Since July 1, 2025 I have been trying to access my MetLife dashboard to file a claim and to see what is available. The MetLife consistently comes back with technical issues and is not accessible. I have been through multiple assistance people with MetLife with the usual conclusion of they will email me the forms to me and to try again later. Have never received forms by email yet. I have heard from other employees that they have had similar issues accessing their MetLife dashboard and minimal or no real assistance. Is there anything PEBP can do to get the Met Life portal working. When Standard was used, I never had this type of issues.

October 22, 2025

From: Dorianne Potnar
To: Nevada Public Employees' Benefits Program (PEBP) Board Members

Re: Elimination of the HMO and EPO Insurance Plans

Dear PEBP Board Members:

I am writing to express my grave concerns regarding Segal's presentation to the PEBP Board (Board), in reference to the possible elimination of the HMO and EPO health insurance plans for State of Nevada employees.

Based on the presentation documentation, it appears, and not surprisingly, that Segal and Staff's recommendation continues with this idea that it is best to eliminate the HMO and EPO health care options for State employees. This presentation appears to be a skewed result aimed at a desired outcome, rather than a unbiased and neutral review of all the facts!

I have been a State employee for over 28 years. As usual, and for years – and again, stated in this presentation, Segal and PEBP have been inaccurately stating for decades that State employees are "migrating away from the HMO plan", and "migrating to the LDPPO plan." This is simply a false narrative manufactured by Segal and Staff in order to avoid the negotiating process with HMO, and EPO insurance companies.

In reviewing Segal's presentation, page 8 shows a graph reflecting "Migration to the LDPPO." It is clear that PEBP is still trying to push their agenda to eliminate the HMO and EPO by using this chart as a smoke screen. In fact, this presentation actually supports keeping the HMO and EPO. This graphs reflects a whopping total of 204 employees that left the HMO for the LDPPO, and 263 employees left the EPO for the LDPPO between 2025 and 2026. This very small number of employees, (467), when comparing the entire total of employees who remain on the HMO and EPO. Approximately 6,000 employees STILL CHOOSE the HMO and EPO. This "migration to the LDPPO" from the HMO and EPO, is less than 1%! A total of 0.08% of employees have moved away from the HMO or EPO between 2025 and 2026!

Further, and what is more eye-opening, is that Segal is making a lump sum claim that "Members are migrating to the LDPPO from both the EPO/HMO and the CDHP." However, this is an overexaggeration with regard to the HMO and EPO. Based on this chart on page 8, over half of State employees left the CDHP for the LDPPO from 2021 to 2026. This is approximately 9,300 employees. However, from 2021 to 2026, the number of employees who left the HMO were a whopping 597, and the number of employees who left the EPO were 2,087. Shoving approximately 2,600 employees into the same pool to self-support Segal's argument that 9,300 employees who left the CDHP for LDPPO is the same, or a similar comparison, to 2,600 leaving the HMO and EPO, is misleading and deceptive. Again, approximately 6,000 employees STILL CHOOSE the HMO and EPO.

And even more egregious is the suggestion that health care premiums should be based on salary structure? Can you even imagine a single household earner making $100,000 per year with three children should pay a higher premium than a single earner making $50,000 per year who is unmarried and has no children? This is discriminatory, biased, and acts as a certain deterrent to hire and retain qualified State employees! Who would take a job with the State earning a larger salary if more of that income is going to be forfeited to pay for higher health care premiums? And, for the record, my salary is far less than $100,000 per year.

The standard PPO and CDHP plans are designed for individuals who do not anticipate health care needs, and / or emergencies. The HMO and EPO plans are designed for employees who are risk-adverse, and / or have ongoing health care needs.

It is clear by Segal's presentation that PEBP remains in a discriminatory position and is continuing to move toward recommending elimination of the HMO and EPO. This recommendation flagrantly harms multiple State employee demographics; and if the Board decides to accept Staff's recommendation, the Board, too, would be discriminating against State employee groups that include: older and aging State employees, pregnant State employees, single State employees with children, married State employees supporting a spouse who is not offered insurance through an employer, stay-at-home spouses, disabled State employees, including State

employees who suffer from ongoing medical conditions, such as diabetes, heart conditions, COPD, and other ailments.

Those of us currently on the HMO or EPO plans chose these plans due to financial, and medical circumstances. Moreover, State employees mindfully chose the HMO or EPO option being fully aware that we would pay higher monthly premiums compared to the Consumer Driven Health Plan (CDHP). We chose the HMO or EPO option to maintain peace of mind that we would not be surprised by out-of-pocket medical costs. Examples include: the HMO and EPO health plan options both offer predetermined copay amounts for doctor appointments, and laboratory blood tests are covered 100%. Conversely, both a standard PPO plan and the CDHP, do not offer these benefits. In fact, under a standard PPO plan and the CDHP, insured individuals must meet costly deductibles, and then are further obligated to pay a percentage of coinsurance for all other health-related appointments / procedures. Piling onto these costs, laboratory blood tests billed under a standard PPO and CDHP, are further exceedingly costly to the insured individual, and their family.

Forcing State employees onto a standard PPO plan, or the CDHP, would cause a financial burden to thousands of State employees, including myself. Mandating that we meet any type of medical deductible, and additionally burdening State employees to then pay a percentage of coinsurance toward health care, including laboratory blood testing, would impose a severe financial burden upon my family; and if a sudden medical emergency occurred, it would bankrupt me. This example would also likely bankrupt thousands of other State employees. These are only some of the reasons why thousands of State employees chose, and continue to choose, an HMO or EPO.

State employees are parents, some of us are single parents, we are struggling to live in an economy that is extremely costly, while dealing with medical issues, and we need access to affordable health care. Many of us have required medical appointments, as well as required laboratory blood testing, in order to obtain prescription medications.

These constant attacks on State employees need to stop. In speaking with many co-workers, colleagues, and other State employees, and after decades of service with the State of Nevada, so many of us cannot recall any meaningful time-frame when we felt at peace. We are in constant anxiety year after year waiting to learn how our salaries are going to be chopped up by PEBP via health plan changes and increased costs, PERS contribution increases, and some legislative changes that negatively impact State employees, (such as pay cuts, furloughs, frozen salaries, no COLA, etc.), and now a potential gut to our health care. These actions are extremely detrimental to our morale, and to our emotional and mental well-being. We are all struggling to make ends meet, to take care of our families, and to make a living through public service, and now Staff is moving to revoke yet another benefit with zero consideration of the health and welfare of State employees.

State employees should not have to beg PEBP to retain an HMO and EPO health care option, it is disgraceful. Please do not eliminate the HMO and EPO health insurance plans for State employees. Thank you for your time.

Sincerely,
Dorianne Potnar

October 22, 2025

From: Dorianne Potnar
To: Nevada Public Employees' Benefits Program (PEBP) Board Members

Re: ***<u>Elimination of the HMO and EPO Insurance Plans</u>***

Dear PEBP Board Members:

Please accept my additional comments regarding possible elimination of the HMO and EPO plans with regard to Segal's presentation for the October 24, 2025, PEBP meeting. In further reviewing Segal's presentation on page 8 of the presentation packet, and provided below, Segal's research is greatly skewed. In reviewing this data objectively, it paints a completely different picture.

Segal and PEBP are trying to eliminate the HMO by zeroing in on the underperforming EPO data. The fact is the EPO has many negative issues that are driving employees away from it, and the data demonstrates these employees are moving to the LDPPO, which, again, reinforces that the EPO is not an attractive health plan.

However, applying the same analysis to the HMO, is proving the opposite. Very few employees have left, or are currently leaving the HMO, because the HMO is a successful, attractive and desirable plan and model. I feel bad for northern employees as they have very few attractive healthcare options. However, the HMO remains an attractive plan for southern employees.

When comparing enrollment by plan year from 2021 through 2026, the largest migration is from the CDHP to the LDPPO, with an approximate loss to the CDHP by 9,300 employees. However, during this same five-year time-frame, 2,087 employees left the underperforming EPO for the LDPPO, arguably, their only logical option. By contrast, over this same five-year period, only 597 employees left the HMO. All of the above is predicated upon Segal's conclusions that employees who left the CDHP, EPO, and HMO, all moved into the LDPPO. However, this does not take into account, new employees to the State, and current employees who chose the LDPPO because of the fearmongering by PEBP, Segal and Staff.

Segal and PEBP conveniently claim the following:
From 2021 – 2026, employees who supposedly migrated from the CDHP to LDPPO = 9,300
From 2021 – 2026, employees who supposedly migrated from the EPO to LDPPO = 2,087
From 2021 – 2026, employees who supposedly migrated from the HMO to LDPPO = 597

Contrary to Segal and PEBP using this data against current EPO and HMO employees, the fact remains that the least migration over the five-year period of 2021 – 2026 are employees moving away from the HMO! A mere 597 left the HMO, over a five-year period. I would hardly call that a "migration to the LDPPO from the HMO."

This is a horrible feeling that HMO employees are currently living with; we are waiting to learn the fate of our health insurance. The HMO is viable, those of us who have chosen this plan are not inclined to leave it, nor should we bullied off if it by PEPB, Segal or Staff. Please do not eliminate the HMO plan in the south.

Thank you,
Dorianne Potnar