Employee Benefits Advisory Committee April 14, 2020

REPORT ON PEBP RATES AND ACTIONS

for 2020-21



New Higher Rates Approved by PEBP Board - Option #3 (equal % raises across tiers):

Premiums														
		Statewic	le PPO		Statewide EPO/HMO									
State Active Employees	Cons	sumer Drive	en Health P	lan	PEBP EPO and HPN HMO									
Tier	PY20	PY20 PY21 Change % Change				PY21	Change	% Change						
Employee Only	30.95	43.94	12.99	42%	137.47	171.05	33.58	24%						
Employee + Spouse	160.01	227.16	67.15	42%	415.95	517.57	101.62	24%						
Employee + Child(ren)	82.97	117.80	34.82	42%	275.84	343.23	67.39	24%						
Employee + Family	212.02	301.01	88.99	42%	554.32	689.74	135.42	24%						
State and Non-State		Statewid	le PPO		Statewide EPO/HMO									
Retirees	Cons	sumer Drive	en Health P	lan	PEBP EPO and HPN HMO									
Tier	PY20	PY21	Change	% Change	PY20	PY21	Change	% Change						
Employee Only	203.33	233.59	30.26	15%	362.56	419.79	57.23	16%						
Employee + Spouse	482.10	482.10 553.84		15%	859.32	994.97	135.65	16%						
Employee + Child(ren)	315.68	362.66	46.98	15%	609.39	705.58	96.19	16%						
Employee + Family	594.45	682.91	88.46	15%	1,106.15	1,280.76	174.61	16%						

FACULTY SENATE

** PEBP also voted to postpone \$125 add-on to HSA/HRA accounts to January 1, 2021 – if funds are available – (at March 31 meeting).

Explanation for unexpected rate hikes:

- PEBP internal accounting and AON actuarial estimates for enrollment – 2019-2020 – missed plan experience
- Higher than expected # of high cost patients (cases in excess of \$100K)
- Shortfall estimate in range of \$20M (\$20,610,000)— will be reported more accurately at end of fiscal year



PEBP mitigation actions to lower rate hike and backfill shortfall:

Board voted to -

- 1. Approve changing the IBNP margin load from 25% to 10%, releasing \$7.04M
- 2. Approve lowering the catastrophic reserve level from 62 days on hand to 60 days on hand, releasing \$1.4M.

* Note: changing Invoiced but Not Paid (IBNP) margin load and lowering Catastrophic Reserves was UNLV Employee Benefits Committee advocacy to enhance the CDHP plan in January – now used to backfill accounting and actuarial shortfalls to lessen rate shock to state employees.

FACULTY SENATE

<u>Note:</u> direction of PEBP plan – much higher than state subsidy per employee costs for HMO/EPO plans, while state subsidy costs for CDHP plan are almost at state contribution levels: *the costs of the HMO/EPO plans have become unsustainable*.

Overall Rates - Before Contributions and Premiums

State Employees									
Tier	CDHP	EPO/HMO							
Employee Only	634.67	867.54							
Employee + Spouse	1,218.66	1,710.42							
Employee + Child(ren)	877.05	1,284.14							
Employee + Family	1,461.03	2,127.02							

State Retirees									
Tier	CDHP	EPO/HMO							
Employee Only	622.35	850.08							
Employee + Spouse	1,182.04	1,679.37							
Employee + Child(ren)	852.10	1,260.99							
Employee + Family	1,411.79	2,090.28							



State Contributions thru 2019-20 (which almost certainly will not be raised):

Table 2	Employer Contribution History																			
State Active Employees	I	PY 2011	I	PY 2012	I	PY 2013	I	PY 2014	P	Y 2015	I	PY 2016	I	PY 2017	F	PY 2018	F	PY 2019	P	Y 2020
Employee Only	\$	580.93	\$	565.78	\$	596.86	\$	596.94	\$	521.54	\$	556.78	\$	556.78	\$	557.38	\$	547.52	\$	603.99
Employee + Spouse	\$	1,223.52	\$	979.29	\$	1,034.96	\$	1,035.04	\$	838.42	\$	907.15	\$	907.16	\$	915.88	\$	911.13	\$	1,004.24
Employee + Child(ren)	\$	684.24	\$	693.74	\$	735.79	\$	735.87	\$	648.15	\$	694.16	\$	694.16	\$	700.45	\$	695.77	\$	764.62
Employee + Family	\$	994.78	\$	1,107.32	\$	1,173.87	\$	1,173.95	\$	964.41	\$	1,043.92	\$	1,043.92	\$	1,058.94	\$	1,059.37	\$	1,164.88
State Retirees Non-Medicare																				
Retiree only	\$	392.27	\$	388.98	\$	404.04	\$	404.12	\$	348.10	\$	371.70	\$	371.70	\$	372.70	\$	362.70	\$	405.73
Retiree + Spouse	\$	765.67	\$	637.76	\$	663.49	\$	663.57	\$	539.09	\$	582.88	\$	582.89	\$	589.51	\$	579.85	\$	651.21
Retiree + Child(ren)	\$	452.30	\$	465.96	\$	484.04	\$	484.12	\$	421.99	\$	453.03	\$	453.03	\$	459.22	\$	451.23	\$	504.25
Retiree + Family	\$	632.75	\$	714.79	\$	745.93	\$	746.01	\$	615.03	\$	665.32	\$	665.32	\$	676.03	\$	668.38	\$	749.74
Surviving/Unsubsidized Spo	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Surviving/Unsubsidized Spo	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-

^{**} UNLV Employee Benefits Advisory Committee is requesting replacement of HMO/EPO with low-level deductible PPO plan as 2nd choice – as promised by PEBP Executive Officer and Board in March, 2019. And open competitive RFP process for all plans in 2021, when contracts are up for renewal.

FACULTY SENATE

The very bad news received 5:30 p.m. April 11th:

All rates and benefits reported and voted on at April 9th meeting must now be reconsidered – <u>stay tuned.</u>

PEBP must absorb a 6% budget cut for FY 2020 & 2021 mandated by Gov. Sisolak to address COVID-19 budget crisis. PEBP Board meets on April 27th to determine budget cut proposals: 1st round is est. \$25,000,000.

UNLV Employee Benefits Committee met 4/13 to make recommendations to PEBP to mitigate new rate hikes.



Possible budget suggestions from employee advocates:

UNLV Employee Benefits Advisory Committee advocates the new higher rates NOT be raised further and benefits should NOT be cut — they are far too difficult to restore once reduced — benefits are still not restored from Great Recession.

We are working with AFSCME, NFA, RPEN, and other groups, instead, to:

- Reduce Catastrophic Reserves and HSA/HRA Reserves and apply to 6% cut;
- Include state hiring freeze (4% attrition average) and consequent reductions in state contributions to health plan in cut; plus re-calculate enrollment revenue;
- <u>Last resort:</u> lowering HSA/HRA base contribution from \$700 to \$600 annually; and include Save-On Rx savings (just approved Ap. 9th) in budget cut proposal.



The Only Good News (so far):

PEBP Policy for COVID-19 (will be revisited in May, 2020):

Will cover any and all COVID-19 costs to PEBP plan members at 100%, including: testing, treatment, hospitalization. Note: AON estimates for COVID-19 related costs (based on both Nevada and national experience) will be reported in May.



Questions?