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STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM

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RON SWIRCZEK
Board Chairman

MEETING NOTICE AND AGENDA

Name of Organization: Public Employees' Benefits Program Board

Date and Time of Meeting: February 7, 2008 9:00 a.m.

Place of Meeting: The Legislative Building
401 South Carson Street, Room 1214
Carson City, Nevada

Video Conferencing: The Grant Sawyer State Office Building
555 E. Washington Avenue, Room 4401
Las Vegas, Nevada

Internet: www.leg.state.nv.us

AGENDA

- I. Open Meeting
- * II. Workshop to solicit comments on the proposed adoption, amendment, and repeal of regulations pertaining to Chapter 287 of the Nevada Administrative Code
 - A. Domestic Partnership (R016-08)
 - B. Local Government Participation Prerequisite to Participation (R017-08)
- * III. Approve Action Minutes from January 10, 2008 Board meeting
- IV. Public Comment
- V. Executive Officer presentation of the 2008 State of the Business Report
- * VI. Discussion and possible action regarding status of Judgment received in Las Vegas Metropolitan Police Department vs. Public Employees' Benefits Program with Clark County as Intervenor
- * VII. Discussion and possible action regarding claim trends for July 1, 2008 to June 30, 2009 and updates to the Duties, Policies and Procedure (Appendix A)
- * VIII. Discussion and possible action regarding Employee Assistance Program

- * IX. Discussion and possible action regarding current plan exclusions for:
 - A. Psychotherapy services for treatment of attention deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD)
 - B. Residential treatment center services
- * X. Discussion and possible action regarding vendor selection process
- XI. Information regarding 2007 Customer Satisfaction Results
- XII. Public Comment
- * XIII. **ADJOURNMENT**

*** Denotes items on which Board may take action.**

**** Denotes possible closed session.**

Unless noted as an action item, discussion of any item raised during a report or public comment is limited to that necessary for clarification or necessary to decide whether to place the item on a future agenda.

All times are approximate. The Board reserves the right to take items in a different order to accomplish business in the most efficient manner. The Board reserves the right to limit Internet broadcasting during portions of the meeting that need to be confidential or closed.

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Public Employees' Benefits Program, in writing, at 901 South Stewart Street, Suite 1001, Carson City, NV 89701, or call Vicki Smerdon at (775) 684-7000, as soon as possible.

Copies of both the Public Employees' Benefits Program (PEBP) Board Meeting Action Minutes and Open Meeting Minutes in transcript form are available, at no charge, for inspection at the PEBP Office, 901 South Stewart Street, Suite 1001, Carson City, Nevada, 89701 or on the PEBP web site at www.pebp.state.nv.us. Copies of audio recordings of the PEBP Board meetings conducted in the Legislature Building are available in CD recording format through the Legislative Counsel Bureau Publications, (775) 684-6835, \$5 plus \$4.50 for shipping. For additional information, contact Vicki Smerdon at (775) 684-7000 or (800) 326-5496.

Notice of this meeting was posted on or before 9:00 a.m. on the third working day before the meeting at the following locations: BLASDEL BUILDING, 209 East Musser Street, Carson City; PUBLIC EMPLOYEES' BENEFITS PROGRAM, 901 South Stewart Street, Suite 1001, Carson City; MOTOR VEHICLES & PUBLIC SAFETY BLDG., 305 Galetti Way, Reno; GOVERNOR'S OFFICE-LAS VEGAS, 555 E. Washington Ave. Suite 5100, Las Vegas; MOTOR VEHICLES & PUBLIC SAFETY, 2701 E. Sahara Ave., Las Vegas; UNLV - HUMAN RESOURCES OFFICE, 4505 Maryland Pkway, Las Vegas; UNR - ARTEMESIA BUILDING, 70 Artemesia Way, Reno, SOUTHERN NEVADA HEALTH DISTRICT, 625 Shadow Lane, Las Vegas and on the PEBP web site at www.pebp.state.nv.us. In addition, the agenda was mailed to groups and individuals as requested.



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RON SWIRCZEK
Board Chairman

AGENDA ITEM

Action Item

Information Only

Date: February 7, 2008

Item Number: II

Title: Nevada Administrative Code Regulation Workshop

Summary

This report provides staff recommendations regarding additions and amendments to Chapter 287 of the Nevada Administrative Code (NAC). The recommendations are presented in the following order:

1. Expansion of eligible dependents to include domestic partners and their children (R016-08 – See attachment A); and
2. Financial prerequisites for local government participation (R017-08 – See Attachment B)

The following schedule is anticipated for development and finalization of these changes:

| | |
|-----------------------------|----------------------------|
| Wednesday, January 16, 2008 | Notice of Workshop |
| Thursday, February 07, 2008 | Workshop |
| Monday, March 31, 2008 | Notice of Adoption Hearing |
| Monday, May 05, 2008 | Adoption Hearing |
| To be determined | Legislative Commission |

Recommendation

Consider recommendations and provide staff direction regarding proposed additions, amendments and deletions to NAC Chapter 287.

Expansion of Eligible Dependents to Include Domestic Partners and Their Children

On January 10, 2008, the PEBP Board took several actions regarding domestic partner relationships including eligibility criteria and expansion of benefits. As a result, staff is recommending one new section be added and eight sections be amended or deleted to current regulations (NAC Chapter 287). PEBP staff has taken this opportunity to modify some sections of the NAC to clarify participant vs. dependent as used by the Program.

Proposed Addition:

“Domestic Partner” defined. “Domestic Partner” means that individual attested to as being a qualified domestic partner on an affidavit as prescribed by the Program. The affidavit will include, but not be limited to, the following criteria:

- 1. Both partners are 18 years of age or older and are mentally competent to contract;*
- 2. This is a sole committed relationship for both partners;*
- 3. That neither is married to another;*
- 4. That the partners are not related by blood;*
- 5. That the partners provide each other with mutual support for the necessities of life;*
- 6. That the partners have shared a residence for not less than six (6) consecutive months immediately prior to the coverage effective date and continue to share a residence;*
- 7. That the employee is responsible and agrees to notify PEBP within thirty (30) days of the dissolution of the Domestic Partnership;*
- 8. Full names, address, and dates of birth for the partners will be provided;*
- 9. Social Security Numbers for both partners will be provided;*
- 10. Acknowledgment of possible federal income tax consequences; and*
- 11. The affidavit and all criteria will be re-affirmed on an annual basis during Open Enrollment.*

Proposed Amendments and Deletions:

NAC 287.035 "Dependents" defined. (NRS 287.043) "Dependents" includes:

1. One spouse from a marriage pursuant to law~~;~~ *or*
2. *One domestic partner; and*
3. *Any unmarried child of the Participant or the domestic partner who is under the age of 19 years.*
4. *Any unmarried child of the Participant or the domestic partner who is 19 years of age or older if:*
 - (a) *At the age of 19 years, the child is incapable of self-support because of a physical or mental disability; and*
 - (b) *The Participant provides supporting evidence to the Program within 30 days after the 19th birthday of the child that demonstrates that the child qualifies for coverage and insurance pursuant to this paragraph.*
5. *Any unmarried child of the Participant or the domestic partner who is 19 years of age or older but less than 24 years of age, if the child is enrolled in a program of secondary education or an independently accredited program of postsecondary education, including, without limitation, a college, university, community or junior college, graduate school and accredited trade or business school, on a full-time basis.*
6. *Any unmarried child of the Participant or the domestic partner who is 24 years of age or older, if:*
 - (a) *The child was enrolled in a program of secondary education or an independently accredited program of postsecondary education, including, without limitation, a college, university, community or junior college, graduate school and accredited trade or business school, on a full-time basis between his 19th birthday and his 24th birthday;*
 - (b) *At the age of 24 years, the child is incapable of self-support because of a physical or mental disability if the disability occurred while the child was a full-time student; and*
 - (c) *The Participant provides supporting evidence to the Program within 30 days after the 24th birthday of the child that demonstrates that the child qualifies for coverage and insurance pursuant to this paragraph.*
7. *All dependents must continually reside in the same residence with the Participant except for a dependent who is:*
 - (a) *A child who is a full-time student;*

(b) A child or a spouse who is in a facility for the institutional care of a disability;

(c) A child who is the subject of a child health insurance support agreement; or

(d) A spouse who is working out of the area of the residence of the Participant.

8. Children eligible for inclusion as a Dependent may include biological children, adopted children, children placed in the residence of the Participant for adoption, stepchildren and any other child who is related to the Participant, if the Participant is legally responsible for the child and the child is financially dependent on the Participant and the program coverage unit of the Participant for care and support.

9. Children eligible for inclusion as a Dependent may include biological children, adopted children, children placed in the residence of the domestic partner for adoption, and any other child who is related to the Domestic Partner, if the Domestic Partner is legally responsible for the child and the child is financially dependent on the Domestic Partner for care and support.

10. A foster child may not be included in a program coverage unit.

11. Other than a period for enrollment that is open for all participants, the right to change coverage or insurance on a Dependent or to add or change Dependents is governed by the terms and conditions of any applicable plan, insurance policy or law.

NAC 287.095 "Participant" defined. (NRS 287.043) "Participant" includes the following persons who are eligible to participate in the Program:

1. An officer or employee of a participating public agency;

2. A retired officer or employee;

~~3. A dependent of such an officer or employee or retired officer or employee;~~

~~4~~ *3.* A survivor of a deceased officer or employee of a public employer if the deceased officer or employee had 10 years or more of service credit, as determined by the appropriate certifying agency, and is deemed to be retired pursuant to NRS 286.676;

~~5~~ *4.* A survivor of a deceased retired officer or employee;

~~6~~ *5.* A surviving ~~spouse~~ *dependent* of a police officer, firefighter or official member of a volunteer fire department who was killed in the line of duty;

~~7. A surviving child of a police officer, firefighter or official member of a volunteer fire department who was killed in the line of duty;~~

~~8~~ 6. A biennial employee who plans to return to the same or similar position in the next authorized biennial employment period if the biennial employee has timely enrolled, reenrolled, opted to continue coverage or insurance, or opted to join the Program pursuant to this chapter and chapter 287 of NRS in any applicable group coverage or insurance offered by, through or in cooperation with the Program;

~~9~~ 7. A former member of the board of trustees of a school district pursuant to NRS 287.024; and

~~10~~ 8. A Legislator whose term of office has not expired.

~~NAC 287.115 – “Program coverage unit” defined. (NRS 287.043) – “Program coverage unit” means the family unit declared pursuant to NAC 287.312 that seeks coverage or insurance from the Program for more persons than the sole eligible public officer, public employee or retired officer or employee.~~

~~NAC 287.312 – Qualifying program coverage unit: Declaration of enrollment; eligible dependents. (NRS 287.043)~~

~~1. Except as otherwise provided in this section, an eligible officer, employee or retired officer or employee who desires to participate in the Program with one or more dependents in a family unit must declare the existence of a qualifying program coverage unit by executing a declaration of enrollment, under penalty of perjury and subject to the provisions of NRS 686A.290 and 686A.291.~~

~~2. The following eligible dependents must be declared, including names and addresses, by the declarant in a declaration of enrollment of a program coverage unit:~~

~~(a) A spouse of the declarant.~~

~~(b) Any unmarried child of the declarant who is under the age of 19 years.~~

~~(c) Any unmarried child of the declarant who is 19 years of age or older if:~~

~~(1) At the age of 19 years, the child is incapable of self support because of a physical or mental disability; and~~

~~(2) The declarant provides supporting evidence to the Program within 30 days after the 19th birthday of the child that demonstrates that the child qualifies for coverage and insurance pursuant to this paragraph.~~

~~(d) Any unmarried child of the declarant who is 19 years of age or older but less than 24 years of age, if the child is enrolled in a program of secondary education or an independently accredited program of postsecondary~~

~~education, including, without limitation, a college, university, community or junior college, graduate school and accredited trade or business school, on a full-time basis.~~

~~(e) — Any unmarried child of the declarant who is 24 years of age or older, if:~~

~~(1) — The child was enrolled in a program of secondary education or an independently accredited program of postsecondary education, including, without limitation, a college, university, community or junior college, graduate school and accredited trade or business school, on a full-time basis between his 19th birthday and his 24th birthday;~~

~~(2) — At the age of 24 years, the child is incapable of self support because of a physical or mental disability if the disability occurred while the child was a full-time student; and~~

~~(3) — The declarant provides supporting evidence to the Program within 30 days after the 24th birthday of the child that demonstrates that the child qualifies for coverage and insurance pursuant to this paragraph.~~

~~3. — All declared members of a program coverage unit must continually reside in the same residence with the declarant except for a dependent who is:~~

~~(a) A child who is a full-time student;~~

~~(b) — A child or a spouse who is in a facility for the institutional care of a disability;~~

~~(c) — A child who is the subject of a child health insurance support agreement; or~~

~~(d) — A spouse who is working out of the area of the residence of the declarant.~~

~~4. — Children declared by the declarant for inclusion in a program coverage unit may include biological children, adopted children, children placed in the residence of the declarant for adoption, stepchildren and any other child who is related to the declarant, if the declarant is legally responsible for the child and the child is financially dependent on the declarant and the program coverage unit of the declarant for care and support. A foster child may not be included in a program coverage unit.~~

~~5. — Other than a period for enrollment that is open for all participants, the right to change coverage or insurance on a declared dependent or to add or change dependents is governed by the terms and conditions of any applicable plan, insurance policy or law.~~

**NAC 287.420 Payment of premiums or contributions by public employer:
Date due; penalty. (NRS 287.043,287.046)**

1. The total of the premiums or contributions which is billed by the Program and is owed by a public employer which:

(a) Employs an officer or employee;

(b) Is legally responsible for the surviving ~~spouse or child~~ *Dependent* of a police officer, firefighter or volunteer firefighter killed in the line of duty; or

(c) Pays a subsidy for any of its retired officers or employees, for the officer, employee, surviving ~~spouse or child~~ *Dependent*, or retired officer or employee who elects to participate in the Program and the respective premium or contribution, if any, which is deducted from his compensation must be received by the Program by the 25th of each month.

2. If a public employer does not pay the amount billed by the Program, the Program shall determine if a penalty that is based on the amount actually paid should be assessed. If the total payments made by the public employer were less than the amount billed to the public employer, the Program may, for good cause shown, assess a monthly penalty of 1.5 percent of the unpaid balance.

3. For the purposes of this section, if the 25th day of the month is a Saturday, Sunday or legal holiday, the payment of a premium or contribution is timely if it is received on the next day which is not a Saturday, Sunday or legal holiday.

NAC 287.450 Employees on leave without pay: Payment of premiums or contributions; eligibility for coverage as dependent of ~~spouse~~ *an active employee*; coverage upon return to work. (NRS 287,043,287.046)

1. A participating public agency that employs an employee who is on leave without pay shall not pay any amount of the cost of premiums or contributions that is due the Program for group insurance for that employee unless the employee is compensated for:

(a) Work actually performed;

(b) Accrued annual leave or sick leave, or both; or

(c) A combination of work actually performed and accrued annual leave or sick leave, or both, if the total is at least 80 hours per month for each month that coverage or insurance is provided.

2. An employee who is on approved leave without pay:

(a) May pay the premiums or contributions for his coverage and insurance to the participating public agency that employs him.

- (b) Is not eligible for coverage or insurance as a dependent of ~~his spouse if his spouse~~ *an active employee who* is also covered under the Program.
3. If an employee who is on approved leave without pay elects not to pay the premium or contribution for coverage and insurance from the Program and returns to work:
- (a) Within 1 year after the last day of his coverage from the Program, the employee is not required to complete 90 days of full-time employment before being eligible to participate in the Program.
- (b) One year or more after taking leave without pay, the employee is eligible to participate in the Program on the first day of the month following 90 days of full-time employment.
4. An employee who is on approved leave without pay may, at the time he returns to work, obtain coverage and insurance for any dependent who was previously covered.

NAC 287.530 Coverage of retired or totally disabled persons or surviving ~~spouse or~~ dependents. (NRS 287.043)

1. If ~~both spouses~~ *the Participant and spouse or Domestic Partner* are retired officers or employees who retired before July 1, 2004, and elect to participate in the Program, one may elect to be the dependent of the other. A spouse *or Domestic Partner* who elected to be the dependent pursuant to this subsection may elect to become a primary insured during open enrollment. If the retired officer or employee designated as the primary insured dies, the spouse *or Domestic Partner* who elected to be the dependent becomes the primary insured.
2. A person who retires on or after July 1, 2004, and who is eligible to participate in the Program as a primary insured may not elect to be a dependent of his spouse *or Domestic Partner* who is a primary insured in the Program.
3. A surviving spouse *or Domestic Partner* who:
- (a) Retired before July 1, 2004;
- (b) Is enrolled in the Program as a survivor; and
- (c) Is eligible to participate in the Program as a primary insured, may elect to change his status to retiree status during open enrollment. A person who chooses such an election pursuant to this subsection must meet the requirements of NAC 287.485 to be eligible for a subsidy.
4. A person who, at the time of his retirement or disability, is a current participant in the Program and who:
- (a) Is vested in a retirement system as a retiree;
- (b) Has attained the age of eligibility or is totally disabled;

- (c) Receives a retirement benefit or disability benefit from such a system;
- (d) Wishes to continue participation in the Program;
- (e) Has retired or was disabled directly from service with a public employer with at least 5 years of service; and
- (f) Within 60 days after his official date of retirement or total disability:
 - (1) Notifies his last public employer of his intent to continue coverage in the Program; and
 - (2) Reenrolls in the Program, will have uninterrupted benefits and is not subject to any waiting period. Continued coverage provided to a person who reenrolls pursuant to this subsection may be changed by the person at the time of reenrollment.

5. A person who, on the official date of his retirement or total disability, is not a participant in the Program and who:

- (a) Is vested in a retirement system as a retiree;
- (b) Attains the age of eligibility or is totally disabled;
- (c) Receives a retirement or disability benefit from such a system;
- (d) Wishes to join the Program;
- (e) Has retired or was disabled directly from service with a public employer with at least 5 years of service before receiving retirement benefits; and
- (f) Within 60 days after his official date of retirement or total disability:
 - (1) Notifies his last public employer of his intent to enroll in the Program; and
 - (2) Enrolls in the Program, is subject to a 60-day waiting period.

6. A person who is ~~the surviving spouse or a~~ surviving ~~d~~**D**ependent of a deceased officer or employee of a participating public agency, or a deceased retired officer or employee, and who, at the time of his death, was a participant under the Program, may maintain the coverage or insurance from the Program if:

- (a) The ~~spouse or d~~**D**ependent receives retirement benefits from which premiums or contributions can be deducted or such ~~spouse or d~~**D**ependent pays the premium or contribution directly to the Program; and
- (b) Within 60 days after the date of death of the participant, the surviving ~~spouse or d~~**D**ependent:

(1) Notifies the last public employer of the deceased participant that the surviving ~~spouse or d~~*Dependent* intends to enroll in or continue coverage by reenrolling in the Program; and

(2) Enrolls or reenrolls, as appropriate, in the Program.

7. Continued coverage provided to a surviving ~~spouse or d~~*Dependent* who reenrolls in the Program in accordance with this section may not be changed until the next enrollment period that is open to all participants of the Program.

8. If the surviving ~~spouse~~ *Dependent* has a dependent who is not covered under the Program at the time of death of the officer or employee of a participating public agency, or retired officer or employee, or acquires a dependent by marriage, adoption or birth, the dependent is not eligible for coverage or insurance.

NAC 287.670 Request for review: Requirements; action by Claims Administrator. (NRS 287.043)

1. To initiate a review of a claim, a participant in the Program must submit a written request to the Claims Administrator of the Program within 60 days after the date on which the claim was adjudicated or to the insurer in accordance with the terms and conditions of the contract between the participant and the vendor. A request for a review of a claim must include:

- (a) The name of the participant;
- (b) The social security number or member identification number of the participant;
- (c) The identifying number of the claim for benefits;
- (d) A statement indicating whether the claim is for a public officer or employee, or a retired officer or employee, or a surviving ~~spouse or d~~*Dependent* of such an officer or employee; and
- (e) A statement setting forth the reasons the claim is being contested.

2. The Claims Administrator shall:

(a) Review a request for the review of a claim with the vendors and consultants of the Board to determine if the claim was adjudicated pursuant to the current terms and conditions of the Program under the contract between the Program and applicable vendor; and

(b) Advise the participant in writing of the decision of the Claims Administrator within 30 days after receiving the request for a review.

3. As used in this section, "member identification number" means the number assigned to a participant in the Program by the Program.

Financial Prerequisites for Local Government Participation

On January 10, 2008, the PEBP Board voted to require local governments to pay a “Reserve Buy-in” as a prerequisite to participation in the Program. A “buy-in” is a one-time fee for new participating local governmental agencies that wish to join PEBP. The fee would go toward increasing the Rate Stabilization Reserve to ensure the program is adequately funded to maintain a 95% probability that the plan will maintain solvency in the long-term.

The “Buy-in will be based on the funded level of the Rate Stabilization Reserve, not to exceed the actuarial estimates of the required Rate Stabilization Reserve level. The “Buy-in” will be paid only by new local governments wishing to join the program. When a participating local government leaves the Program, they will not receive that money back.

Proposed Change¹:

NAC 287.310 Prerequisites to participation; fees; establishment of rates; provision to agency of report on history of claims. (NRS 287.043)

1. To participate in group coverage or insurance provided by the Program, a local governmental agency, through its governing body, must provide to the Program:

- (a) A nonrefundable application fee of:
 - (1) For less than 50 participants..... .. \$250
 - plus the administrative fee
 - (2) For not less than 50 participants or more than 200 participants..... .. \$450
 - plus the administrative fee
 - (3) For over 200 participants..... .. \$2.25
 - per participant plus the administrative fee

↪ In addition to the application fees listed in subparagraphs (1), (2) and (3), a local governmental agency must include as part of its application fees a fee at a rate of \$1 per participant to cover the costs for loading eligibility and the initiation of billing services.

(b) Information, as determined by the actuary of the Program, sufficient to make an actuarial determination as to the appropriate rates for the local governmental agency, including, without limitation, the 3 most recent years of

¹ Does not include amendments proposed in regulation amendment R126-07 scheduled for consideration by the Legislative Commission on January 30, 2008.

claims history data of the local governmental agency, if any exists, in an electronic format that is compatible with the actuarial services of the Program.

(c) The residential zip code, gender, age and current selection for coverage of:

(1) The eligible members, regardless of current enrollment, of the local governmental agency; and

(2) Those members that are currently enrolled in the group plan of the local governmental agency and their respective number of enrolled dependents.

(d) An interlocal contract executed pursuant to [NRS 287.043](#), on a form provided by the Program.

(e) A statement that all terminal fees and costs associated with the previous health plan will be paid by that local governmental agency group.

(f) A nonrefundable reserve buy-in based on participant count as of the effective date of coverage. The buy-in amount shall be based upon the Program's current funded Rate Stabilization Reserve, but be no greater than that actuarially determined to maintain a 95% probability that the Program will maintain long-term solvency. Initial payment of the reserve buy-in to the Program shall be made no later than the effective date of coverage.