



Douglas County School District Health Advisory Committee

District Office
1638 Mono Avenue
Minden, NV 89423

Tuesday, August 27, 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 Minutes of the May 28, 2024 Meeting (For Possible Action) 3

Attached are the minutes of the May 28, 2024 Health Advisory Committee Meeting for review and approval.

RECOMMENDATION: Approve the Minutes of the Health Advisory Committee Meeting dated May 28, 2024.

5. Review of Claims (Information and Discussion) 5

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) 13

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)

18

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 May 28, 2024**

Committee Members Present

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

Absent

Darcy McInnis, DCPEA

Nate Kerr, LP Insurance (via Google Meets), Lloyd Barnes, LP Insurance (via Google Meets), Sam Bradley, Hometown Health (via Google Meets), Sue Estes, Business Services, and Leeann Caires, DCSD Human Resources, Jeannie Dwyer (arrived at 4:45), Acting Superintendent.

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 5 – 0

2. Public Comment #1

No public comment.

3. Committee Members' Comment

Mrs. Falkner commented about a member's lab work that was part of an annual physical – some of it seemed to be covered and some of it was not. She asked if there was a list of things that are covered and/or not covered. It was noted that typically, preventative lab work is covered and diagnostic lab work is subject to coinsurance. It was requested that Mrs. Falkner provide the member's information or encourage them to reach out to Leeann Caires, so that Hometown Health can take a closer look at the coding for the lab work. Ms. Bradley added that she does have a list of preventative lab work.

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

Mrs. Falkner made a motion to approve the April 30, 2024 minutes. Ms. Martin seconded the motion.

Motion passed 5 - 0.

5. Review of Claims (Information and Discussion)

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

Exhibit 1 – Employee enrollment is up approximately 1.5% for 2024 and dependent enrollment is down approximately 3% (compared to 2023). Total employee claims (line 10) are down approximately 18% compared to plan year 2023. Total claims for dependents (Line 18) are down approximately 44% compared to plan year 2023. Total claims (line 27) for the month of April were \$600,222. Average composite cost per member for April 2024 (Line 29) is \$525. Ms. Martin asked if dental claims were back to normal. Ms. Bradley said there are still some dental claims that are being entered manually they are not quite back to normal yet.

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 April was \$619,421. Average monthly composite net plan cost per member is \$531 (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 April, 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. April 2024 estimated IBNR is \$1,075,094.

6. Customer Service Review (Information and Discussion)

Ms. Bradley from Hometown Health reported on customer service from April 2024. Customer Service Call Volume report data shows approximately 42 member calls in April (40 were answered). For April, the Average Seconds to Answer (ASA) was 62 seconds (performance guarantee is 75 seconds). April 2024 Abandonment rate was 5% (performance guarantee is 10%). The claims report (clean and unclean claims) was not provided for the month of April because the data was inaccurate due to the implementation of a direct bill system for large providers.

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

For the month of April, paid claims were \$491,344 admin expenses were \$106,162. Total claims for fiscal year 23-24 are \$6,863,547. Total operating revenues for the fiscal year 23-24 so far are \$8,065,825. Estimated cash flow was positive \$287,365 in April. Mrs. Estes added that the May claims are favorable (as of the date of this meeting) and cash flow is currently in the positive.

Mr. Johnson asked if Mrs. Estes recalls what the largest ending fund balance has ever been for DCSD. Mrs. Estes responded that the largest was around \$3 million.

8. Correspondence (Information and Discussion)

No correspondence.

9. 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).

**NOTE: 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.

10. Public Comment #2

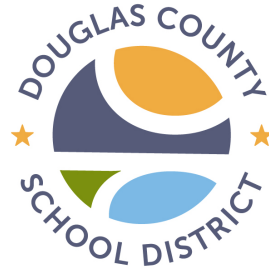
No public comment.

11. Adjournment

The meeting was adjourned at 4:55 p.m. by Mrs. Caires.

Submitted by,

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



Douglas County School District

July-24

**Group Health Plan
Cost Analysis Report**

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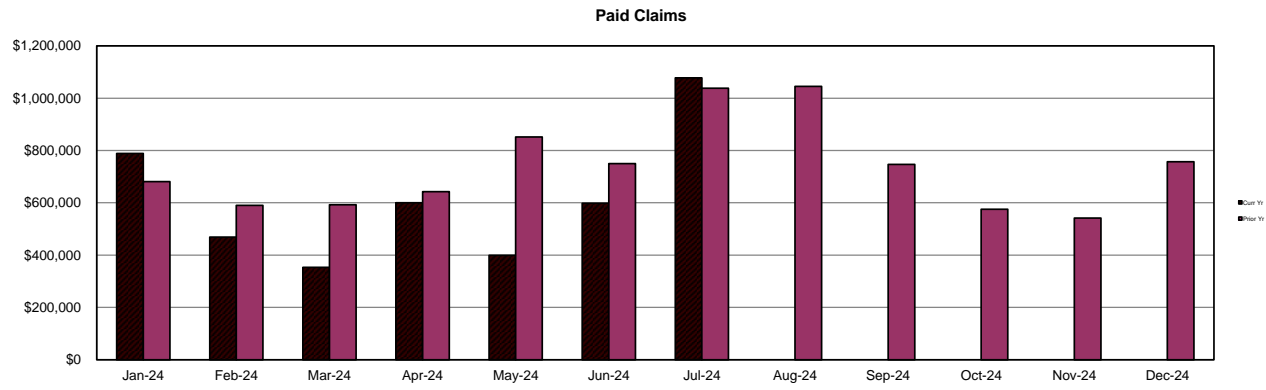
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Large Claim Data
6	Incurred But Not Reported Liability (IBNR)-Current
7	Incurred But Not Reported Liability (IBNR)-Previous Month



**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	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average
ENROLLMENT																	
1	Employees	784	783	785	786	786	789	786	0	0	0	0	0	5,499	786	773	1.68%
2	Dependent Units	187	187	187	190	191	190	193	0	0	0	0	0	1,325	189	197	-4.12%
3	Total # of Dependents	352	353	353	357	361	358	365	0	0	0	0	0	2,499	357	366	-2.46%
EMPLOYEE CLAIMS																	
4	Medical	\$582,264	\$221,551	\$189,748	\$373,337	\$205,198	\$320,199	\$730,798	\$0	\$0	\$0	\$0	\$0	\$2,623,095	\$374,728	\$454,204	-17.50%
5	Less Stop Loss Reimbursement	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$12,208)	(\$33,058)	-63.07%
6	Net Medical Claims	\$496,811	\$221,551	\$189,748	\$373,337	\$205,198	\$320,199	\$730,798	\$0	\$0	\$0	\$0	\$0	\$2,537,642	\$362,520	\$421,146	-13.92%
7	Prescription	\$113,540	\$129,718	\$118,934	\$105,863	\$126,607	\$122,296	\$126,408	\$0	\$0	\$0	\$0	\$0	\$843,365	\$120,481	\$109,316	10.21%
8	Dental	\$34,901	\$20,189	\$5,993	\$6,259	\$7,899	\$42,602	\$43,974	\$0	\$0	\$0	\$0	\$0	\$161,816	\$23,117	\$29,541	-21.75%
9	Vision	\$4,609	\$3,791	\$3,139	\$6,553	\$3,801	\$3,853	\$4,597	\$0	\$0	\$0	\$0	\$0	\$30,343	\$4,335	\$3,707	16.94%
10	Total Employee	\$649,862	\$375,248	\$317,813	\$492,012	\$343,504	\$488,950	\$905,777	\$0	\$0	\$0	\$0	\$0	\$3,573,166	\$510,452	\$563,710	-9.45%
11	Cost Per Employee	\$828.91	\$479.24	\$404.86	\$625.97	\$437.03	\$619.71	\$1,152.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,548.49	\$649.78	\$729.64	-10.94%
DEPENDENT CLAIMS																	
12	Medical	\$107,665	\$68,495	\$25,093	\$80,460	\$37,608	\$82,549	\$132,818	\$0	\$0	\$0	\$0	\$0	\$534,688	\$76,384	\$135,835	-43.77%
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	\$37,608	\$82,549	\$132,818	\$0	\$0	\$0	\$0	\$0	\$534,688	\$76,384	\$135,835	-43.77%
15	Prescription	\$15,767	\$15,716	\$9,767	\$18,230	\$13,953	\$12,753	\$24,329	\$0	\$0	\$0	\$0	\$0	\$110,513	\$15,788	\$18,046	-12.52%
16	Dental	\$13,881	\$8,329	\$0	\$8,513	\$3,635	\$12,917	\$13,711	\$0	\$0	\$0	\$0	\$0	\$60,985	\$8,712	\$15,881	-45.14%
17	Vision	\$1,488	\$1,151	\$656	\$1,007	\$700	\$1,042	\$860	\$0	\$0	\$0	\$0	\$0	\$6,906	\$987	\$903	9.30%
18	Total Dependent	\$138,801	\$93,690	\$35,516	\$108,210	\$55,896	\$109,261	\$171,718	\$0	\$0	\$0	\$0	\$0	\$713,092	\$101,870	\$170,665	-40.31%
19	Cost Per Dependent Unit	\$742.25	\$501.02	\$189.92	\$569.53	\$292.65	\$575.06	\$889.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,767.28	\$538.18	\$864.49	-37.75%
20	Cost Per Dependent	\$394.32	\$265.41	\$100.61	\$303.11	\$154.84	\$305.20	\$470.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,997.46	\$285.35	\$466.30	-38.80%
EMPLOYEE + DEPENDENT																	
21	Medical	\$689,929	\$290,046	\$214,841	\$453,797	\$242,806	\$402,748	\$863,616	\$0	\$0	\$0	\$0	\$0	\$3,157,783	\$451,112	\$590,039	-23.55%
22	Less Stop Loss Reimbursement	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$12,208)	(\$33,058)	-63.07%
23	Net Medical Claims	\$604,476	\$290,046	\$214,841	\$453,797	\$242,806	\$402,748	\$863,616	\$0	\$0	\$0	\$0	\$0	\$3,072,330	\$438,904	\$556,981	-21.20%
24	Prescription	\$129,307	\$145,433	\$128,700	\$124,093	\$140,560	\$135,049	\$150,736	\$0	\$0	\$0	\$0	\$0	\$953,878	\$136,268	\$127,363	6.99%
25	Dental	\$48,782	\$28,517	\$5,993	\$14,772	\$11,534	\$55,519	\$57,684	\$0	\$0	\$0	\$0	\$0	\$222,802	\$31,829	\$45,422	-29.93%
26	Vision	\$6,097	\$4,942	\$3,795	\$7,561	\$4,501	\$4,895	\$5,458	\$0	\$0	\$0	\$0	\$0	\$37,249	\$5,321	\$4,609	15.44%
27	Total Claims	\$788,662	\$468,938	\$353,329	\$600,222	\$399,400	\$598,211	\$1,077,494	\$0	\$0	\$0	\$0	\$0	\$4,286,258	\$612,323	\$734,375	-16.62%
28	Composite Cost Per Employee	\$1,005.95	\$598.90	\$450.10	\$763.64	\$508.14	\$758.19	\$1,370.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,456.23	\$779.46	\$950.54	-18.00%
29	Composite Cost Per Member	\$694.25	\$412.80	\$310.48	\$525.13	\$348.21	\$521.54	\$936.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,751.41	\$535.92	\$644.99	-16.91%

**Douglas County School District
PAID CLAIMS**

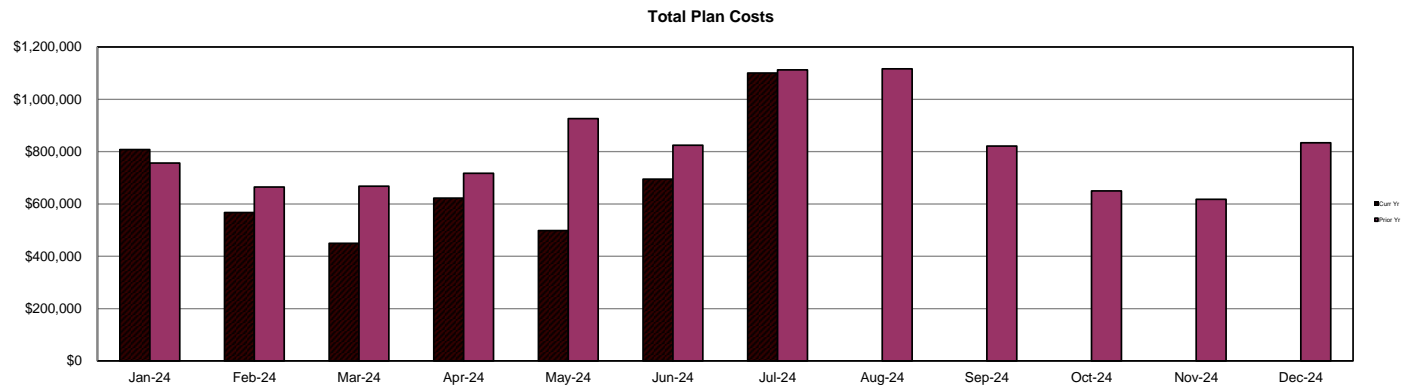


**Douglas County School District
TOTAL PLAN COSTS**

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	\$27.90	\$27.90	\$27.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$153,422	\$21,917	\$13,489	62.48%
2	Specific Stop Loss	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$372,722	\$53,246	\$45,127	17.99%
3	PPO Networks (Dental)	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,849	\$550	\$541	1.68%
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,238	\$1,320	\$1,298	1.68%
5	Consulting Fee (Estimated)	\$1.91	\$1.92	\$1.91	\$1.91	\$1.91	\$1.90	\$1.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,500	\$1,500	\$1,500	0.00%
6	Total Fixed	\$99.97	\$99.98	\$99.97	\$99.97	\$99.97	\$99.96	\$99.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$549,732	\$78,533	\$61,955	26.76%
7	Exposures	784	783	785	786	786	789	786	0	0	0	0	0	5,499	786	773	1.68%
8	Employee Fixed Costs	\$78,379	\$78,281	\$78,477	\$78,575	\$78,575	\$78,869	\$78,575	\$0	\$0	\$0	\$0	\$0	\$549,732	\$78,533	\$61,955	26.76%
9	Total Gross Claims	\$735,315	\$375,248	\$317,813	\$492,012	\$343,504	\$488,950	\$905,777	\$0	\$0	\$0	\$0	\$0	\$3,658,619	\$522,660	\$596,769	-12.42%
10	Gross Plan Costs	\$813,694	\$453,529	\$396,290	\$570,587	\$422,079	\$567,819	\$984,352	\$0	\$0	\$0	\$0	\$0	\$4,208,351	\$601,193	\$658,723	-8.73%
11	Stop-Loss Reimbursements	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$12,208)	(\$33,058)	-63.07%
12	Net Plan Costs	\$728,241	\$453,529	\$396,290	\$570,587	\$422,079	\$567,819	\$984,352	\$0	\$0	\$0	\$0	\$0	\$4,122,898	\$588,985	\$625,665	-5.86%
13	Per Employee Gross Plan Costs	\$1,037.87	\$579.22	\$504.83	\$725.94	\$537.00	\$719.67	\$1,252.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,357.06	\$765.29	\$852.62	-10.24%
14	Per Employee Net Plan Costs	\$928.88	\$579.22	\$504.83	\$725.94	\$537.00	\$719.67	\$1,252.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,248.28	\$749.75	\$809.83	-7.42%
DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$48,422	\$6,917	\$6,518	6.12%
16	Specific Stop Loss (+ Fam.)	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$49,681	\$7,097	\$6,077	86.79%
17	Dependent Units (+ 1 Dep.)	91	91	92	96	95	94	95	0	0	0	0	0	654	93	102	-8.55%
18	Dependent Units (Fam.)	96	96	95	94	96	96	98	0	0	0	0	0	671	96	95	0.64%
19	Dependent Fixed Costs	\$13,845	\$13,845	\$13,845	\$14,068	\$14,142	\$14,068	\$14,290	\$0	\$0	\$0	\$0	\$0	\$98,103	\$14,015	\$12,595	11.27%
20	Total Gross Claims	\$138,801	\$93,690	\$35,516	\$108,210	\$55,896	\$109,261	\$171,718	\$0	\$0	\$0	\$0	\$0	\$713,092	\$101,870	\$170,665	-40.31%
21	Gross Plan Costs	\$152,646	\$107,536	\$49,361	\$122,278	\$70,038	\$123,329	\$186,008	\$0	\$0	\$0	\$0	\$0	\$811,195	\$115,885	\$183,260	-36.76%
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	\$70,038	\$123,329	\$186,008	\$0	\$0	\$0	\$0	\$0	\$811,195	\$115,885	\$183,260	-36.76%
24	Per Dependent Unit Gross Plan Costs	\$816.29	\$575.06	\$263.96	\$643.57	\$366.69	\$649.10	\$963.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,278.44	\$611.21	\$928.29	-34.16%
25	Per Dependent Unit Net Plan Costs	\$816.29	\$575.06	\$263.96	\$643.57	\$366.69	\$649.10	\$963.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,278.44	\$611.21	\$928.29	-34.16%
26	Per Dependent Net Plan Costs	\$433.65	\$304.63	\$139.83	\$342.51	\$194.01	\$344.49	\$509.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,268.75	\$324.11	\$501.91	-35.43%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$95,374	\$98,182	\$96,121	\$95,435	\$98,722	\$96,516	\$97,564	\$0	\$0	\$0	\$0	\$0	\$677,914	\$96,845	\$74,550	29.91%
28	Total Claims	\$874,115	\$468,938	\$353,329	\$600,222	\$399,400	\$598,211	\$1,077,494	\$0	\$0	\$0	\$0	\$0	\$4,371,711	\$624,530	\$767,433	-18.62%
29	Gross Plan Costs	\$969,489	\$567,121	\$449,450	\$695,657	\$498,123	\$694,727	\$1,175,058	\$0	\$0	\$0	\$0	\$0	\$5,049,625	\$721,375	\$841,983	-14.32%
30	Stop-Loss Reimbursements	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$12,208)	(\$33,058)	-63.07%
31	Pharmacy Rebates	(\$76,216)	\$0	\$0	(\$73,444)	\$0	\$0	(\$74,629)	\$0	\$0	\$0	\$0	\$0	(\$224,289)	(\$32,041)	(\$27,705)	15.65%
32	Net Plan Costs	\$807,820	\$567,121	\$449,450	\$622,213	\$498,123	\$694,727	\$1,100,429	\$0	\$0	\$0	\$0	\$0	\$4,739,883	\$677,126	\$781,219	-13.32%
33	Composite Gross Plan Cost Per Employee	\$1,236.59	\$724.29	\$572.55	\$885.06	\$633.74	\$880.52	\$1,494.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,427.96	\$918.28	\$1,089.83	-15.74%
34	Composite Net Plan Cost Per Employee	\$1,030.38	\$724.29	\$572.55	\$791.62	\$633.74	\$880.52	\$1,400.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,033.68	\$861.95	\$1,011.18	-14.76%
35	Composite Net Plan Cost Per Member	\$711.11	\$499.23	\$394.95	\$544.37	\$434.28	\$605.69	\$956.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,116.01	\$588.00	\$710.47	-17.24%

*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 #	<u>Total Amount of Claim Year to Date</u>												
1	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$144,702					
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$158,818					
3		\$0	\$0	\$0	\$0	\$0	\$0	\$0					
4		\$0	\$0	\$0	\$0	\$0	\$0	\$0					
5		\$0	\$0	\$0	\$0	\$0	\$0	\$0					
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0					
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0					
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0					
9		\$0	\$0	\$0	\$0	\$0	\$0	\$0					
10		\$0	\$0	\$0	\$0	\$0	\$0	\$0					
Total		\$0	\$0	\$0	\$0	\$0	\$0	\$303,520	\$0	\$0	\$0	\$0	\$0
Increase Over Previous Month:			\$0	\$0	\$0	\$0	\$0	\$303,520	\$0	\$0	\$0	\$0	\$0

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

Note: *Unavailable from Hometown Health at this time.*

Douglas County School District

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

Based on claims from August 01, 2023 through July 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 August 01, 2023 through July 31, 2024

Medical	\$ 5,907,452
Dental	\$ 423,754
Prescription Drugs	\$ 1,562,362
Vision	<u>\$ 58,525</u>
Total Claims	\$ 7,952,094

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 = 778

Current enrollment all Dental Plans = 786 : 60 day lagged enrollment = 778

Current enrollment all Rx Plans = 786 : 60 day lagged enrollment = 778

Current enrollment all Vision Plans = 786 : 60 day lagged enrollment = 778

Estimated IBNR Calculation

Medical	\$5,907,452 X (55/365) X (786/778) =	\$ 899,029	15.2%
+			
Dental	\$423,754 X (30/365) X (786/778) =	\$ 35,176	8.3%
+			
Rx	\$1,562,362 X (11/365) X (786/778) =	\$ 47,554	3.0%
+			
Vision	\$58,525 X (22/365) X (786/778) =	<u>\$ 3,563</u>	6.1%
=			
Total estimated IBNR as of July 31, 2024 =		\$ 985,321	12.4%

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 June 30, 2024

Based on claims from July 01, 2023 through June 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 July 01, 2023 through June 30, 2024

Medical	\$ 5,867,865
Dental	\$ 412,524
Prescription Drugs	\$ 1,575,039
Vision	<u>\$ 57,007</u>
Total Claims	\$ 7,912,434

Average Estimated Lag Days

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

Number of employees covered:

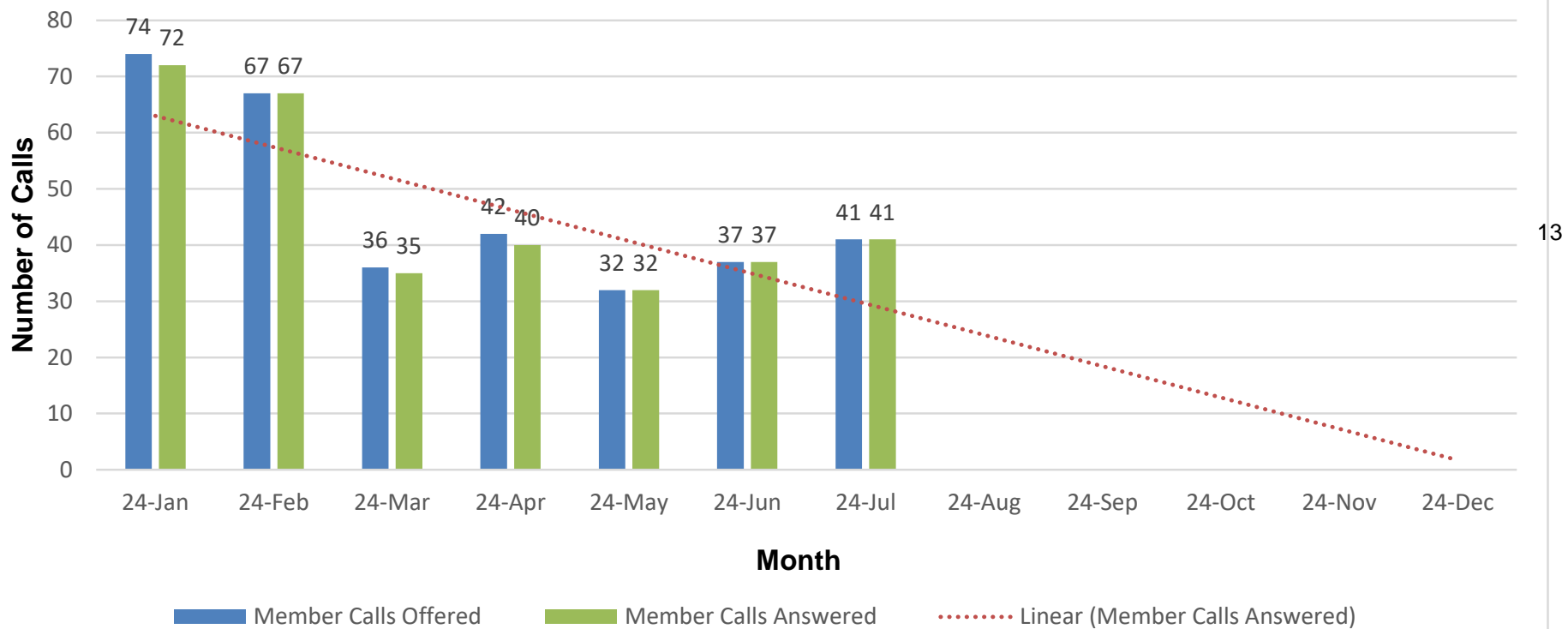
Current enrollment all Medical Plans = 789 : 60 day lagged enrollment = 777
 Current enrollment all Dental Plans = 789 : 60 day lagged enrollment = 777
 Current enrollment all Rx Plans = 789 : 60 day lagged enrollment = 777
 Current enrollment all Vision Plans = 789 : 60 day lagged enrollment = 777

Estimated IBNR Calculation

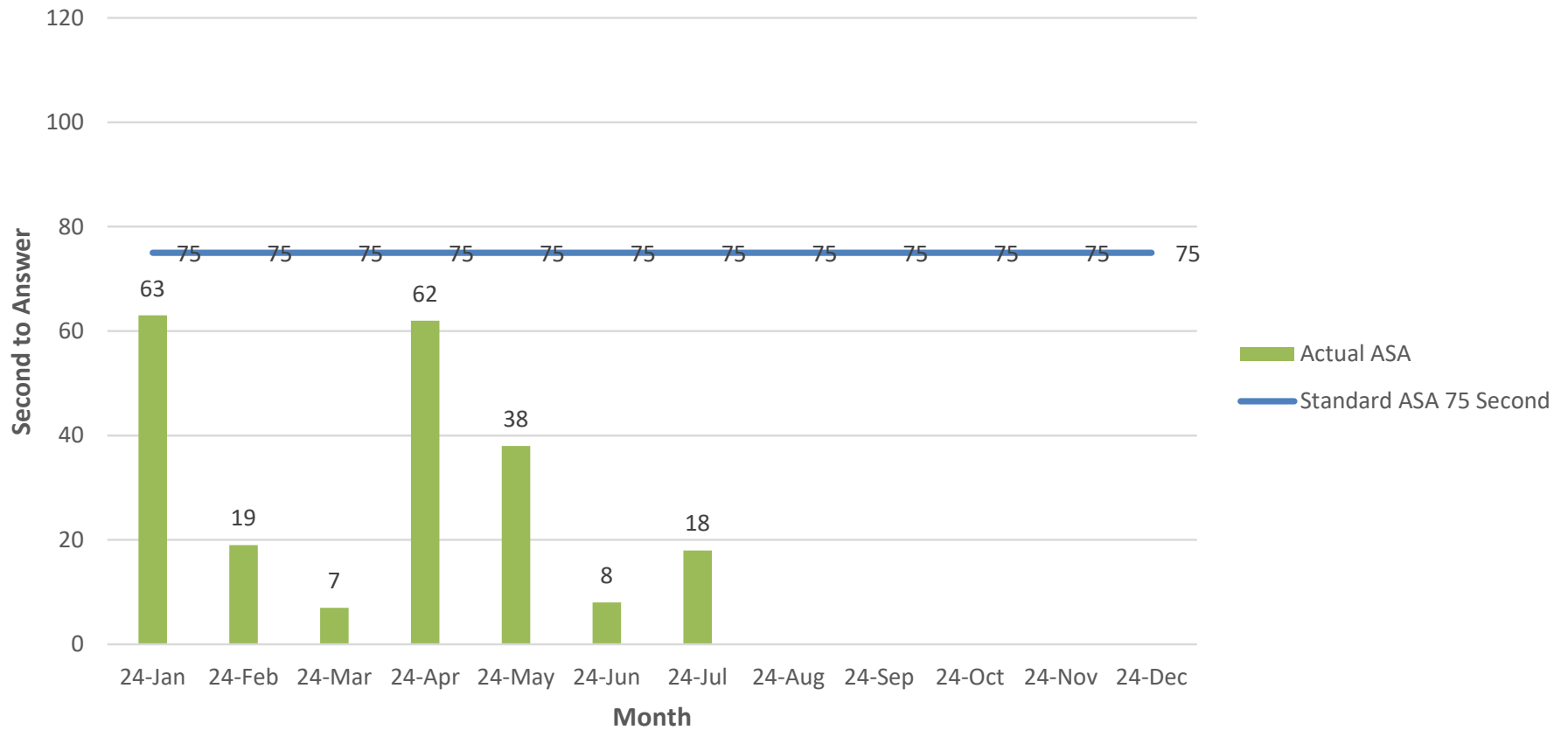
Medical	$\$5,867,865 \times (55/365) \times (789/777) =$	\$ 898,047	15.3%
+			
Dental	$\$412,524 \times (30/365) \times (789/777) =$	\$ 34,437	8.3%
+			
Rx	$\$1,575,039 \times (11/365) \times (789/777) =$	\$ 48,210	3.1%
+			
Vision	$\$57,007 \times (22/365) \times (789/777) =$	<u>\$ 3,490</u>	6.1%
=			
Total estimated IBNR as of June 30, 2024 =		\$ 984,184	12.4%

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.

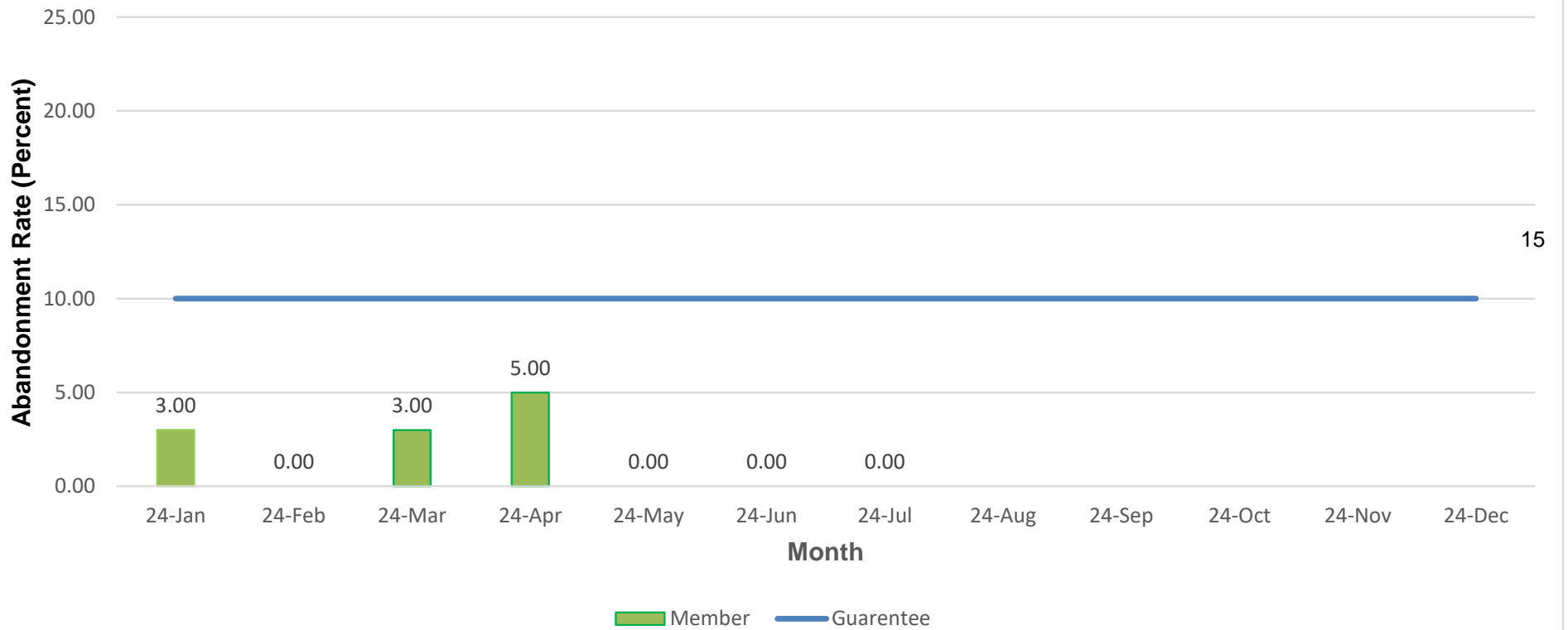
Hometown Health - DCSD Dedicated Phone Number Customer Services Department Call Volume



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



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





Claims Turnaround Time

Excludes Non-Business Days

332 - DOUGLAS COUNTY SCHOOL DISTRICT

	2024	January	February	March	April	May	June	July
Total								
Total Claims Received During Month Total	1,090	1,378	947	1,073	783	1,109	1,365	978
Claims Paid During Month	1,300	1,501	1,076	1,176	1,189	1,291	1,546	1,320
Claims Open at End of Month Percentage of	215	213	187	205	222	214	241	222
Claims Paid Within 30 Days Number of	99.6%	99.5%	99.5%	99.9%	100.0%	99.7%	98.6%	99.8%
Claims Paid Over 30 Days	6	7	5	1	0	4	21	2

	2024	January	February	March	April	May	June	July
Medical								
Total Claims Received During Month Total	968	1,174	833	1,044	686	1,048	1,135	854
Claims Paid During Month	1,184	1,279	962	1,156	1,158	1,238	1,346	1,149
Claims Open at End of Month Percentage of	39	41	15	33	47	37	60	38
Claims Paid Within 30 Days Number of Claims	99.7%	99.5%	99.5%	99.9%	100.0%	99.8%	99.6%	99.9%
Paid Over 30 Days	3	7	5	1	0	2	5	1

	2024	January	February	March	April	May	June	July
Dental								
Total Claims Received During Month Total	122	204	112	29	97	60	229	124
Claims Paid During Month	115	222	112	20	31	53	199	171

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Claims Turnaround Time

Excludes Non-Business Days

332 - DOUGLAS COUNTY SCHOOL DISTRICT

Claims Open at End of Month Percentage of	103	99	99	99	102	104	108	111
Claims Paid Within 30 Days Number of Claims	97.6%	100.0%	100.0%	100.0%	100.0%	96.2%	92.0%	99.4%
Paid Over 30 Days	3	0	0	0	0	2	16	1

	2024	January	February	March	April	May	June	July
Vision								
Total Claims Received During Month	1		2			1	1	
Total Claims Paid During Month	0		2				1	
Claims Open at End of Month	0							
Percentage of Claims Paid Within 30 Days	100.0%	NaN	100.0%	NaN	NaN	NaN	100.0%	NaN
Number of Claims Paid Over 30 Days	0		0				0	

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Breakdown by month for insurance revenue & expense												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
REVENUE												
Premiums	660,513.83											
Exp Ins	26,780.42											
PERS Ins	61,473.79											
Interest	4,220.05											
Rx Rebates	74,629.06											
Transfers in	0.00											
Totals	827,617.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXPENSE												
Claims	713,454.64											
Rx Claims	105,340.90											
Rx Fees	0.00											
Other Fees	4.40											
Stop-loss Reimb.	0.00											
Accts Payable	6,767.68											
Admin Fees	95,029.80											
Totals	920,597.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

