often difficult to attract candidates to higher education support staff roles due to pay; such as trades, custodial, grounds, administrative assistants, and basically the roles that keep state institutions running. This is also true of other support roles in the State including the DMV, Corrections, and numerous State Agencies. The Governor's Office recent order to waive Minimum Qualification for state roles (and it being extended a second time) speaks to this need. Not to mention the ongoing issue of turnover. The pay for state roles (both Classified and for Faculty roles) is less than that being offered in private industries across Nevada. One thing that I am always able to highlight to candidates is our benefits offerings. This usually tips the scales to attract and retain staff. Anything that increases costs of healthcare to employees effects our ability to attract and retain staff. Removing the HMO will most likely negatively effect Classified staff, who are the backbone of operations.

The other reason I do not support removing the HMO option, and the Low Deductible PPO plan, is that it eliminates choices for state staff. Candidates & employees like to have options available that meet the needs for their families and their particular situations. No one should not be pushed into something that doesn't work for them. Having choice is an important part of a great benefits plan option. Eliminating these choices will only serve to pass on higher costs and could drive some current staff to look elsewhere for more choices and cost mitigation. From a cost savings perspective, why would we eliminate a lower cost plan (HMO) to save money overall? Especially for one that stands to further increase costs as a result of turnover, and vacant roles not filled from not having enough good candidates attracted to apply? Having the different PPO options is also very valuable in that we (as employees) can strategize better. If an employee has had a good health year and is in great shape, they can elect the higher plan and add on the tax savings HSA. Then if life changes or they are planning a family (for example) and know they will be utilizing more care, then a person can switch to the lower PPO plan and save costs. Again -choice-choice based on what works for the individual and their personal situation.

Last, I believe that the idea of removing this HMO option will put many employees in a very tight spot. These are our co-workers and our neighbors. They are, we are, valuable assets to making the State of Nevada run well and help our communities flourish. When we lose choice, we end up paying more for



healthcare, and in many cases, many of my co-workers may not even know about this upcoming meeting to speak up for themselves. I speak to stand up for what is fair, what is right, and what is just good business sense. I ask that the board remove this idea from consideration. And respectfully ask that the HMO and the Low Deductible PPO plan options remain in place.

Sincerely,

Heather Stinnett, Jr. HR Business Partner for Business Affairs, UNLV

Sammie L. Scales, PhD

November 17, 2021

To the Members of the PEBP Board,

I am writing to express my deep concern regarding the proposed elimination of the HMO plan and the potential changes to the Low Deductible PPO plan. Both proposals, if enacted, would impose significant financial and logistical hardships on members who rely on these affordable options for their healthcare needs.

The HMO plan has been a lifeline for many employees, offering predictable costs and comprehensive care. Eliminating this option would force many individuals and families into plans with higher premiums, deductibles, or out-of-pocket costs. For those on fixed incomes or dealing with already tight budgets, this shift is unsustainable and risks leaving members underinsured or unable to afford necessary medical care.

Similarly, the potential replacement of the Low Deductible PPO with a "standard" PPO raises serious concerns. Without detailed information on what the "standard" PPO entails, members are left in a state of uncertainty. Many of us depend on the Low Deductible PPO to manage chronic health conditions or access necessary care without the financial strain of high deductibles. Removing this plan or increasing costs would disproportionately impact those who can least afford it.

I urge the Board to consider the real-world impact of these decisions on the lives of your members. Rate hikes and the elimination of accessible healthcare options will only exacerbate financial stress and compromise health outcomes.

Please prioritize the affordability and accessibility of healthcare for all members, and reconsider any plans to eliminate the HMO or modify the Low Deductible PPO.

Thank you for your time and for taking these concerns into account.

Sincerely,

Sammie L. Scales, PhD

UNLV/Student Diversity Programs

November 18, 2024

Re: The decision to cut health benefits

To Whom It May Concern:

I currently work three jobs, one as an adjunct at UNLV. All of these jobs are low-wage and insecure, not because of my ability, discipline, or ability to fully perform to the standards required by my employers. I do my job well.

However, I cannot afford health insurance all year round. When I get a position at UNLV, I can, however, barely afford the HMO option, which has now been whittled to such a spare substance that I cannot afford primary dental care, let alone medical care. When I have insurance, I can get tested, but I also know that when I get ill, I will not be able to afford any long-term care. This is what I live with now. During the summers, for example, I am not hired to teach as an adjunct, so I lose salary and health care and cannot afford other care.

If you cut HMO and PPO benefits or raise them **at all**, I will be reduced to no healthcare whatsoever.

How did it come to pass that the longer you work at a job, getting better at it all the time, the less it matters to your employers that you receive essential quality-of-life benefits?

I am not alone in my position. I suspect you will find that most of your adjuncts and full-time staff struggle. Any decision that makes it financially impossible to have health care is a bad idea and throws individuals who have dedicated their lives to community service positions into dire straits.

Please consider this carefully before you make these choices.

Sincerely,

Kimberley Idol

The HMO is the most affordable option for me and connects me to NPs who are caring and essential for helping me manage my health. Unlike some, I am a single income person with no additional support. Besides supporting myself, I have extended family responsibilities that limit my healthcare options to the HMO. I fear that decision makers are not considering the whole person among faculty and only looking at numbers rather than examining the real need some of us have to remain connected to trusted healthcare sources, for me, that is the HMO, affordable, and trustworthy. Care is about relationships. To sever these relationships is not caring and does not support ongoing care. To do my job I need to be healthy, to be healthy, I need providers I trust who are responsive, the HMO provides me with affordable care as a single person please allow this option to remain.

Sincerely,

Xan Goodman

11/18/2024

To: PEBP (Public Employees Benefits Program) Board:

From: Dina Leland

I am writing as someone who relies on PEBP insurance to express my concern regarding the consideration of the elimination of the HMO option in the south and EPO (exclusive provider option) in the north and the conversion of the low-deductible PPO to a "standard" PPO. The elimination of the HMO plan will cause financial hardship for many of my colleagues and a disruption to their healthcare. Removing a PPO option can also cause economic hardship for many. We have not been given any details about what potential changes would look like. It seems likely that a change in the PPO options would come with higher deductibles and premiums.

The PEBP Board needs to demonstrate their support for and value of employees by providing a variety of health insurance options at affordable rates. Salaries are often lower in public service. Top-tier benefits at top-tier institutions help attract top talent to the state. I have been part of several failed searches due to the lack of benefits compared to other states and companies. This topic is about more than benefits, although an important consideration. It also affects the talent Nevada attracts and keeps.

Thank you for your time and consideration.

Kindly,



Dina Leland



I know the primary focus is on not cancelling the HMO plan. I do think it would be harmful to cancel this plan and that it would cause many medical complications for so many employees that rely on the continual medical help for the providers they are currently seeking care from. Canceling this plan could be devastating - causing many people to be without care until they can find new providers that are covered under a different plan and re-start the process for ongoing treatment needs.

I do also want to mention that I believe the current Low Deductible PPO plan should be kept as is and not be transitioned into a "Standard PPO." This is the plan that I am currently on, and it is the only plan that fits my budget and allows me to afford medical care. It has been a huge blessing to not have a deductible to meet, allowing me to afford much needed diagnostic testing. If the PPO plan is changed to the "standard," I will no longer be able to afford the regular visits to my specialist or the diagnostic testing that has been recommended to me. I worry greatly about the potential higher costs that this change may create for this plan, and I strongly urge that the Low Deductible PPO plan be kept the same and not undergo any changes

**Erika Marquez**

Dear Members of the Public Employees' Benefits Program (PEBP) Board,

I am writing to express my deep concern about the potential elimination of the HMO plan and changes to the Low Deductible PPO. These changes would impose significant financial hardships on my family and many others who rely on these plans for affordable healthcare.

My husband has an [REDACTED] condition that requires ongoing specialist care, medications, and sometimes frequent hospitalizations. The predictable costs and coverage of the HMO plan are essential for managing his condition without overwhelming financial stress. Transitioning to a higher-deductible or more expensive plan would jeopardize his ability to receive necessary care and strain our family finances.

Additionally, many of my colleagues and their families depend on the Low Deductible PPO. Without clarity on what the proposed "standard" PPO will offer, it is impossible to assess its affordability or adequacy for those who rely on it. However, we fear that these changes could result in increased out-of-pocket expenses that many cannot afford.

I urge the Board to carefully consider the human impact of these decisions and to preserve the HMO and Low Deductible PPO options. Affordable healthcare access is not a luxury but a necessity, especially for families like mine with ongoing medical needs.

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

Sincerely,  
Dr. Erika Marquez

To whom it may concern,

Eliminating the HMO would be detrimental. I am someone w/ [REDACTED]  
[REDACTED]) and not having the HMO would skyrocket the cost of my care. I cannot afford the appointments/treatments w/o the HMO. The inability to treat this could cost me my life. In addition to this, my wife and I are expecting our first child. If the HMO would cease to exist, my health as well as the health of my baby would be in jeopardy. I would need to hopefully find another employer that offered comparable healthcare coverage.

All the best,

Kane Toomer



To Whom it may concern/and myself,

The HMO plan that I have is what I have currently and have had for years. I chose this plan for the purpose of providing us with great coverage. I do not understand why our plan would be entirely eliminated. Every year, our premium has increased & I have chosen to pay the increases. I know that things are not always fair but I make my choice to pay for more expensive insurance!

Everything has gone up in price & with less in the bag so to speak. I can choose to buy hamburger or steak. Beauracrates are attempting to make my decisions for me & I do not appreciate that.

I want to retain the coverage that I have had all these years.

I am unable to attend any type of meeting, zoom or otherwise, this is me voicing my concerns & I want to be heard.

Marjorie Guerra  
Dental Assistant II  
Seal Nevada South Coordinator  
Biomedical Sciences  
University of Nevada, Las Vegas

November 18, 2024

Public Employees Benefits Board

**RE: Proposed Elimination of the HMO Option**

To whom it may concern:

Thank you for the opportunity to provide comments on the matter of the elimination of the HMO for Public Employees in the State of Nevada. I have been a faculty member at the University of Nevada Las Vegas for eighteen years and I am a long-time user of the HMO in Southern Nevada. I hold a PhD in Public Policy and teach Public Administration at UNLV but I am writing you today on behalf of myself and my family.

I am concerned about removal of the HMO option for my family and other families who depend upon the HMO for their medical care. I would like you to consider keeping the HMO option because it plays an important role in making healthcare costs affordable and predictable for many families, like mine.

First, let me explain the importance of the predictable costs to my family and to many like mine in the past. When my daughter was born she [REDACTED] had to stay [REDACTED] [REDACTED] for 31 days after her birth. This time was very stressful for my and my husband and we watched our child struggle to thrive and be healthy enough to go home. But one of the few items we were burdened with worrying about was the cost of the care. Having the predictability of the HMO's cap on costs meant I could focus on my daughter's health and my recovery [REDACTED]

One of my colleagues had a [REDACTED] baby the prior year and they were part of the PPO and they not only had to deal with the stress of caring for a sick child but also trying to pay unexpected bills after the baby and its mother were finally able to go home. I have seen similar issues with others who are facing other serious medical issues and they not only struggle with the stress of the issue but also the unexpected bills and higher deductibles from the PPO options.

Second, the proposed change would likely disrupt the continuity of care for many individuals and force unwanted switches of medical providers. Research from the National Institutes for Health (2003) have linked lack of continuity of care to many adverse impacts including: potential disruptions in treatment continuity, delays in diagnosis and care, miscommunication about medical history and increased stress due to navigating a new medical system. These can all lead to poorer health outcomes, especially for those individuals with complex or chronic conditions.

Therefore, I ask you to consider both the costs to families and issues with continuity of care and keep the HMO options for Nevada State Employees.

Sincerely,

Jessica K. A. Word

Associate Professor, UNLV

PEBP Member

I also agree this is going to cause hardship for myself and children. I do not mind paying what we do for contributions, but I am highly concerned that it will become too much like the PPO plans, there is no way I can afford to pay out of pocket higher costs and then beg to be reimbursed, submitting documents in a hope of Insurance approving it. Copays are affordable and our prescriptions, not forgetting the specialists and value of what we pay for that. I am not fully understanding all of this other than the State wants to save money.

The entire HSA system is a joke!!!! To have money put on it I do not understand, then to go through the process, and then read a letter stating I owe taxes by receiving it. Tried using the card last year to pay for my Son's eye glasses and had it all refused!! Everything refused any time we tried to use it. Just as worthless to me as PPO. Yes I am frustrated and highly concerned to lose our coverages, and doctors all together! I know I can not afford to pay cash only to continue even with my Pain Management source dealing with my permanent [REDACTED] if I were to lose that too.

I may not be understanding it all, and I work nights so not going to be losing any more sleep trying to join a video meeting that I don't even know how to use all those technology services. I know several people all highly concerned over changing or dropping the HMO and our ability to be able to continue to afford care for ourselves and children.

I do apologize if this does not make clear sense, or sound a little rough around the edges.

Thank you,  
Robert

Dear NSHE, I am writing to express my support for keeping the HMO plan for UNLV employees. I have the HMO plan and have had it for years. The primary reason is that several of my wife's specialty physicians are covered under this plan and we pay very little co-pay when she sees those providers. I am willing to pay the higher premium each month knowing that we do not have to pay as much when we see the providers. I hope you keep the HMO plan so that we can keep our usual healthcare providers.

Thanks,  
Lanny Leroy  
PEX Coordinator

I am commenting in opposition to health care changes being proposed. I am a person who is in the low deductible PPO plan and nobody can tell me what the difference is to go to a 'normal' PPO plan. We meet our deductible yearly so the cost this would incur is bad for employees.

Doing that in addition to eliminating the HMO option is a cut to pay and benefits at a precarious time for many employees here. This would make UNLV a less attractive place to work. I'm already paying much more than my prior employment for health care, and the added fees to work here are nickel and diming many of us with things like parking payments and paying to use workout facilities. We can only bend backward so far.

11/19/24

I'm writing to express my *extreme concern* about the PEBP proposal to eliminate the HMO option.

It's likely that without the HMO option, I wouldn't be able to afford the care I receive now. The elimination of that health-insurance option would result in a change to my quality of life and my life expectancy. This is not an exaggeration.

I have so many chronic health conditions that require me to see numerous specialists frequently, [REDACTED]. In addition to my standing visits to these specialists, in the last year I have had other health issues arise that required [REDACTED]. If the HMO is eliminated, I expect that my out-of-pocket costs would become prohibitive. The result would be dangerous to my health.

In addition, I'm concerned how elimination of the HMO would affect prescription costs. I worry that I would need to forego some of my higher-cost prescriptions.

Currently, I take a specialty medication to help prolong the life of my [REDACTED]. This medication would cost over \$12,000 per month, however, the pharmaceutical manufacturer offers a discount which leaves me with a cost of over \$1,000 per month. Because of the HMO, I don't have to cover that amount, and I'm very grateful for that because, otherwise, I wouldn't be able to afford this medication.

As I write this to you, I can imagine scenarios where the elimination of the HMO option could force people to look for jobs with employers that continue to offer an HMO.

I had the PPO for one year, and it was a very stressful year financially. I never knew what to expect for the out-of-pocket costs I had to pay.

I'm revealing a lot to you about my medical situation because I am very concerned about the potential and drastic change to my health-insurance coverage. I hope that you will share my situation with the PEBP committee as an example of how the HMO coverage increases my quality of life and my life expectancy.

Please, don't allow for the elimination of an HMO option for health insurance.

Thank you.

My regards,  
Nicole Pavlico

---

Nicole T. Pavlico, MA  
Associate Director of Undergraduate Programs  
Lee Business School  
UNLV  
[REDACTED]



FROM: Douglas Unger, President, UNLV Chapter, and Chair, Government Affairs Committee,  
Nevada Faculty Alliance; & Member, UNLV Employee Benefits Advisory Committee

Doug Unger, Acting President, UNLV Chapter, Nevada Faculty Alliance, and Chair, Government Affairs Committee. Thank you Chair Grimmer and Board members for your service and consideration.

Though we understand that crucial decisions for Plan Design are postponed until the January meeting, also that possible new bids may be heard at a closed meeting in December, faculty and staff at UNLV are forcefully against any elimination of the HMO plan in the South still under consideration. Though only approximately 18% of our faculty and staff are enrolled, the HMO plan is a welcome option for employees whose income security depends on predictable health care costs that an HMO satisfies. Not everyone is able to lay out high copays or deductibles in case of emergencies. Many of our employees, especially those with families, prefer the balancing out of costs the HMO provides. Also, the greater Las Vegas area suffers from a shortage of certain health care provider specialties that are more available through the HMO than the PPO or CDHP plans, most needed among these behavioral healthcare specialists. I have heard from faculty concerned about losing trusted therapists if the HMO is eliminated. I ask the Board take into account also that universities and/or university systems in all surrounding states in our region offer at least three or more plan options, including an HMO or an EPO. Some of these plans are organized and offered through university medical schools, so they function as nonprofits instead of for profit plans. Still, the choice is there, and it feels like a significant step backwards if we lose the HMO and EPO plans in Nevada, which could negatively affect hiring and retention. We deserve a third choice in healthcare plans. In addition, we ask Executive Officer Glover and her team to clarify the proposal to convert the current PPO plan to a so-called “standard” PPO plan. Though many of us do understand that no serious benefit alterations will result from this conversion, many PEBP members have been filled with anxiety about what is, in effect, a name change for the PPO with few other changes. Thank you for clarifying this as soon as possible. And let’s hope at least one bid for an HMO plan in the South is successful so we can keep our three health plan choices. Thank you.