



Douglas County School District Health Advisory Committee

District Office
1638 Mono Avenue
Minden, NV 89423

Tuesday, September 24, 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 August 27, 2024 Meeting. (For Possible Action) 4

Attached are the minutes of the August 27, 2024 Health Advisory Committee Meeting for review and approval.

RECOMMENDATION: Approve the Minutes of the Health Advisory Committee Meeting dated August 27, 2024.

5. Review of Claims (Information and Discussion) 7

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) 15

Sam Bradley, Jose Sandoval

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) 19

The Executive Director of Human Resources or the Director of Business Services, will provide an update on the projected financials of the district's self-insured health insurance fund.

8. Review and clarify plan language for some of the services included in Douglas County School District's summary plan document. (Information, Discussion and Possible Action) 21

Review and clarify plan language for some of the services included in the Douglas County School District's summary plan document and update the language, as recommended by DCSD's Third Party Administrator - Hometown Health.

9. DCSD Plan Review (Information, Discussion and Possible Action) 22

The DCSD Health Advisory Committee will review DCSD's Self-Funded Health Insurance Plan, and may provide revised plan rate projections and benefit reductions. The committee will discuss and review changes to the District's Plan for the purposes of a January 1, 2025 renewal. Changes may include, but are not limited to, premium rates, benefit reductions, participant premium contributions, expansion of HSAs, and plan design changes to medical, dental, and vision.

10. Correspondence (Information and Discussion)

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

11. 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.

12. 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.

13. 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 August 27, 2024**

Committee Members Present

Jeannie Dwyer, Executive Director of Human Resources
Darcy McInnis, DCPEA
Kerry Stack, DCPEA
Lin Falkner, DCPEA
Elizabeth Martin, DCSSO
Susan McNeall, DCAA (arrived at 4:35 p.m.)
Jeff Johnson, Chapter #6 Bus Drivers Association

Absent

Nate Kerr, LP Insurance (via Google Meets), Jose Sandoval, Hometown Health (via Google Meets), Sam Bradley, Hometown Health (via Google Meets) 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.

Recorder malfunction – recorder started at item 4.

1. Call to Order

The meeting was called to order by Mrs. Dwyer at 4:33 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 May 28, 2024 meeting (For Possible Action)

Mrs. Martin made a motion to approve the May 28, 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 July 2024.

Exhibit 1 – Employee enrollment is up approximately 1.6% for 2024 and dependent enrollment is down approximately 4% (compared to 2023). Total employee claims (line 10) are down approximately 9% compared to plan year 2023. Cost per employee (Line 11) is \$649 (year to date - down 11% compared to 2023). Total claims for dependents (Line 18) are down approximately 40% compared to plan year 2023. Cost per dependent unit (Line 19) is \$538 (down 37% from 2023). Total claims (line 27) for the month of July were \$1,077,494. Average composite cost per employee (Line 28) is \$779 per month. July was a big month for claims (Line 27) with total claims at \$1,077,494.

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 July was \$1,100,429. Average monthly composite net plan cost per employee is \$862 (Line 34) – a 15% 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 July, there are 2 large claims in excess of \$137,500 (50% of the current \$275,000 deductible). Regarding stop-loss claims – a question was asked about claims recently received for claims from 2023 – do they apply the claims to 2023 stop loss or 2024 stop loss? The claim would likely be submitted with 2024 stop-loss.

Ms. McInnis referred to exhibit 3, Line 1 (TPA fees) and asked if the 62% increase was a “typo”. Mr. Kerr noted that the increase is accurate because fees have increased and employee enrollment is also up slightly. It was also mentioned that in 2023, DCSD had a discount in fees due to issues with the data/claim platform change. Rates in previous years: 2021 - \$19, 2022 - \$21, 2023 - \$17 and in 2024 \$27.

Exhibit 6 - Incurred but Not Reported (IBNR) is the outstanding estimated liability that DCSD carries on an on-going basis. July 2024 estimated IBNR is \$985,321.

6. Customer Service Review (Information and Discussion)

Ms. Bradley from Hometown Health reported on customer service from July 2024. Customer Service Call Volume report data shows approximately 41 member calls in July (41 were answered). For July, the Average Seconds to Answer (ASA) was 18 seconds (performance guarantee is 75 seconds). July 2024 Abandonment rate was zero (performance guarantee is 10%). The claims report (clean and unclear claims) shows 978 claims received during the month of July, 1320 claims were processed in July. The number of claims paid within 30 days was 99%.

Mr. Kerr requested an update regarding the dental claims and the Change Healthcare breach. Ms. Bradley said there were no issues in July and the providers have been given an updated address to send claims directly to Hometown Health. The dental claims are manually entered by Hometown Health and entered as soon as the claims team receives them.

Mr. Johnson asked about how claims for a hospital stay are submitted – as one claim or multiple claims based on provider(s)? Ms. Bradley responded that it depends on how the claims are submitted – the facility claim can be one claim and the providers may be additional claim(s).

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

For the month of July, paid claims were \$818,800 admin expenses were \$101,797. Total claims for fiscal year 24-25 so far are \$818,800. Total operating revenues for the fiscal year 24-25 so far are \$827,617. Estimated cash flow was negative \$92,980 in July.

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).

2 – Consider plan changes for 2025 plan year (consider dental rollover changes?).

3 – Clarify language for current benefits in the DCSD plan, as recommended by Hometown Health.

4 – Stop Loss renewal (October agenda).

**NOTE: HAC meeting dates for 2024-25: 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

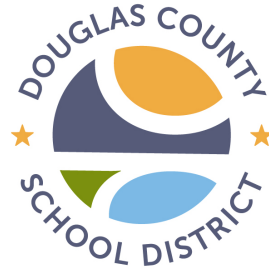
No public comment.

11. Adjournment

The meeting was adjourned at 5:03 p.m. by Mrs. Dwyer.

Submitted by,

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



Douglas County School District

August-24

**Group Health Plan
Cost Analysis Report**

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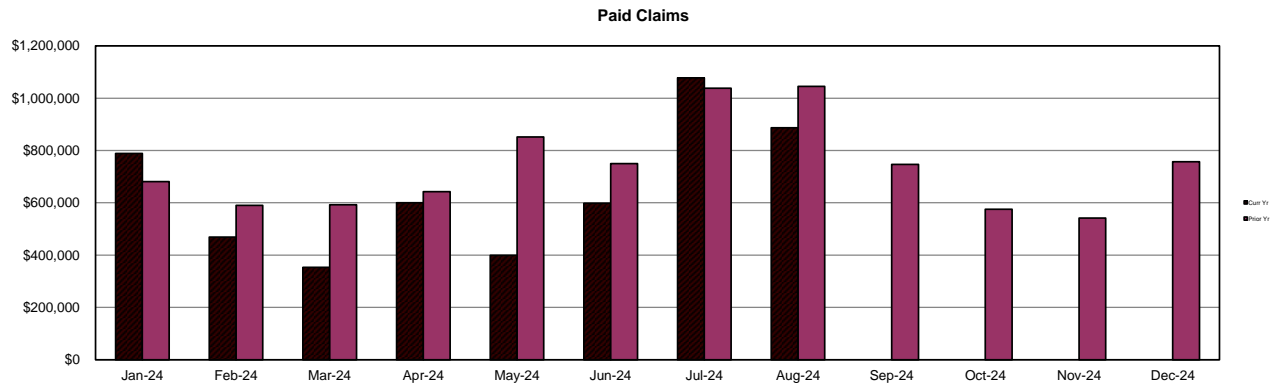
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Large Claim Data
6	Incurred But Not Reported Liability (IBNR)-Current
7	Incurred But Not Reported Liability (IBNR)-Previous Month



**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 Mo. Average	Prior Year Mo. Average	% Difference
		ENROLLMENT															
1	Employees	784	783	785	786	786	789	786	732	0	0	0	0	6,231	779	773	0.81%
2	Dependent Units	187	187	187	190	191	190	193	195	0	0	0	0	1,520	190	197	-3.76%
3	Total # of Dependents	352	353	353	357	361	358	365	372	0	0	0	0	2,871	359	366	-1.95%
EMPLOYEE CLAIMS																	
4	Medical	\$582,264	\$221,551	\$189,748	\$373,337	\$205,198	\$320,199	\$730,798	\$442,251	\$0	\$0	\$0	\$0	\$3,065,346	\$383,168	\$454,204	-15.64%
5	Less Stop Loss Reimbursement	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$10,682)	(\$33,058)	-67.69%
6	Net Medical Claims	\$496,811	\$221,551	\$189,748	\$373,337	\$205,198	\$320,199	\$730,798	\$442,251	\$0	\$0	\$0	\$0	\$2,979,893	\$372,487	\$421,146	-11.55%
7	Prescription	\$113,540	\$129,718	\$118,934	\$105,863	\$126,607	\$122,296	\$126,408	\$116,359	\$0	\$0	\$0	\$0	\$959,724	\$119,965	\$109,316	9.74%
8	Dental	\$34,901	\$20,189	\$5,993	\$6,259	\$7,899	\$42,602	\$43,974	\$21,988	\$0	\$0	\$0	\$0	\$183,804	\$22,976	\$29,541	-22.23%
9	Vision	\$4,609	\$3,791	\$3,139	\$6,553	\$3,801	\$3,853	\$4,597	\$5,178	\$0	\$0	\$0	\$0	\$35,521	\$4,440	\$3,707	19.78%
10	Total Employee	\$649,862	\$375,248	\$317,813	\$492,012	\$343,504	\$488,950	\$905,777	\$585,776	\$0	\$0	\$0	\$0	\$4,158,942	\$519,868	\$563,710	-7.78%
11	Cost Per Employee	\$828.91	\$479.24	\$404.86	\$625.97	\$437.03	\$619.71	\$1,152.39	\$800.24	\$0.00	\$0.00	\$0.00	\$0.00	\$5,339.68	\$667.46	\$729.64	-8.52%
DEPENDENT CLAIMS																	
12	Medical	\$107,665	\$68,495	\$25,093	\$80,460	\$37,608	\$82,549	\$132,818	\$273,300	\$0	\$0	\$0	\$0	\$807,988	\$100,998	\$135,835	-25.65%
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	\$273,300	\$0	\$0	\$0	\$0	\$807,988	\$100,998	\$135,835	-25.65%
15	Prescription	\$15,767	\$15,716	\$9,767	\$18,230	\$13,953	\$12,753	\$24,329	\$14,138	\$0	\$0	\$0	\$0	\$124,651	\$15,581	\$18,046	-13.66%
16	Dental	\$13,881	\$8,329	\$0	\$8,513	\$3,635	\$12,917	\$13,711	\$13,014	\$0	\$0	\$0	\$0	\$74,000	\$9,250	\$15,881	-41.75%
17	Vision	\$1,488	\$1,151	\$656	\$1,007	\$700	\$1,042	\$860	\$602	\$0	\$0	\$0	\$0	\$7,508	\$938	\$903	3.97%
18	Total Dependent	\$138,801	\$93,690	\$35,516	\$108,210	\$55,896	\$109,261	\$171,718	\$301,054	\$0	\$0	\$0	\$0	\$1,014,146	\$126,768	\$170,665	-25.72%
19	Cost Per Dependent Unit	\$742.25	\$501.02	\$189.92	\$569.53	\$292.65	\$575.06	\$889.73	\$1,543.87	\$0.00	\$0.00	\$0.00	\$0.00	\$5,337.61	\$667.20	\$864.49	-22.82%
20	Cost Per Dependent	\$394.32	\$265.41	\$100.61	\$303.11	\$154.84	\$305.20	\$470.46	\$809.29	\$0.00	\$0.00	\$0.00	\$0.00	\$2,825.90	\$353.24	\$466.30	-24.25%
EMPLOYEE + DEPENDENT																	
21	Medical	\$689,929	\$290,046	\$214,841	\$453,797	\$242,806	\$402,748	\$863,616	\$715,552	\$0	\$0	\$0	\$0	\$3,873,334	\$484,167	\$590,039	-17.94%
22	Less Stop Loss Reimbursement	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$10,682)	(\$33,058)	-67.69%
23	Net Medical Claims	\$604,476	\$290,046	\$214,841	\$453,797	\$242,806	\$402,748	\$863,616	\$715,552	\$0	\$0	\$0	\$0	\$3,787,881	\$473,485	\$556,981	-14.99%
24	Prescription	\$129,307	\$145,433	\$128,700	\$124,093	\$140,560	\$135,049	\$150,736	\$130,496	\$0	\$0	\$0	\$0	\$1,084,375	\$135,547	\$127,363	6.43%
25	Dental	\$48,782	\$28,517	\$5,993	\$14,772	\$11,534	\$55,519	\$57,684	\$35,002	\$0	\$0	\$0	\$0	\$257,804	\$32,225	\$45,422	-29.05%
26	Vision	\$6,097	\$4,942	\$3,795	\$7,561	\$4,501	\$4,895	\$5,458	\$5,780	\$0	\$0	\$0	\$0	\$43,029	\$5,379	\$4,609	16.69%
27	Total Claims	\$788,662	\$468,938	\$353,329	\$600,222	\$399,400	\$598,211	\$1,077,494	\$886,830	\$0	\$0	\$0	\$0	\$5,173,089	\$646,636	\$734,375	-11.95%
28	Composite Cost Per Employee	\$1,005.95	\$598.90	\$450.10	\$763.64	\$508.14	\$758.19	\$1,370.86	\$1,211.52	\$0.00	\$0.00	\$0.00	\$0.00	\$6,641.74	\$830.22	\$950.54	-12.66%
29	Composite Cost Per Member	\$694.25	\$412.80	\$310.48	\$525.13	\$348.21	\$521.54	\$936.14	\$803.29	\$0.00	\$0.00	\$0.00	\$0.00	\$4,546.77	\$568.35	\$644.99	-11.88%

**Douglas County School District
PAID CLAIMS**

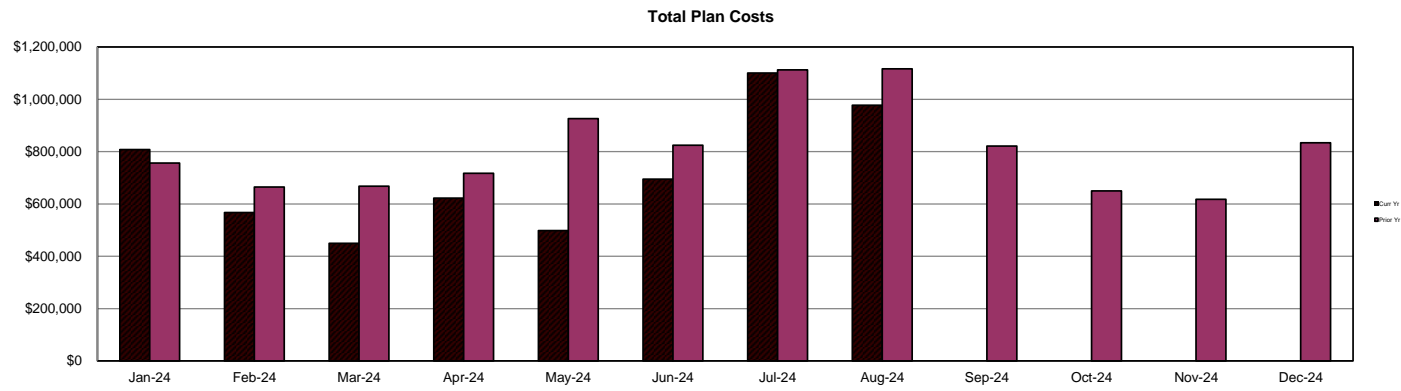


**Douglas County School District
TOTAL PLAN COSTS**

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	\$27.90	\$0.00	\$0.00	\$0.00	\$0.00	\$173,845	\$21,731	\$13,489	61.10%
2	Specific Stop Loss	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$0.00	\$0.00	\$0.00	\$0.00	\$422,337	\$52,792	\$45,127	16.99%
3	PPO Networks (Dental)	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.00	\$0.00	\$0.00	\$0.00	\$4,362	\$545	\$541	0.81%
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$0.00	\$0.00	\$0.00	\$0.00	\$10,468	\$1,309	\$1,298	0.81%
5	Consulting Fee (Estimated)	\$1.91	\$1.92	\$1.91	\$1.91	\$1.91	\$1.90	\$1.91	\$2.05	\$0.00	\$0.00	\$0.00	\$0.00	\$12,000	\$1,500	\$1,500	0.00%
6	Total Fixed	\$99.97	\$99.98	\$99.97	\$99.97	\$99.97	\$99.96	\$99.97	\$100.11	\$0.00	\$0.00	\$0.00	\$0.00	\$623,012	\$77,876	\$61,955	25.70%
7	Exposures	784	783	785	786	786	789	786	732	0	0	0	0	6,231	779	773	0.81%
8	Employee Fixed Costs	\$78,379	\$78,281	\$78,477	\$78,575	\$78,575	\$78,869	\$78,575	\$73,280	\$0	\$0	\$0	\$0	\$623,012	\$77,876	\$61,955	25.70%
9	Total Gross Claims	\$735,315	\$375,248	\$317,813	\$492,012	\$343,504	\$488,950	\$905,777	\$585,776	\$0	\$0	\$0	\$0	\$4,244,395	\$530,549	\$596,769	-11.10%
10	Gross Plan Costs	\$813,694	\$453,529	\$396,290	\$570,587	\$422,079	\$567,819	\$984,352	\$659,056	\$0	\$0	\$0	\$0	\$4,867,407	\$608,426	\$658,723	-7.64%
11	Stop-Loss Reimbursements	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$10,682)	(\$33,058)	-67.69%
12	Net Plan Costs	\$728,241	\$453,529	\$396,290	\$570,587	\$422,079	\$567,819	\$984,352	\$659,056	\$0	\$0	\$0	\$0	\$4,781,954	\$597,744	\$625,665	-4.46%
13	Per Employee Gross Plan Costs	\$1,037.87	\$579.22	\$504.83	\$725.94	\$537.00	\$719.67	\$1,252.36	\$900.35	\$0.00	\$0.00	\$0.00	\$0.00	\$6,249.28	\$781.16	\$852.62	-8.38%
14	Per Employee Net Plan Costs	\$928.88	\$579.22	\$504.83	\$725.94	\$537.00	\$719.67	\$1,252.36	\$900.35	\$0.00	\$0.00	\$0.00	\$0.00	\$6,139.57	\$767.45	\$809.83	-5.23%
DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$0.00	\$0.00	\$0.00	\$0.00	\$55,604	\$6,951	\$6,518	6.63%
16	Specific Stop Loss (+ Fam.)	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$0.00	\$0.00	\$0.00	\$0.00	\$56,937	\$7,117	\$6,077	10.12%
17	Dependent Units (+ 1 Dep.)	91	91	92	96	95	94	95	97	0	0	0	0	751	94	102	-8.12%
18	Dependent Units (Fam.)	96	96	95	94	96	96	98	98	0	0	0	0	769	96	95	0.92%
19	Dependent Fixed Costs	\$13,845	\$13,845	\$13,845	\$14,068	\$14,142	\$14,068	\$14,290	\$14,438	\$0	\$0	\$0	\$0	\$112,541	\$14,068	\$12,595	11.69%
20	Total Gross Claims	\$138,801	\$93,690	\$35,516	\$108,210	\$55,896	\$109,261	\$171,718	\$301,054	\$0	\$0	\$0	\$0	\$1,014,146	\$126,768	\$170,665	-25.72%
21	Gross Plan Costs	\$152,646	\$107,536	\$49,361	\$122,278	\$70,038	\$123,329	\$186,008	\$315,492	\$0	\$0	\$0	\$0	\$1,126,687	\$140,836	\$183,260	-23.15%
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	\$315,492	\$0	\$0	\$0	\$0	\$1,126,687	\$140,836	\$183,260	-23.15%
24	Per Dependent Unit Gross Plan Costs	\$816.29	\$575.06	\$263.96	\$643.57	\$366.69	\$649.10	\$963.77	\$1,617.91	\$0.00	\$0.00	\$0.00	\$0.00	\$5,896.34	\$737.04	\$928.29	-20.60%
25	Per Dependent Unit Net Plan Costs	\$816.29	\$575.06	\$263.96	\$643.57	\$366.69	\$649.10	\$963.77	\$1,617.91	\$0.00	\$0.00	\$0.00	\$0.00	\$5,896.34	\$737.04	\$928.29	-20.60%
26	Per Dependent Net Plan Costs	\$433.65	\$304.63	\$139.83	\$342.51	\$194.01	\$344.49	\$509.61	\$848.10	\$0.00	\$0.00	\$0.00	\$0.00	\$3,116.85	\$389.61	\$501.91	-22.38%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$95,374	\$98,182	\$96,121	\$95,435	\$98,722	\$96,516	\$97,564	\$90,467	\$0	\$0	\$0	\$0	\$768,381	\$96,048	\$74,550	28.84%
28	Total Claims	\$874,115	\$468,938	\$353,329	\$600,222	\$399,400	\$598,211	\$1,077,494	\$886,830	\$0	\$0	\$0	\$0	\$5,258,542	\$657,318	\$767,433	-14.35%
29	Gross Plan Costs	\$969,489	\$567,121	\$449,450	\$695,657	\$498,123	\$694,727	\$1,175,058	\$977,297	\$0	\$0	\$0	\$0	\$6,026,922	\$753,365	\$841,983	-10.52%
30	Stop-Loss Reimbursements	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$10,682)	(\$33,058)	-67.69%
31	Pharmacy Rebates	(\$76,216)	\$0	\$0	(\$73,444)	\$0	\$0	(\$74,629)	\$0	\$0	\$0	\$0	\$0	(\$224,289)	(\$28,036)	(\$27,705)	1.19%
32	Net Plan Costs	\$807,820	\$567,121	\$449,450	\$622,213	\$498,123	\$694,727	\$1,100,429	\$977,297	\$0	\$0	\$0	\$0	\$5,717,181	\$714,648	\$781,219	-8.52%
33	Composite Gross Plan Cost Per Employee	\$1,236.59	\$724.29	\$572.55	\$885.06	\$633.74	\$880.52	\$1,494.99	\$1,335.11	\$0.00	\$0.00	\$0.00	\$0.00	\$7,737.98	\$967.25	\$1,089.83	-11.25%
34	Composite Net Plan Cost Per Employee	\$1,030.38	\$724.29	\$572.55	\$791.62	\$633.74	\$880.52	\$1,400.04	\$1,335.11	\$0.00	\$0.00	\$0.00	\$0.00	\$7,340.31	\$917.54	\$1,011.18	-9.26%
35	Composite Net Plan Cost Per Member	\$711.11	\$499.23	\$394.95	\$544.37	\$434.28	\$605.69	\$956.06	\$885.23	\$0.00	\$0.00	\$0.00	\$0.00	\$4,993.72	\$624.21	\$710.47	-12.14%

*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	\$146,913				
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$158,818	\$173,383				
3	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$212,343				
4	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$172,666				
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$139,643				
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
9		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
10		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
Total		\$0	\$0	\$0	\$0	\$0	\$0	\$303,520	\$844,948	\$0	\$0	\$0	\$0
Increase Over Previous Month:			\$0	\$0	\$0	\$0	\$0	\$303,520	\$541,428	\$0	\$0	\$0	\$0

Claim #	<u>Amount Over Specific Stop-Loss (\$275,000)</u>												
1	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
3	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
4	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
9		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
10		\$0	\$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 August 31, 2024

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

Medical	\$ 5,739,224
Dental	\$ 410,265
Prescription Drugs	\$ 1,586,221
Vision	<u>\$ 58,045</u>
Total Claims	\$ 7,793,754

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 = 732 : 60 day lagged enrollment = 780

Current enrollment all Dental Plans = 732 : 60 day lagged enrollment = 780

Current enrollment all Rx Plans = 732 : 60 day lagged enrollment = 780

Current enrollment all Vision Plans = 732 : 60 day lagged enrollment = 780

Estimated IBNR Calculation

Medical	\$5,739,224 X (55/365) X (732/780) =	\$ 812,029	14.1%
+			
Dental	\$410,265 X (30/365) X (732/780) =	\$ 31,662	7.7%
+			
Rx	\$1,586,221 X (11/365) X (732/780) =	\$ 44,886	2.8%
+			
Vision	\$58,045 X (22/365) X (732/780) =	<u>\$ 3,285</u>	5.7%
=			
Total estimated IBNR as of August 31, 2024 =		\$ 891,862	11.4%

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 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:

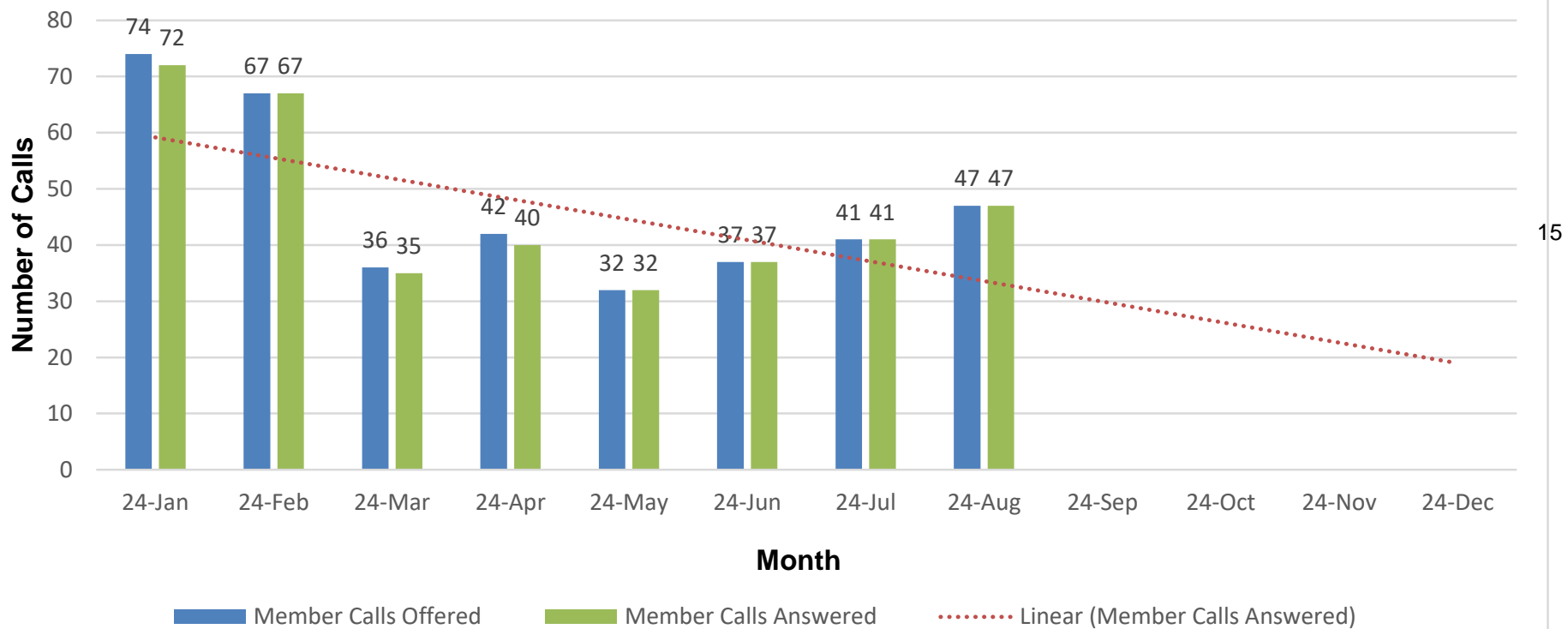
Current enrollment all Medical Plans = 786 : 60 day lagged enrollment = 778
 Current enrollment all Dental Plans = 786 : 60 day lagged enrollment = 778
 Current enrollment all Rx Plans = 786 : 60 day lagged enrollment = 778
 Current enrollment all Vision Plans = 786 : 60 day lagged enrollment = 778

Estimated IBNR Calculation

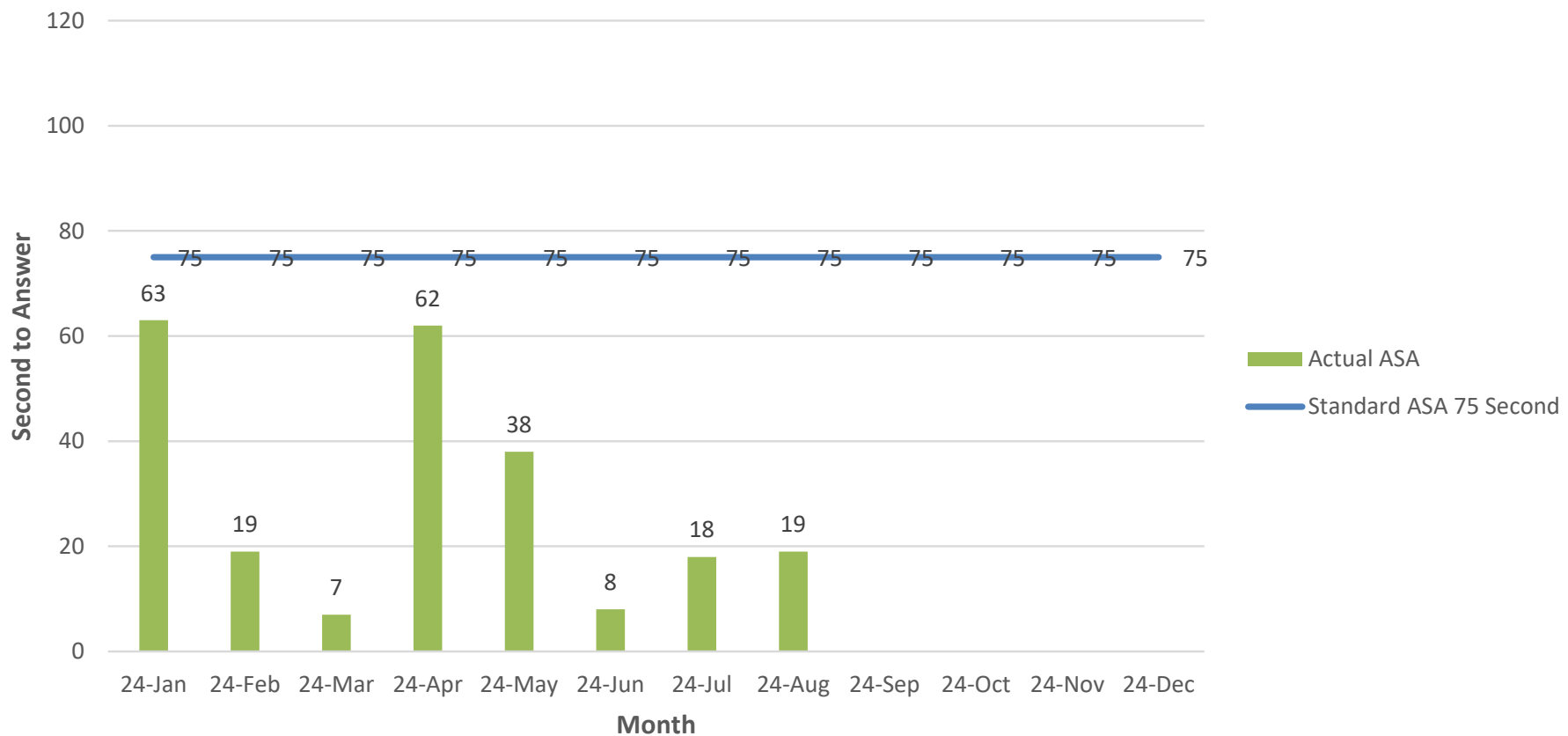
Medical	\$5,907,452 X (55/365) X (786/778) =	\$ 899,029	15.2%
+			
Dental	\$423,754 X (30/365) X (786/778) =	\$ 35,176	8.3%
+			
Rx	\$1,562,362 X (11/365) X (786/778) =	\$ 47,554	3.0%
+			
Vision	\$58,525 X (22/365) X (786/778) =	<u>\$ 3,563</u>	6.1%
=			
Total estimated IBNR as of July 31, 2024 =		\$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

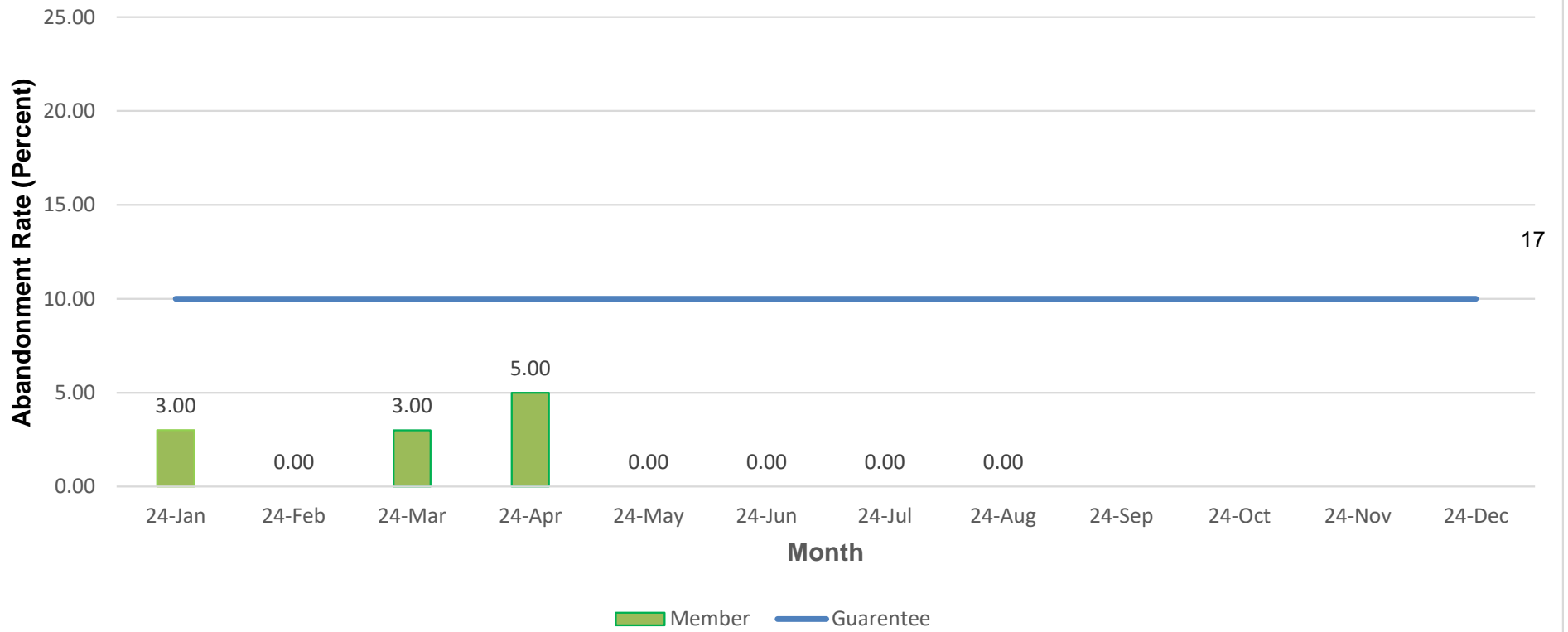
Hometown Health - DCSD Dedicated Phone Number Customer Services Department Call Volume



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	August
Total									
Total Claims Received During Month	1,152	1,378	947	1,073	783	1,110	1,388	1,071	1,469
Total Claims Paid During Month	1,360	1,501	1,076	1,176	1,189	1,291	1,546	1,320	1,780
Claims Open at End of Month	218	213	187	205	222	214	241	222	239
Percentage of Claims Paid Within 30 Days	99.4%	99.5%	99.5%	99.9%	100.0%	99.7%	98.6%	99.8%	98.5%
Number of Claims Paid Over 30 Days	8	7	5	1	0	4	21	2	26
Medical									
Total Claims Received During Month	1,024	1,174	833	1,044	686	1,048	1,138	878	1,389
Total Claims Paid During Month	1,241	1,279	962	1,156	1,158	1,238	1,346	1,149	1,637
Claims Open at End of Month	40	41	15	33	47	37	60	38	51
Percentage of Claims Paid Within 30 Days	99.8%	99.5%	99.5%	99.9%	100.0%	99.8%	99.6%	99.9%	99.9%
Number of Claims Paid Over 30 Days	3	7	5	1	0	2	5	1	18
Dental									
Total Claims Received During Month	128	204	112	29	97	61	249	193	80
Total Claims Paid During Month	119	222	112	20	31	53	199	171	143
Claims Open at End of Month	105	99	99	99	102	104	108	111	115
Percentage of Claims Paid Within 30 Days	95.5%	100.0%	100.0%	100.0%	100.0%	96.2%	92.0%	99.4%	83.2%
Number of Claims Paid Over 30 Days	5	0	0	0	0	2	16	1	24

**Proposed Language Clarification for Services in Current Plan Document (per
Hometown Health)**

BENEFIT	DCSD-PPO	DCSD-HSA
Wound Care	CYD Coinsurance	CYD Coinsurance
Office Surgery	Office Visit Copay	CYD Coinsurance
Sleep Studies	OP-CYD Coins/Office POS-Office Visit copay	CYD Coinsurance
Inpatient M/H	CYD Coinsurance	CYD Coinsurance
Partial Hosp M/H	CYD Coinsurance	CYD Coinsurance
Breast Pumps	Covered if billed according to USPSTF	Covered if billed according to USPSTF
Allergy Services	CYD Coinsurance	CYD Coinsurance

Douglas County School District
Options: Plan Design Changes for January 1, 2025

<i>Benefit</i>	<i>Current Plan Design</i>	<i>Plan Design Change</i>	<i>Est Percentage Savings</i>	<i>Est Total Med / Rx Savings</i>
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PPO Plan

1 Deductible				
Option 1 (In/Out)	\$850 / \$1,700	\$1,000/\$2,000	0.89%	\$58,160
Option 2 (In/Out)	\$850 / \$1,700	\$1,250/\$2,500	1.83%	\$119,531
Option 3 (In/Out)	\$850 / \$1,700	\$1,500/\$3,000	2.64%	\$172,886
Option 4 (In/Out)	\$850 / \$1,700	\$2,000/\$4,000	3.96%	\$258,968
Option 5 (In/Out)	\$850 / \$1,700	\$2,500/\$5,000	5.17%	\$338,252
Option 6 (In/Out)	\$850 / \$1,700	\$3,000/\$6,000	5.90%	\$386,126
Option 7 (In/Out)	\$850 / \$1,700	\$3,500/\$7,000	6.55%	\$428,687

2 Out of Pocket Maximum				
Option 1 (In/Out)	\$5,500 / \$11,000	\$6,000 / 12,000	0.60%	\$39,287
Option 2 (In/Out)	\$5,500 / \$11,000	\$7,000 / 14,000	1.70%	\$111,313

3 Co-Insurance				
Option 1 (In/Out)	75% / 55%	70% / 50%	0.60%	\$39,385

4 Primary Physician				
Option 1 (In/Out)	\$50 co-pay / 55%	\$60 co-pay / 55%	0.18%	\$12,011

5 Specialist Office Visit				
Option 1 (In/Out)	\$60 co-pay / 60%	\$70 co-pay / 60%	0.98%	\$63,855
Option 2 (In/Out)	\$60 co-pay / 60%	\$80 co-pay / 60%	1.18%	\$77,579

6 Urgent Care				
Option 1 (In/Out)	\$50 co-pay / 60%	\$60 co-pay / 60%	0.03%	\$1,946
Option 2 (In/Out)	\$50 co-pay / 60%	\$70 co-pay / 60%	0.06%	\$3,891

HSA Plan (Aggregate)

HSA Plan

1 Deductible				
Individual (In/Out)	\$2,275 / \$2,275	\$3,000 / \$6,000		
Family	\$4,550 / \$4,550	\$6,000 / \$12,000		
Out of Pocket Maximum			6.25%	\$28,606
Individual (In/Out)	\$6,960 / \$6,960	No Change		
Family	\$13,920 / \$13,920	No Change		
Co-Insurance				
Co-Insurance (In/Out)	80% / 60%	No Change		

Dental Plan

1 Deductible				
Option 1	\$25	\$50	0.41%	\$1,746

2 Major Services				
Option 1	80%	50%	4.02%	\$17,102

DOUGLAS COUNTY SCHOOL DISTRICT

COMPARISON OF DISTRICT HEALTH PLANS

Service	Douglas	Carson	Lyon
	2024	2024	1/2024-6/2025
Insurance Eligibility Requirements			
Minimum Hours Per Week	25	20	25
Medical Coverage			
Premium			
Employee Only	\$825.00	\$959.07 (HMO)	\$722.19
Cost to Employee	\$0.00	\$0.00	\$0.00
with Spouse	\$495.17	\$901.52	\$722.18
with Child	\$448.37	\$642.56	\$577.75
with Family	\$839.04	\$1,544.04	\$1,444.37
Dental	Included	34.37/49.04/83.59	44.97/85.55/86.20/119.22
Vision	Included	6.45/7.14/14.29	4.44/9.64/9.80/16.42
Total Cost to Employee			
with Spouse	\$495.17	\$942.34	\$767.96
with Child	\$448.37	\$698.74	\$624.34
with Family	\$839.04	\$1,641.92	\$1,530.60
Deductibles			
Individual	\$850	\$1,000.00	\$3,500
Family	\$2,550	\$3,000.00	\$7,000
Co-Insurance			
	25%	20%	20%
Out-of-Pocket Maximum			
Individual	\$5,500	\$4,000.00	\$6,600
Family	\$11,000	\$8,000.00	\$13,200
Inpatient Hospital Services	25% coinsurance	Deduct then \$1,000	CYD then 20%
Outpatient Surgery	25% coinsurance	\$250	CYD then 20%
Primary Care Office Visit	\$50	\$25	\$35
Specialist Office Visit	\$60	\$50	\$60
Teledoc (General Med)	\$15	\$0	\$35
Preventative Care	\$0	\$0	\$0
Urgent Care Facility	\$50	\$50	\$50
Chiropractic	Deductible then 35%	?	\$35
Physical Therapy	25% coinsurance	?	Covered
Ambulance	25% coinsurance	\$250	\$200
X-ray & Lab Services	25% coinsurance	\$25	\$60 & \$35
Home Health Care	25% coinsurance	?	CYD & 20% co-insurance
Emergency Room	25% coinsurance	\$500	\$350
Prescription Drugs			
Regular Pharmacy			
Co-Payment - Generic	\$15	\$10	\$15
Co-Payment - Preferred	\$35	\$30	\$40
Co-Payment - Non-Preferred	\$50	\$50	\$60
Co-Payment - Specialty	\$55	20% coins.	20% coins.
Mail Order (90 Day Supply)			
Co-Payment - Generic	\$30	\$20.00	\$30
Co-Payment - Preferred Brand	\$70	\$60.00	\$80
Co-Payment - Non-Preferred	\$100	\$150.00	\$120
Dental Coverage			
Annual Limit	\$2,000	\$1,000.00	\$2,000.00
Deductible			
Individual	\$25	\$50.00	\$50.00
Family	\$25	\$150.00	\$150.00
Preventative Care	100%	20%	100%
Restorative Care	20%	20%	20%
Major Care	20%	50%	50%
Orthodontics	N/A	\$1000 max	50% (\$1,500 Lifetime)
23			
PPO/HMO BASE PLANS USED FOR COMPARISONS			