

Douglas County School District Health Advisory Committee

District Office
1638 Mono Avenue
Minden, NV 89423
Tuesday, May 28, 2024
4:30 PM

Agenda

1. Call to Order

A. Roll Call of Committee Members

B. Adoption of Agenda (For Possible Action)

Committee members reserve the right to take items in a different order to accomplish business in the most efficient manner.

2. Public Comment #1

Public comment will be taken during this agenda item regarding any item appearing on the agenda. A sign-up sheet is provided and individuals may address the committee by indicating their desire to speak and the topic about which they will speak. The committee reserves the right to limit the amount of time that will be allowed for each individual to speak. (The time allotted is nontransferable for each speaker.) The committee is precluded from acting on items raised during Public Comment that are not already on the agenda. No action may be taken on a matter discussed under this item until the matter is included on an agenda as an item on which action may be taken. Public Comment #2 will provide an opportunity for public comment on any matter within the Committee's jurisdiction, control, or advisory authority.

3. Committee Members' Comment

Comments from committee members are invited at this time for any item not specifically addressed elsewhere in the agenda. The intent of this standing item is to allow committee members to provide feedback to the committee as a whole regarding membership questions and comments. Committee members should limit the amount of time and be respectful of time constraints and not be repetitive of other committee members' comments.

4. Approval of the Minutes of the April 30, 2024 Meeting (For Possible Action) 3

Attached are the minutes of the April 30, 2024 Health Advisory Committee Meeting for review and approval.

RECOMMENDATION: Approve the Minutes of the Health Advisory Committee Meeting dated April 30, 2024.

5. Review of Claims (Information and Discussion) 6

Lloyd Barnes, Nate Kerr

A representative from DCSD's broker, LP Insurance Services, Inc., will review claims expenses for Douglas County School District's self-funded health insurance.

6. Customer Service Review (Information and Discussion) 14

Sam Bradley

A representative from Douglas County School District's Third Party Administrator, Hometown Health, will review customer service statistics.

7. Self- Insurance Fund Projected Financials (Information and Discussion)

17

Executive Director of Human Resources will provide an update in the projected financials of the district's self-insured health insurance fund.

8. Correspondence (Information and Discussion)

Committee members will discuss or review any correspondence received pertaining to the Advisory Health Insurance Committee.

9. Future Agenda Items (Discussion and for Possible Action)

Committee members will discuss or propose upcoming items for future agenda items in addition to setting the next meeting date(s) and times.

10. Public Comment #2

Public comment will be taken during this agenda item on any matter within the committee's jurisdiction, control, or advisory authority. No action may be taken on a matter discussed under this item until the matter is included on an agenda as an item on which action may be taken. A sign-up sheet is provided and individuals may address the committee by indicating their desire to speak and the topic about which they will speak. The committee reserves the right to limit the amount of time that will be allowed for each individual to speak. (The time allotted is nontransferable for each speaker.) The committee is precluded from acting on items raised during Public Comment that are not already on the agenda. No action may be taken on a matter discussed under this item until the matter is included on an agenda as an item on which action may be taken.

11. Adjournment

(*) Times are estimated. Items on the Agenda may be taken out of order. The Health Advisory Committee may combine two or more agenda items for consideration, and may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. Generally speaking, the item will be heard no earlier than the time indicated.

If copies of the complete agenda (and supporting materials) are desired in advance, they may be obtained at the District Office on the Friday or Monday preceding a regular Tuesday meeting of the Committee. Please contact Leeann Caires at 775-782-5134 or lcaires@dcsd.k12.nv.us.

Notice to Individuals with Disabilities: Members of the public who require special assistance or accommodations are asked to notify the District Administration at 1638 Mono Avenue, Minden, Nevada, 89423, or by calling 782-5134, so that such notification is received at least twenty-four (24) hours prior to the meeting. In conformance with the Open Meeting Law, it is hereby noted that the agenda for the meeting of the Douglas County School District Health Advisory Committee has been posted at the following locations:

Douglas County School District, Minden, NV
District website: www.dcsd.k12.nv.us
State of Nevada website: <https://notice.nv.gov>

**DRAFT -- Minutes of the Health Advisory
Committee Meeting of April 30, 2024**

Committee Members Present

Darcy McInnis, DCPEA
Kerry Stack, DCPEA
Lin Falkner, DCPEA
Elizabeth Martin, DCSSO
Susan McNeall, DCAA
Jeff Johnson, Chapter #6 Bus Drivers Association

Absent

Nate Kerr, LP Insurance (via Google Meets), Sam Bradley, Hometown Health (via Google Meets), Jose Sandoval, Hometown Health (via Google Meets), Sue Estes, Business Services, and Leeann Caires, DCSD Human Resources.

Meeting minutes are created and provided in accordance with NRS 241.035. They are not a word-for-word transcript of the meeting.

1. Call to Order

The meeting was called to order by Mrs. Caires at 4:34 p.m.

Mrs. Stack made a motion to adopt the flexible agenda. Mrs. Falkner seconded the motion.

Motion passed 6 – 0

2. Public Comment #1

No public comment.

3. Committee Members' Comment

No committee member comment.

4. Approval of Minutes of the February 27, 2024 meeting (For Possible Action)

Ms. McInnis made a motion to approve the February 27, 2024 minutes. Mrs. Stack seconded the motion.

Motion passed 6 - 0.

5. Review of Claims (Information and Discussion)

Mr. Kerr reported on the paid claims through March 2024.

Exhibit 1 – Employee enrollment is up approximately 1.5% for 2024 and dependent enrollment is down approximately 5% (compared to 2023). Total employee claims (line 10) are down approximately 20% compared to plan year 2023. Total claims for dependents (Line 18) are down approximately 46% compared to plan year 2023. Total claims (line 27) for the month of March were \$353,329. Average monthly composite cost per member for March 2024 (Line 29) is \$310. Mr. Kerr pointed out that the dental claims were very low in March.

Exhibit 3 – Total Plan Costs - paid claims plus fixed costs (fees such as operating costs, admin fees for Hometown Health, consulting fees for LP Insurance, pharmacy rebates, Stop-Loss reimbursements, etc.). Line 32 shows the total net plan costs for March was \$449,450. Average monthly composite net plan cost per member is \$528 (Line 35) – a 25% decrease from 2023.

Exhibit 5 – Large claims report. Large claim tracking begins when a claim reaches approximately 50% of Stop-Loss deductible (\$275,000). As of March, there are no large claims to report.

Exhibit 6 - Incurred but Not Reported (IBNR) is the outstanding estimated liability that DCSD carries on an on-going basis. March 2024 estimated IBNR is \$1,077,466.

6. Customer Service Review (Information and Discussion)

Ms. Bradley noted that the low dental claims were an anomaly in March. After the Change Healthcare data breach, there was a change in the way dental claims are submitted. Ms. Bradley is in the process of reaching out to dental providers to let them know where/how they should be submitting their claims.

Ms. Bradley from Hometown Health reported on customer service from March 2024. Customer Service Call Volume report data shows approximately 36 member calls in March (35 were answered). For March, the Average Seconds to Answer (ASA) was 7 seconds (performance guarantee is 75 seconds). March 2024 Abandonment rate was 3% (performance guarantee is 10%). The claims report (clean and unclean claims) shows 1,050 total claims for the month of March, 1176 claims were paid during the month, resulting in 99% of claims paid within 30 days.

Mr. Johnson asked if Change Healthcare is still handling claims. Ms. Bradley responded that Hometown Health is currently accepting claims directly through their program - Tapestry - (rather than through Change).

DCSD has also been working with Hometown Health to evaluate and compare prices for some services with in-network providers (Carson-Tahoe, Renown, Barton/Carson Valley Health). Some communication has been shared with staff to help provide awareness of the costs for some services, as this can affect member copays and in turn, plan costs. Some committee members reported that the information was helpful.

7. Self-Insurance Fund Projected Financials (Information and Discussion)

For the month of March, paid claims were \$352,799 admin expenses were \$100,469. Total claims for fiscal year 23-24 are \$6,372,203. Total operating revenues for the fiscal year 23-24 so far are \$7,321,087 Estimated cash flow was positive \$287,260 in March.

Mr. Johnson asked about the 2024-25 budget and the premium paid by DCSD for employees. Mrs. Estes confirmed that the District currently pays \$825 per month (\$9900 per year) per employee. Mrs. Estes also confirmed that \$1 million was transferred from the general fund to the insurance fund in fiscal year 2023-24. For fiscal year 2024-25 there will be \$1 million budgeted for the insurance fund again.

8. School Board Self-Funded Insurance Presentation (For Discussion and Possible Action)

The committee discussed which members of the team would provide an update regarding DCSD's self-funded health insurance plan at the May School Board meeting.

Mrs. Stack made a motion for Darcy McInnis to represent the Health Advisory Committee at the May 21, 2024 School Board meeting to talk about the self-funded insurance plan. Ms. Falkner seconded the motion.

Motion passed 6 - 0.

9. Correspondence (Information and Discussion)

No correspondence.

10. Future Agenda Items (For Possible Action)

1 - DCSD health insurance education/town hall (“health plan 101”), possibly fall 2024 OR organize some sessions during the annual all staff professional development (Forum in October 2024).

2 – Schedule HAC meeting dates for 2024-25: 8/27/2024, 9/24/2024, 10/15/2024, 11/19/2024, 1/28/2025, 2/25/2025, 3/25/2025, 4/29/2025, 5/27/2025.

HAC meeting dates scheduled for 2023-24: 05/28/2024.

11. Public Comment #2

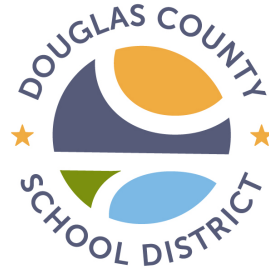
No public comment.

12. Adjournment

The meeting was adjourned by Mrs. Caires.

Submitted by,

Leeann Caires,
Benefits & Risk Management Coordinator
Douglas County School District
(775) 782-7177



Douglas County School District

April-24

**Group Health Plan
Cost Analysis Report**

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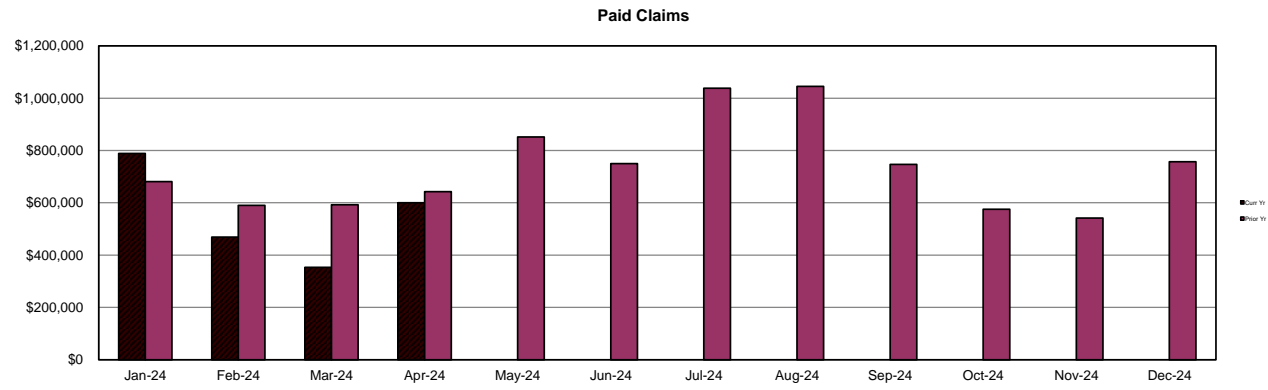
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Large Claim Data
6	Incurred But Not Reported Liability (IBNR)-Current
7	Incurred But Not Reported Liability (IBNR)-Previous Month



**Douglas County School District
PAID CLAIMS**

Line #		Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Totals	Current Year	Prior Year	%	
															Mo. Average	Mo. Average	Difference	
ENROLLMENT																		
1	Employees	784	783	785	786	0	0	0	0	0	0	0	0	3,138	785	773	1.54%	
2	Dependent Units	187	187	187	190	0	0	0	0	0	0	0	0	751	188	197	-4.90%	
3	Total # of Dependents	352	353	353	357	0	0	0	0	0	0	0	0	1,415	354	366	-3.35%	
EMPLOYEE CLAIMS																		
4	Medical	\$582,264	\$221,551	\$189,748	\$373,337	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,366,900	\$341,725	\$454,204	-24.76%	
5	Less Stop Loss Reimbursement	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$21,363)	(\$33,058)	-35.38%	
6	Net Medical Claims	\$496,811	\$221,551	\$189,748	\$373,337	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,281,447	\$320,362	\$421,146	-23.93%	
7	Prescription	\$113,540	\$129,718	\$118,934	\$105,863	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$468,055	\$117,014	\$109,316	7.04%	
8	Dental	\$34,901	\$20,189	\$5,993	\$6,259	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$67,342	\$16,835	\$29,541	-43.01%	
9	Vision	\$4,609	\$3,791	\$3,139	\$6,553	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,092	\$4,523	\$3,707	22.01%	
10	Total Employee	\$649,862	\$375,248	\$317,813	\$492,012	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,834,936	\$458,734	\$563,710	-18.62%	
11	Cost Per Employee	\$828.91	\$479.24	\$404.86	\$625.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,338.99	\$584.75	\$729.64	-19.86%
DEPENDENT CLAIMS																		
12	Medical	\$107,665	\$68,495	\$25,093	\$80,460	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$281,712	\$70,428	\$135,835	-48.15%	
13	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%	
14	Net Medical Claims	\$107,665	\$68,495	\$25,093	\$80,460	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$281,712	\$70,428	\$135,835	-48.15%	
15	Prescription	\$15,767	\$15,716	\$9,767	\$18,230	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$59,479	\$14,870	\$18,046	-17.60%	
16	Dental	\$13,881	\$8,329	\$0	\$8,513	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,723	\$7,681	\$15,881	-51.63%	
17	Vision	\$1,488	\$1,151	\$656	\$1,007	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,303	\$1,076	\$903	19.18%	
18	Total Dependent	\$138,801	\$93,690	\$35,516	\$108,210	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$376,216	\$94,054	\$170,665	-44.89%	
19	Cost Per Dependent Unit	\$742.25	\$501.02	\$189.92	\$569.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,003.82	\$500.95	\$864.49	-42.05%	
20	Cost Per Dependent	\$394.32	\$265.41	\$100.61	\$303.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,063.51	\$265.88	\$466.30	-42.98%	
EMPLOYEE + DEPENDENT																		
21	Medical	\$689,929	\$290,046	\$214,841	\$453,797	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,648,613	\$412,153	\$590,039	-30.15%	
22	Less Stop Loss Reimbursement	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$21,363)	(\$33,058)	-35.38%	
23	Net Medical Claims	\$604,476	\$290,046	\$214,841	\$453,797	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,563,160	\$390,790	\$556,981	-29.84%	
24	Prescription	\$129,307	\$145,433	\$128,700	\$124,093	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$527,534	\$131,883	\$127,363	3.55%	
25	Dental	\$48,782	\$28,517	\$5,993	\$14,772	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$98,064	\$24,516	\$45,422	-46.03%	
26	Vision	\$6,097	\$4,942	\$3,795	\$7,561	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,394	\$5,599	\$4,609	21.46%	
27	Total Claims	\$788,662	\$468,938	\$353,329	\$600,222	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,211,152	\$552,788	\$734,375	-24.73%	
28	Composite Cost Per Employee	\$1,005.95	\$598.90	\$450.10	\$763.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,818.55	\$704.64	\$950.54	-25.87%	
29	Composite Cost Per Member	\$694.25	\$412.80	\$310.48	\$525.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,942.59	\$485.65	\$644.99	-24.70%	

**Douglas County School District
PAID CLAIMS**

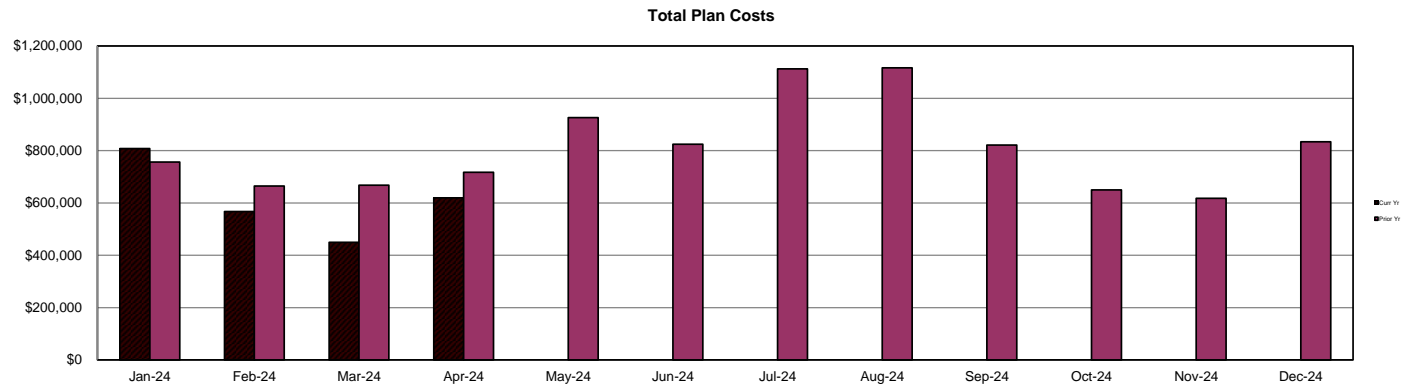


**Douglas County School District
TOTAL PLAN COSTS**

Line #		Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference	
EMPLOYEE																		
1	TPA / UTIL REVIEW / COBRA / TELE DOC	\$27.90	\$27.90	\$27.90	\$27.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$87,550	\$21,888	\$13,489	62.26%	
2	Specific Stop Loss	\$67.78	\$67.78	\$67.78	\$67.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$212,694	\$53,173	\$45,127	17.83%	
3	PPO Networks (Dental)	\$0.70	\$0.70	\$0.70	\$0.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,197	\$549	\$541	1.54%	
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,272	\$1,318	\$1,298	1.54%	
5	Consulting Fee (Estimated)	\$1.91	\$1.92	\$1.91	\$1.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,000	\$1,500	\$1,500	0.00%	
6	Total Fixed	\$99.97	\$99.98	\$99.97	\$99.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$313,712	\$78,428	\$61,955	26.59%	
7	Exposures	784	783	785	786	0	0	0	0	0	0	0	0	3,138	785	773	1.54%	
8	Employee Fixed Costs	\$78,379	\$78,281	\$78,477	\$78,575	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$313,712	\$78,428	\$61,955	26.59%	
9	Total Gross Claims	\$735,315	\$375,248	\$317,813	\$492,012	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,920,389	\$480,097	\$596,769	-19.55%	
10	Gross Plan Costs	\$813,694	\$453,529	\$396,290	\$570,587	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,234,101	\$558,525	\$658,723	-15.21%	
11	Stop-Loss Reimbursements	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$21,363)	(\$33,058)	-35.38%	
12	Net Plan Costs	\$728,241	\$453,529	\$396,290	\$570,587	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,148,648	\$537,162	\$625,665	-14.15%	
13	Per Employee Gross Plan Costs	\$1,037.87	\$579.22	\$504.83	\$725.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,847.80	\$711.95	\$852.62	-16.50%	
14	Per Employee Net Plan Costs	\$928.88	\$579.22	\$504.83	\$725.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,738.88	\$684.72	\$809.83	-15.45%	
DEPENDENT																		
15	Specific Stop Loss (+ 1 Dep.)	\$74.04	\$74.04	\$74.04	\$74.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27,395	\$6,849	\$6,518	5.07%	
16	Specific Stop Loss (+ Fam.)	\$74.04	\$74.04	\$74.04	\$74.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28,209	\$7,052	\$6,077	9.60%	
17	Dependent Units (+ 1 Dep.)	91	91	92	96	0	0	0	0	0	0	0	0	370	93	102	-9.46%	
18	Dependent Units (Fam.)	96	96	95	94	0	0	0	0	0	0	0	0	381	95	95	0.00%	
19	Dependent Fixed Costs	\$13,845	\$13,845	\$13,845	\$14,068	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$55,604	\$13,901	\$12,595	10.37%	
20	Total Gross Claims	\$138,801	\$93,690	\$35,516	\$108,210	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$376,216	\$94,054	\$170,665	-44.89%	
21	Gross Plan Costs	\$152,646	\$107,536	\$49,361	\$122,278	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$431,821	\$107,955	\$183,260	-41.09%	
22	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%	
23	Net Plan Costs	\$152,646	\$107,536	\$49,361	\$122,278	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$431,821	\$107,955	\$183,260	-41.09%	
24	Per Dependent Unit Gross Plan Costs	\$816.29	\$575.06	\$263.96	\$643.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,298.88	\$574.72	\$928.29	-38.09%	
25	Per Dependent Unit Net Plan Costs	\$816.29	\$575.06	\$263.96	\$643.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,298.88	\$574.72	\$928.29	-38.09%	
26	Per Dependent Net Plan Costs	\$433.65	\$304.63	\$139.83	\$342.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,220.63	\$305.16	\$501.91	-39.20%	
EMPLOYEE + DEPENDENT																		
27	*Fixed Costs	\$95,374	\$98,182	\$96,121	\$92,643	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$382,319	\$95,580	\$74,550	28.21%	
28	Total Claims	\$874,115	\$468,938	\$353,329	\$600,222	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,296,605	\$574,151	\$767,433	-25.19%	
29	Gross Plan Costs	\$969,489	\$567,121	\$449,450	\$692,865	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,678,925	\$669,731	\$841,983	-20.46%	
30	Stop-Loss Reimbursements	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$21,363)	(\$33,058)	-35.38%	
31	Pharmacy Rebates	(\$76,216)	\$0	\$0	(\$73,444)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$149,660)	(\$37,415)	(\$27,705)	35.05%	
32	Net Plan Costs	\$807,820	\$567,121	\$449,450	\$619,421	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,443,812	\$610,953	\$781,219	-21.79%	
33	Composite Gross Plan Cost Per Employee	\$1,236.59	\$724.29	\$572.55	\$881.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,414.82	\$853.70	\$1,089.83	-21.67%	
34	Composite Net Plan Cost Per Employee	\$1,030.38	\$724.29	\$572.55	\$788.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,115.12	\$778.78	\$1,011.18	-22.98%	
35	Composite Net Plan Cost Per Member	\$711.11	\$499.23	\$394.95	\$541.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,124.13	\$531.03	\$710.47	-25.26%	

*MAXOR Admin Fee Added to Employee & Dependent Fixed Costs

Douglas County School District
TOTAL PLAN COSTS



Douglas County School District

MEDICAL CLAIMS ONLY IN EXCESS OF \$137,500 (Accumulative Paid Amounts Year to Date)

	CLAIMANT											
	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Claim # <i>Total Amount of Claim Year to Date</i>												
1	\$0	\$0	\$0	\$0								
2	\$0	\$0	\$0	\$0								
3	\$0	\$0	\$0	\$0								
4	\$0	\$0	\$0	\$0								
5	\$0	\$0	\$0	\$0								
6	\$0	\$0	\$0	\$0								
7	\$0	\$0	\$0	\$0								
8	\$0	\$0	\$0	\$0								
9	\$0	\$0	\$0	\$0								
10	\$0	\$0	\$0	\$0								
Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Increase Over Previous Month:</i>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Claim # <i>Amount Over Specific Stop-Loss (\$275,000)</i>												
1	\$0	\$0	\$0	\$0								
2	\$0	\$0	\$0	\$0								
3	\$0	\$0	\$0	\$0								
4	\$0	\$0	\$0	\$0								
5	\$0	\$0	\$0	\$0								
6	\$0	\$0	\$0	\$0								
7	\$0	\$0	\$0	\$0								
8	\$0	\$0	\$0	\$0								
9	\$0	\$0	\$0	\$0								
10	\$0	\$0	\$0	\$0								
Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Increase Over Previous Month:</i>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Douglas County School District

Hometown Health self-funded health plan reserve as of April 30, 2024

Based on claims from May 01, 2023 through April 30, 2024

FORMULA

Estimated IBNR = (Most recent 12 months of Actual Net Paid Claims) x (Lag Days/365)
 x (Current Employee Count / Average 12 month Lagged Employee Count)

Net Paid Claims from May 01, 2023 through April 30, 2024

Medical	\$ 6,454,408
Dental	\$ 442,882
Prescription Drugs	\$ 1,562,819
Vision	<u>\$ 56,347</u>
Total Claims	\$ 8,516,456

Average Estimated Lag Days

Medical	55 Days
Dental	30 Days
Rx	11 Days
Vision	22 Days

Number of employees covered:

Current enrollment all Medical Plans = 786 : 60 day lagged enrollment = 775
 Current enrollment all Dental Plans = 786 : 60 day lagged enrollment = 775
 Current enrollment all Rx Plans = 786 : 60 day lagged enrollment = 775
 Current enrollment all Vision Plans = 786 : 60 day lagged enrollment = 775

Estimated IBNR Calculation

Medical	\$6,454,408 X (55/365) X (786/775) =	\$ 986,917	15.3%
+			
Dental	\$442,882 X (30/365) X (786/775) =	\$ 36,938	8.3%
+			
Rx	\$1,562,819 X (11/365) X (786/775) =	\$ 47,793	3.1%
+			
Vision	\$56,347 X (22/365) X (786/775) =	<u>\$ 3,446</u>	6.1%
=			
Total estimated IBNR as of April 30, 2024 =		\$ 1,075,094	12.6%

Note: Above reserve estimate excludes experience period claim(s) which have exceeded specific stop specific stop loss level. Any large ongoing claims or claim anomalies at termination may cause great fluctuations in actual runout numbers. These reserve estimates are calculated based on claims for the period stated above.

Douglas County School District

Hometown Health self-funded health plan reserve as of March 31, 2024

Based on claims from April 01, 2023 through March 31, 2024

FORMULA

Estimated IBNR = (Most recent 12 months of Actual Net Paid Claims) x (Lag Days/365)
 x (Current Employee Count / Average 12 month Lagged Employee Count)

Net Paid Claims from April 01, 2023 through March 31, 2024

Medical	\$ 6,453,856
Dental	\$ 463,682
Prescription Drugs	\$ 1,587,956
Vision	<u>\$ 53,354</u>
Total Claims	\$ 8,558,847

Average Estimated Lag Days

Medical	55 Days
Dental	30 Days
Rx	11 Days
Vision	22 Days

Number of employees covered:

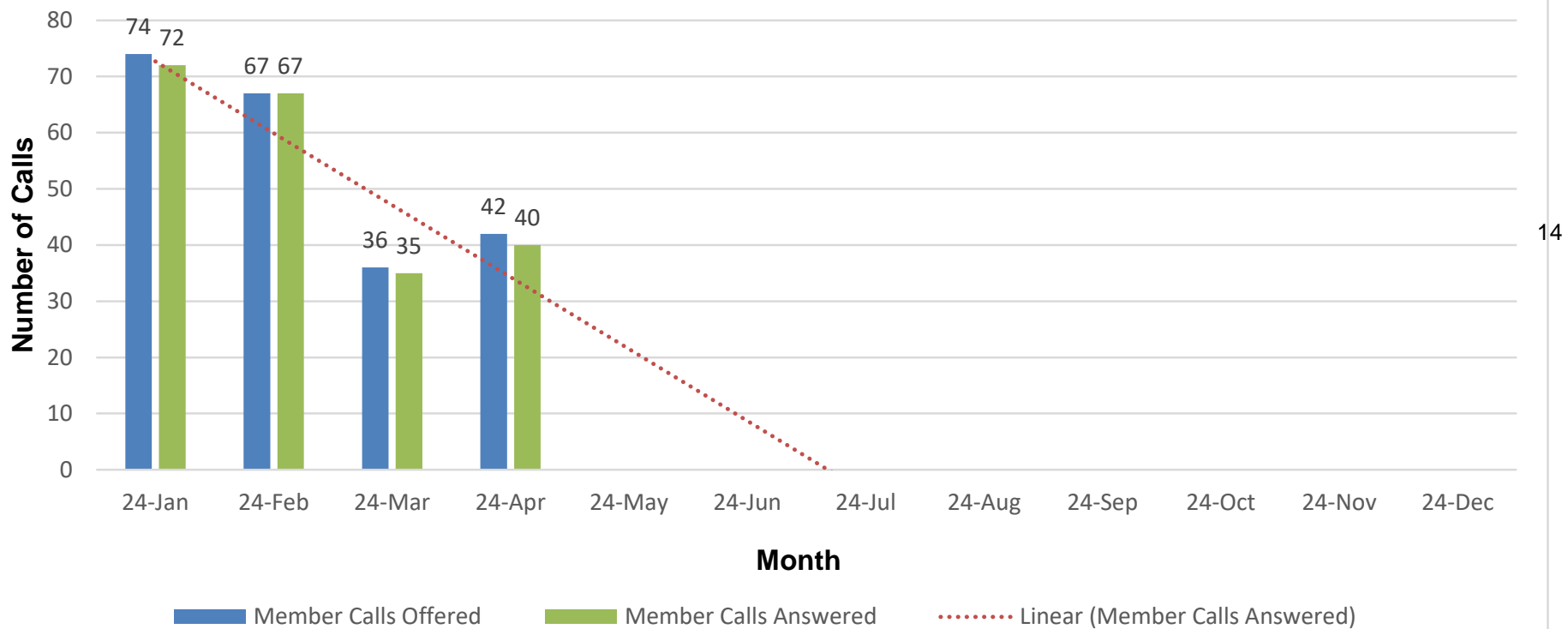
Current enrollment all Medical Plans = 785 : 60 day lagged enrollment = 774
 Current enrollment all Dental Plans = 785 : 60 day lagged enrollment = 774
 Current enrollment all Rx Plans = 785 : 60 day lagged enrollment = 774
 Current enrollment all Vision Plans = 785 : 60 day lagged enrollment = 774

Estimated IBNR Calculation

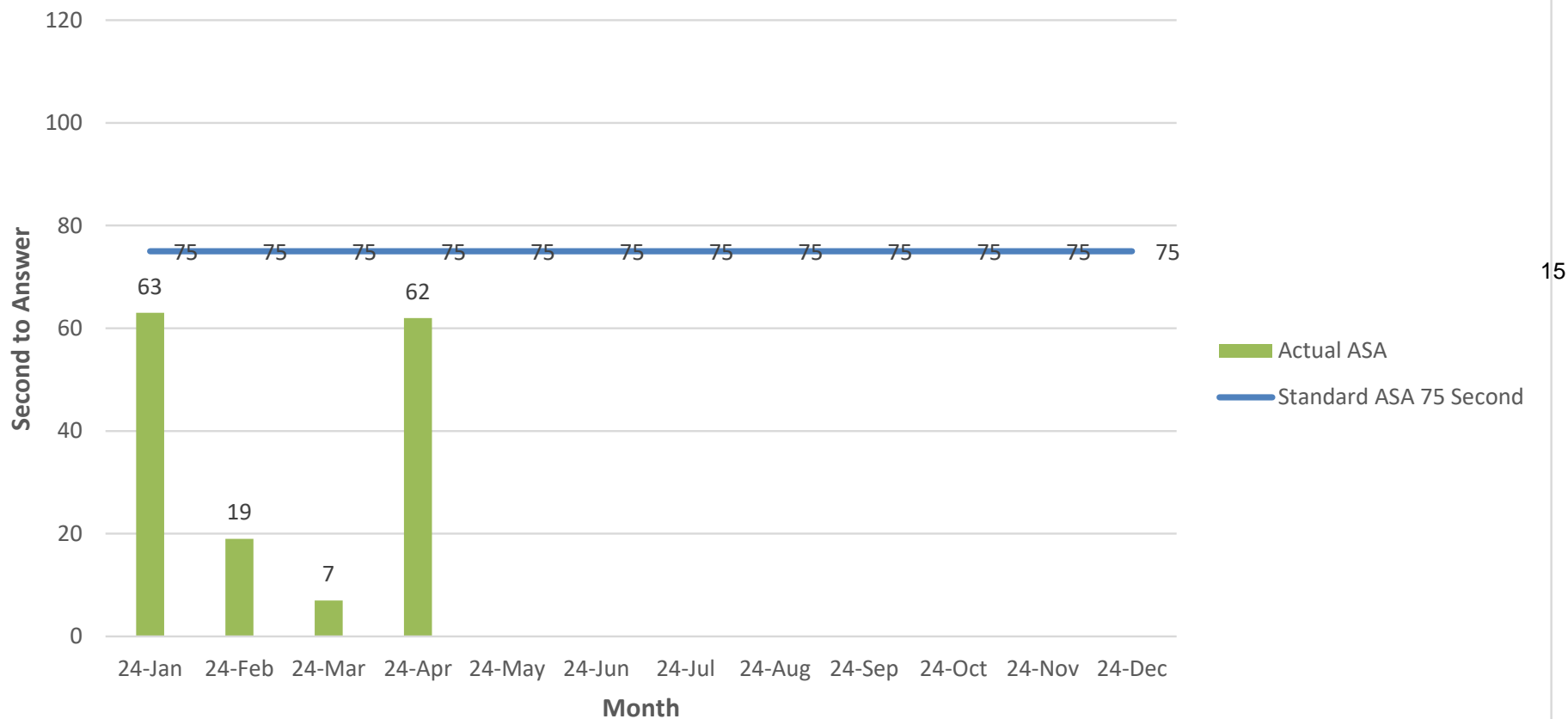
Medical	\$6,453,856 X (55/365) X (785/774) =	\$ 986,957	15.3%
+			
Dental	\$463,682 X (30/365) X (785/774) =	\$ 38,677	8.3%
+			
Rx	\$1,587,956 X (11/365) X (785/774) =	\$ 48,568	3.1%
+			
Vision	\$53,354 X (22/365) X (785/774) =	<u>\$ 3,264</u>	6.1%
=			
Total estimated IBNR as of March 31, 2024 =		\$ 1,077,466	12.6%

Note: Above reserve estimate excludes experience period claim(s) which have exceeded specific stop specific stop loss level. Any large ongoing claims or claim anomalies at termination may cause great fluctuations in actual runout numbers.
 These reserve estimates are calculated based on claims for the period stated above.

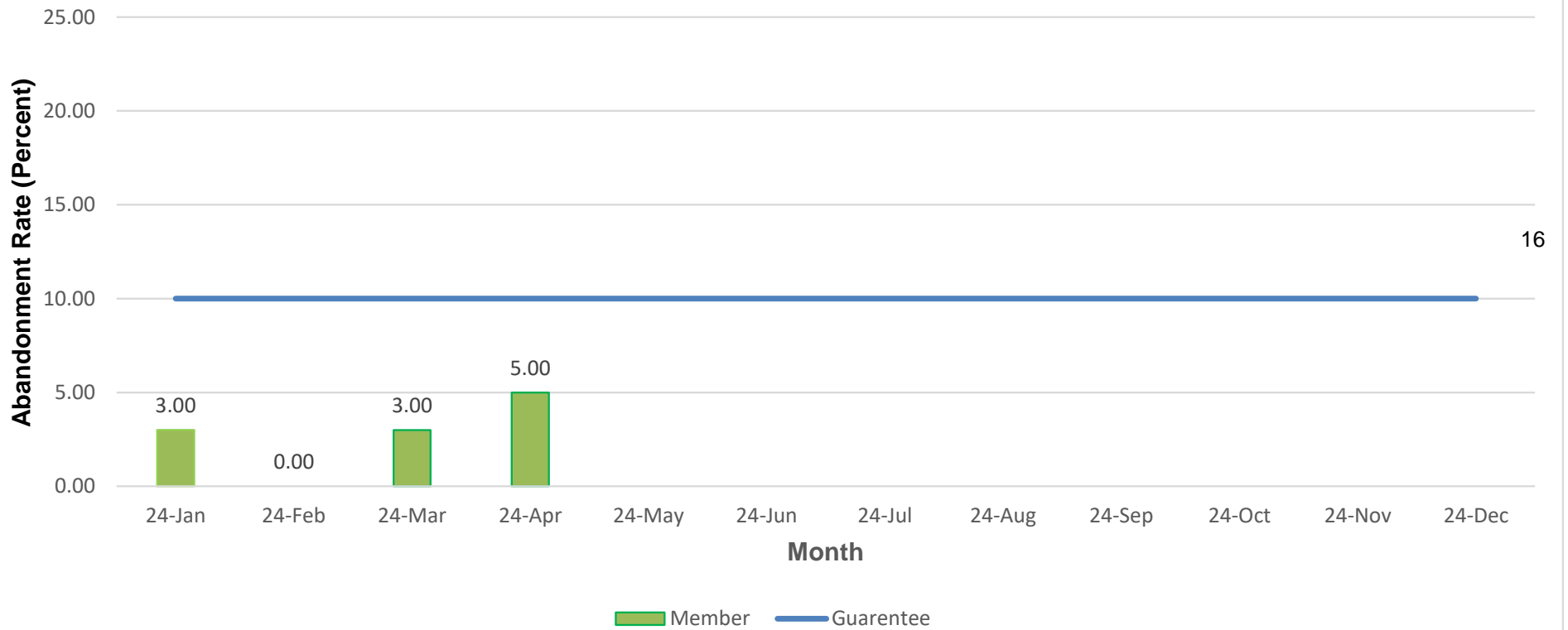
Hometown Health - DCSD Dedicated Phone Number Customer Services Department Call Volume



Hometown Health - DCSD Dedicated Phone Number Customer Services Department Average Seconds to Answer



Hometown Health - DCSD Dedicated Phone Number Customer Services Department Abandonment Rate



								Unaudited data as of 8/9/23				
Unaudited	Unaudited	Unaudited										
2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024			2023-24	2023-24	2023-24	2023-24
12 Months	Actuals to date	Actuals to date	Actuals to date	Actuals to date	Actuals to date	Actuals to date			Operating Revenues	Admin Expenses	Claims Expenses	Est Cash Flows
\$563,516	\$433,914	\$707,103	\$593,957	\$1,047,051	\$649,873	\$1,008,996	July		\$728,435.06	(\$87,515.15)	(\$1,008,995.60)	(\$368,075.69)
\$445,585	\$567,057	\$504,522	\$533,442	\$801,080	\$937,616	\$1,112,051	August	\$621,972.92	(\$83,196.77)	(\$1,112,051.20)	(\$573,275.05)	
\$583,849	\$411,577	\$419,473	\$922,103	\$709,220	\$540,995	\$735,590	September	\$631,583.98	(\$78,937.27)	(\$735,590.45)	(\$182,943.74)	
\$441,403	\$942,438	\$575,237	\$580,104	\$758,601	\$993,427	\$399,999	October	\$633,066.79	(\$87,523.77)	(\$399,999.55)	\$145,543.47	
\$551,472	\$365,469	\$751,140	\$974,578	\$820,396	\$214,398	\$762,960	November	\$728,050.31	(\$80,184.02)	(\$762,959.57)	(\$115,093.28)	
\$658,645	\$577,289	\$409,511	\$606,620	\$1,754,598	\$919,954	\$689,212	December	\$654,515.57	(\$84,610.30)	(\$689,211.63)	(\$119,306.36)	
\$648,966	\$842,303	\$585,200	\$508,567	\$211,099	\$520,765	\$685,625	January	\$1,845,470.34	(\$100,779.01)	(\$685,625.24)	\$1,059,066.09	
\$425,514	\$342,650	\$425,889	\$454,486	-\$155,452	\$553,752	\$624,971	February	\$737,463.88	(\$105,534.90)	(\$624,971.29)	\$6,957.69	
\$416,595	\$298,929	\$463,808	-\$63,850	\$1,124,963	\$642,894	\$352,799	March	\$740,528.40	(\$100,469.22)	(\$352,799.04)	\$287,260.14	
\$413,519	\$580,877	\$590,274	\$581,293	\$116,358	\$561,828	\$491,344	April	\$744,738.50	(\$106,162.80)	(\$491,343.91)	\$147,231.79	
\$354,643	\$595,059	\$386,887	\$735,299	\$610,376	\$872,626		May				\$0.00	
\$344,032	\$506,841	\$690,699	\$833,568	\$997,886	\$728,608		June				\$0.00	
\$5,847,739	\$6,464,403	\$6,509,743	\$7,260,167	\$8,796,176	\$8,136,736	\$6,863,547	TOTAL CLAIMS	\$8,065,825.75	(\$914,913.21)	(\$6,863,547.48)	\$287,365.06	
\$487,311.62	\$538,700.25	\$542,478.58	\$605,013.95	\$733,014.69	\$678,061.33	\$686,354.74						
(2.09%)	10.55%	0.70%	11.53%	21.16%	(7.50%)	1.22%						
0.93%	(0.42%)	(0.08%)	5.05%	(3.29%)	(4.56%)	0.00%						
783	771	768	795	763	773	773						
409	416	423	452	443	378	378						
1,192	1,187	1,191	1,247	1,206	1,151	1,151						
\$ 4,906	\$ 5,446	\$ 5,466	\$ 5,822	\$ 7,294	\$ 7,069	\$ 7,156						
ACTUALS	ACTUALS	ACTUAL	ACTUAL	ACTUAL	JUNE FINAL	DEC AMEND						
\$ 3,444,437	\$ 3,485,417	\$ 2,900,257	\$ 3,055,107	\$ 1,713,523	\$ 659,909	\$ 322,101	Fund Balance - 6/30:					
\$6,651,392	\$6,827,457	\$7,339,180	\$7,564,729	\$8,007,604	\$7,888,920	\$8,328,096	Premium Pmts					
				\$1,000,000	\$1,000,000	\$1,000,000	Transfer from GF					
\$924,365	\$491,801	\$452,484	\$657,098	\$1,979	\$0	\$0	Insurance Proceeds					
(\$11,986)	(\$7,306)	(\$3,890)	(\$3,955)	(\$3,845)	(\$31,030)	(\$9,030)	Other Payments					
(\$6,636,580)	(\$6,966,774)	(\$6,731,736)	(\$8,541,210)	(\$9,067,362)	(\$7,950,000)	(\$8,100,000)	Claims Expense					
							PEBP Payments					
(\$300,590)	(\$306,856)	(\$271,441)	(\$284,913)	(\$287,536)	(\$330,000)	(\$325,000)	Fixed Costs - Admin Payments					
(\$628,349)	(\$679,916)	(\$669,791)	(\$742,720)	(\$707,462)	(\$793,000)	(\$900,000)	Fixed Costs - Third-Party Payments					
\$42,728	\$56,434	\$40,044	\$9,387	\$3,008	\$5,000	\$10,000	Interest on Inv / Ck Acct					
\$3,485,417	\$2,900,257	\$3,055,107	\$1,713,523	\$659,909	\$449,799	\$326,167	Est. Ending Fund Balance - 7/1:					

Notes:
 July Premiums reflect the 'wrap-around' effect of the multiple salary schedules. Revenues associated with premiums that are attributable to FY23/24 but paid out in Jul 2024 are reflected above.

January 2024 - Includes transfer of \$1,000,000 from the GF

Breakdown by month for insurance revenue & expense												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
REVENUE												
Premiums	553,815.07	518,869.61	539,604.45	546,279.05	559,179.98	564,414.00	651,994.32	648,059.31	652,405.18	654,998.72		
Exp Ins	31,214.68	29,899.37	32,038.97	28,744.78	28,744.78	25,667.10	25,216.24	25,202.20	24,377.20	25,697.37		
PERS Ins	57,638.84	57,663.44	59,229.60	57,819.60	57,410.34	64,434.47	63,609.47	63,008.79	62,183.79	61,473.79		
Interest	2,016.09	1,563.56	710.96	223.36	0.00	0.00	0.00	1,193.58	1,562.23	2,568.62		
Rx Rebates	83,750.38	0.00	0.00	0.00	82,715.21	0.00	104,650.31	0.00	0.00	0.00		
Transfers in	0.00	0.00	0.00	0.00	0.00	0.00	1,000,000.00	0.00	0.00	0.00		
Totals	728,435.06	607,995.98	631,583.98	633,066.79	728,050.31	654,515.57	1,845,470.34	737,463.88	740,528.40	744,738.50	0.00	0.00
EXPENSE												18
Claims	889,543.26	945,199.29	637,287.95	420,568.80	545,499.76	620,205.37	591,886.74	456,544.56	220,802.68	372,276.64		
Rx Claims	119,452.34	165,635.68	98,286.66	88,738.03	221,879.08	68,985.14	177,476.42	168,137.29	129,415.19	119,050.55		
Rx Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
Other Fees	0.00	1,216.23	15.84	2,806.44	1,835.53	21.12	1,580.23	424.29	2,581.17	16.72		
Stop-loss Reimb.	0.00	-13,976.94	0.00	-112,113.72	-6,254.80	0.00	-85,318.15	-134.85	0.00	0.00		
Accts Payable	10,514.34	6,105.07	7,750.82	8,979.06	2,213.20	5,489.28	6,699.05	9,310.79	8,127.48	10,659.79		
Admin Fees	77,000.81	77,091.70	71,186.45	78,544.71	77,970.82	79,121.02	94,079.96	96,224.11	92,341.74	95,503.01		
Totals	1,096,510.75	1,181,271.03	814,527.72	487,523.32	843,143.59	773,821.93	786,404.25	730,506.19	453,268.26	597,506.71	0.00	0.00