

Douglas County School District Health Advisory Committee

District Office
1638 Mono Avenue
Minden, NV 89423
Tuesday, March 25, 2025
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 for the February 25, 2025 Meeting (For Possible Action) 3

Attached are the minutes for the February 25, 2025 Health Advisory Committee Meeting for review and approval.

RECOMMENDATION: Approve the Minutes for the Health Advisory Committee Meeting dated February 25, 2025.

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)

18

Executive Director of Human Resources will provide an update on 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 – February 25, 2025**

Committee Members Present

Jeannie Dwyer, Executive Director of HR
Darcy McInnis, DCPEA
Lin Falkner, DCPEA
Susan McNeall, DCAA
Elizabeth Martin, DCSSO
Jay Jackson, Chapter #6 Bus Drivers Association (arrived at 4:50 p.m.)

Absent

Kerry Stack, DCPEA

Lloyd Barnes, LP Insurance (via phone), Nate Kerr, LP Insurance, Camille Barba LP Insurance, CJ Bawden, 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.

1. Call to Order

The meeting was called to order by Mrs. Dwyer at 4:32 p.m. Ms. McInnis made a motion to adopt a flexible agenda, Mrs. Falkner seconded the motion. Motion passed 5 - 0

2. Public Comment #1

No public comment.

3. Committee Members' Comment

No committee member comment.

4. Approval of Minutes of the November 19, 2024 meeting (For Possible Action)

Ms. Martin made a motion to approve the minutes for the November 19, 2024 meeting, Ms. McNeall seconded the motion. Motion passed 5 - 0

5. Approval of Minutes of the January 28, 2025 meeting (For Possible Action)

Mrs. Falkner made a motion to approve the minutes for the January 28, 2025 meeting, Ms. Martin seconded the motion. Motion passed 5 – 0

6. Review of Claims (Information and Discussion)

(Item taken out of order)

Mr. Kerr reported on the paid claims through January 2025. The 2024 plan year was a relatively stable year for the plan. January was a low month from a cost perspective, mostly due to stop-loss reimbursements.

Exhibit 1 – Employee and dependent enrollment were down slightly in January 2025. Average composite cost per employee per month (Line 28) was \$500 in January.

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.). Average monthly composite net plan cost per employee per month was \$627 in January (Line 34).

Exhibit 5 – Large claims report. Large claim tracking begins when a claim reaches approximately 50% of Stop-Loss deductible (\$275,000). There were no large claims reported in January.

Exhibit 6 - Incurred but Not Reported (IBNR) is the outstanding estimated liability that DCSD carries on an on-going basis. January 2025 estimated IBNR is \$1,000,004.

7. Customer Service Review (Information and Discussion)
(Item taken out of order)

Ms. Bradley from Hometown Health reported on customer service from January 2025. Customer Service Call Volume report data shows approximately 67 member calls in January (65 were answered). For January, the Average Seconds to Answer (ASA) was 17 seconds due to a slightly higher call volume in January (performance guarantee is 75 seconds). January 2025 Abandonment rate was 2% (performance guarantee is 10%). The claims report shows 1,348 claims received during the month of January. 1,584 claims were paid in January. The number of claims paid within 30 days was at 97% (performance guarantee is 95%)

8. Self-Insurance Fund Projected Financials (Information and Discussion)
(Item taken out of order)

For the month of January, paid claims were \$509,134 and admin expenses were \$102,570. Total claims for fiscal year 24-25 so far are \$6,017,738. Total operating revenues for the fiscal year 24-25 so far are \$5,258,795. Estimated cash flow was positive \$126,195 in January. There have been some stop loss reimbursements from plan year 2024.

The Maxor rebate for January was delayed and will be posted in February. The general fund transfer of \$1 million to the insurance fund may take place in March.

9. Discuss DCSD's plan language related to submission and reimbursement of claims for emergent or urgent care services when treatment is provided outside the United States (Information, Discussion, and Possible Action)

Ms. Bradley, from Hometown Health explained that there has been an increase in appeals for claims submitted outside the United States and members are seeking reimbursement. This is not unique to DCSD and is happening with many plans which Hometown Health supports. The common misconception is that if members are treated outside of the United States, they will be reimbursed for the full amount of paid charges when they submit their claim to Hometown Health. In reality, the claim is reimbursed at the Usual and Customary rate (U & C), depending on which coast/region (east or west) of the United States the member is closest to while visiting another country.

Hometown Health is requesting to clarify DCSD's plan language regarding the reimbursement rate, how the claim is processed, and how to submit the claim. There is no change to the benefit, the update is for clarification only.

Mr. Kerr asked if the U & C is regional or if this is a percent of Medicare? If Medicare has an allowed amount for the claim/treatment, Hometown Health will use the allowed amount based on Medicare. If there is not a Medicare allowed amount, they will pay 18% of the allowed amount (based on Medicare), which is general U & C.

Ms. Bradley provided updated language for the committee that can be used in the plan document. Mrs. Caires asked Mr. Kerr if this language clarification is typical and similar to other plans. Mr. Kerr agreed that the language is similar to updates and clarifications for other plans and the benchmark of the U & C related to Medicare is fair. In countries with socialized medicine, there may not be a bill for the treatment.

Clarifying language will be added as an addendum to the 2025 plan and will then be added to the 2026 plan.

Mr. Jackson made a motion to adopt the updated language to our summary plan document. Ms. McInnis seconded the motion. Motion passed 6 - 0.

10. Correspondence (Information and Discussion)

No correspondence.

11. Future Agenda Items (For Possible Action)

1 – Legislature updates?

**NOTE: HAC meeting dates for 2024-25: 3/25/2025, 4/29/2025, 5/27/2025.

12. Public Comment #2

No public comment.

13. Adjournment

The meeting was adjourned at 5:01 p.m. by Mrs. Dwyer

Submitted by,

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



Douglas County School District

February-25

**Group Health Plan
Cost Analysis Report**

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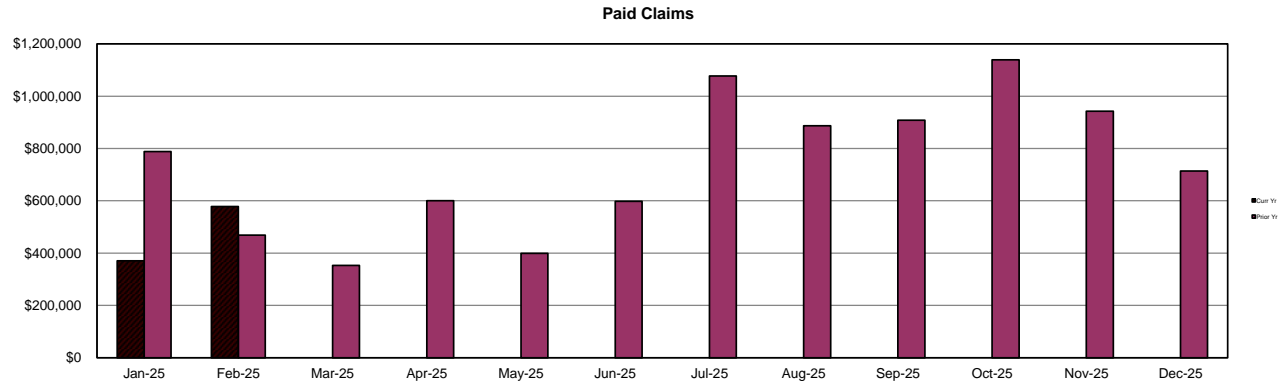
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Large Claim Data
6	Incurred But Not Reported Liability (IBNR)-Current
7	Incurred But Not Reported Liability (IBNR)-Previous Month



**Douglas County School District
PAID CLAIMS**

Line #		Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
ENROLLMENT																	
1	Employees	748	756	0	0	0	0	0	0	0	0	0	0	1,504	752	771	-2.45%
2	Dependent Units	191	192	0	0	0	0	0	0	0	0	0	0	383	192	192	-0.48%
3	Total # of Dependents	354	352	0	0	0	0	0	0	0	0	0	0	706	353	362	-2.44%
EMPLOYEE CLAIMS																	
4	Medical	\$315,847	\$191,204	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$507,051	\$253,526	\$411,501	-38.39%
5	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$7,121)	-100.00%
6	Net Medical Claims	\$315,847	\$191,204	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$507,051	\$253,526	\$404,380	-37.31%
7	Prescription	\$81,434	\$92,214	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$173,648	\$86,824	\$124,554	-30.29%
8	Dental	\$19,644	\$9,765	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$29,409	\$14,704	\$27,984	-47.45%
9	Vision	\$3,112	\$3,967	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,080	\$3,540	\$3,980	-11.05%
10	Total Employee	\$420,037	\$297,150	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$717,188	\$358,594	\$560,898	-36.07%
11	<i>Cost Per Employee</i>	<i>\$561.55</i>	<i>\$393.06</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$953.71</i>	<i>\$476.85</i>	<i>\$727.57</i>	<i>-34.46%</i>
DEPENDENT CLAIMS																	
12	Medical	\$52,049	\$207,620	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$259,670	\$129,835	\$150,120	-13.51%
13	Less Stop Loss Reimbursement	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$162,161)	(\$81,081)	\$0	0.00%
14	Net Medical Claims	(\$108,003)	\$205,512	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$97,509	\$48,754	\$150,120	-67.52%
15	Prescription	\$47,664	\$60,559	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$108,223	\$54,111	\$15,553	247.92%
16	Dental	\$9,851	\$14,406	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,257	\$12,128	\$12,291	-1.32%
17	Vision	\$1,085	\$534	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,619	\$809	\$888	-8.81%
18	Total Dependent	(\$49,404)	\$281,012	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$231,607	\$115,804	\$178,851	-35.25%
19	<i>Cost Per Dependent Unit</i>	<i>(\$258.66)</i>	<i>\$1,463.60</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$1,209.44</i>	<i>\$604.72</i>	<i>\$929.50</i>	<i>-34.94%</i>
20	<i>Cost Per Dependent</i>	<i>(\$139.56)</i>	<i>\$798.33</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$656.11</i>	<i>\$328.06</i>	<i>\$494.29</i>	<i>-33.63%</i>
EMPLOYEE + DEPENDENT																	
21	Medical	\$367,896	\$398,825	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$766,721	\$383,360	\$561,621	-31.74%
22	Less Stop Loss Reimbursement	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$162,161)	(\$81,081)	(\$7,121)	1038.60%
23	Net Medical Claims	\$207,843	\$396,716	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$604,560	\$302,280	\$554,500	-45.49%
24	Prescription	\$129,098	\$152,773	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$281,871	\$140,935	\$140,107	0.59%
25	Dental	\$29,495	\$24,171	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$53,666	\$26,833	\$40,276	-33.38%
26	Vision	\$4,197	\$4,501	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,699	\$4,349	\$4,867	-10.64%
27	Total Claims	\$370,633	\$578,162	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$948,795	\$474,397	\$739,749	-35.87%
28	<i>Composite Cost Per Employee</i>	<i>\$495.50</i>	<i>\$764.76</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$1,261.70</i>	<i>\$630.85</i>	<i>\$959.57</i>	<i>-34.26%</i>
29	Composite Cost Per Member	\$336.33	\$521.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$858.64	\$429.32	\$653.06	-34.26%

**Douglas County School District
PAID CLAIMS**

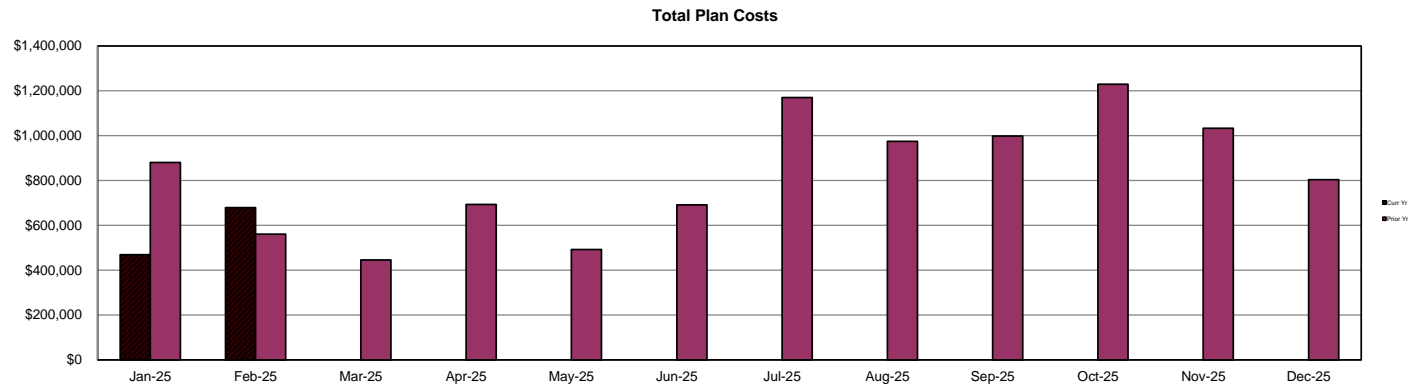


**Douglas County School District
TOTAL PLAN COSTS**

Line #	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
EMPLOYEE																
1	TPA / UTIL REVIEW / COBRA / TELE DOC	\$29.02	\$29.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,646	\$21,823	\$21,509	1.46%
2	Specific Stop Loss	\$72.11	\$72.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$108,453	\$54,227	\$52,253	3.78%
3	PPO Networks (Dental)	\$0.70	\$0.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,053	\$526	\$540	-2.45%
4	VSP	\$1.68	\$1.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,527	\$1,263	\$1,295	-2.45%
5	Consulting Fee (Estimated)	\$2.01	\$1.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000	\$1,500	\$1,500	0.00%
6	Total Fixed	\$105.52	\$105.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$158,679	\$79,340	\$77,096	2.91%
7	Exposures	748	756	0	0	0	0	0	0	0	0	0	1,504	752	771	-2.45%
8	Employee Fixed Costs	\$78,925	\$79,754	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$158,679	\$79,340	\$77,096	2.91%
9	Total Gross Claims	\$420,037	\$297,150	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$717,188	\$358,594	\$568,019	-36.87%
10	Gross Plan Costs	\$498,963	\$376,904	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$875,867	\$437,933	\$645,115	-32.12%
11	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$7,121)	-100.00%
12	Net Plan Costs	\$498,963	\$376,904	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$875,867	\$437,933	\$637,994	-31.36%
13	Per Employee Gross Plan Costs	\$667.06	\$498.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,164.72	\$582.36	\$836.82	-30.41%
14	Per Employee Net Plan Costs	\$667.06	\$498.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,164.72	\$582.36	\$827.58	-29.63%
DEPENDENT																
15	Specific Stop Loss (+ 1 Dep.)	\$78.76	\$78.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,649	\$7,325	\$6,997	4.69%
16	Specific Stop Loss (+ Fam.)	\$78.76	\$78.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,516	\$7,758	\$7,250	7.01%
17	Dependent Units (+ 1 Dep.)	93	93	0	0	0	0	0	0	0	0	0	186	93	95	-1.59%
18	Dependent Units (Fam.)	98	99	0	0	0	0	0	0	0	0	0	197	99	98	0.60%
19	Dependent Fixed Costs	\$15,043	\$15,122	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,165	\$15,083	\$14,247	5.87%
20	Total Gross Claims	\$110,649	\$283,120	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$393,768	\$196,884	\$178,851	10.08%
21	Gross Plan Costs	\$125,692	\$298,242	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$423,933	\$211,967	\$193,098	9.77%
22	Stop-Loss Reimbursements	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$162,161)	(\$81,081)	\$0	0.00%
23	Net Plan Costs	(\$34,361)	\$296,133	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$261,772	\$130,886	\$193,098	-32.22%
24	Per Dependent Unit Gross Plan Costs	\$658.07	\$1,553.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,211.41	\$1,105.71	\$1,003.54	10.18%
25	Per Dependent Unit Net Plan Costs	(\$179.90)	\$1,542.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,362.46	\$681.23	\$1,003.54	-32.12%
26	Per Dependent Net Plan Costs	(\$97.06)	\$841.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$744.22	\$372.11	\$530.13	-29.81%
EMPLOYEE + DEPENDENT																
27	*Fixed Costs	\$98,579	\$100,940	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$199,519	\$99,760	\$91,343	9.21%
28	Total Claims	\$530,686	\$580,270	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,110,956	\$555,478	\$746,870	-25.63%
29	Gross Plan Costs	\$629,265	\$681,210	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,310,475	\$655,238	\$838,213	-21.83%
30	Stop-Loss Reimbursements	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$162,161)	(\$81,081)	(\$7,121)	1038.60%
31	Pharmacy Rebates	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$38,008)	-100.00%
32	Net Plan Costs	\$469,213	\$679,102	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,148,314	\$574,157	\$793,084	-27.60%
33	Composite Gross Plan Cost Per Employee	\$841.26	\$901.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,742.65	\$871.33	\$1,087.29	-19.86%
34	Composite Net Plan Cost Per Employee	\$627.29	\$898.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,527.01	\$763.51	\$1,028.75	-25.78%
35	Composite Net Plan Cost Per Member	\$425.78	\$612.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,030.96	\$515.48	\$733.69	-29.74%

*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-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Claim # <u>Total Amount of Claim Year to Date</u>												
1	\$0	\$0										
2	\$0	\$0										
3	\$0	\$0										
4	\$0	\$0										
5	\$0	\$0										
6	\$0	\$0										
7	\$0	\$0										
8	\$0	\$0										
9	\$0	\$0										
10	\$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

Claim # <u>Amount Over Specific Stop-Loss (\$275,000)</u>												
1	\$0	\$0										
2	\$0	\$0										
3	\$0	\$0										
4	\$0	\$0										
5	\$0	\$0										
6	\$0	\$0										
7	\$0	\$0										
8	\$0	\$0										
9	\$0	\$0										
10	\$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 February 28, 2025

Based on claims from March 01, 2024 through February 28, 2025

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 March 01, 2024 through February 28, 2025

Medical	\$ 6,364,033
Dental	\$ 459,673
Prescription Drugs	\$ 1,688,414
Vision	<u>\$ 56,066</u>
Total Claims	\$ 8,568,186

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 = 756 : 60 day lagged enrollment = 771

Current enrollment all Dental Plans = 756 : 60 day lagged enrollment = 771

Current enrollment all Rx Plans = 756 : 60 day lagged enrollment = 771

Current enrollment all Vision Plans = 756 : 60 day lagged enrollment = 771

Estimated IBNR Calculation

Medical	\$6,364,033 X (55/365) X (756/771) =	\$ 940,409	14.8%
+			
Dental	\$459,673 X (30/365) X (756/771) =	\$ 37,050	8.1%
+			
Rx	\$1,688,414 X (11/365) X (756/771) =	\$ 49,899	3.0%
+			
Vision	\$56,066 X (22/365) X (756/771) =	<u>\$ 3,314</u>	5.9%
=			
Total estimated IBNR as of February 28, 2025 =		\$ 1,030,672	12.0%

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 January 31, 2025

Based on claims from February 01, 2024 through January 31, 2025

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 February 01, 2024 through January 31, 2025

Medical	\$ 6,257,363
Dental	\$ 464,020
Prescription Drugs	\$ 1,681,074
Vision	<u>\$ 56,506</u>
Total Claims	\$ 8,458,963

Average Estimated Lag Days

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

Number of employees covered:

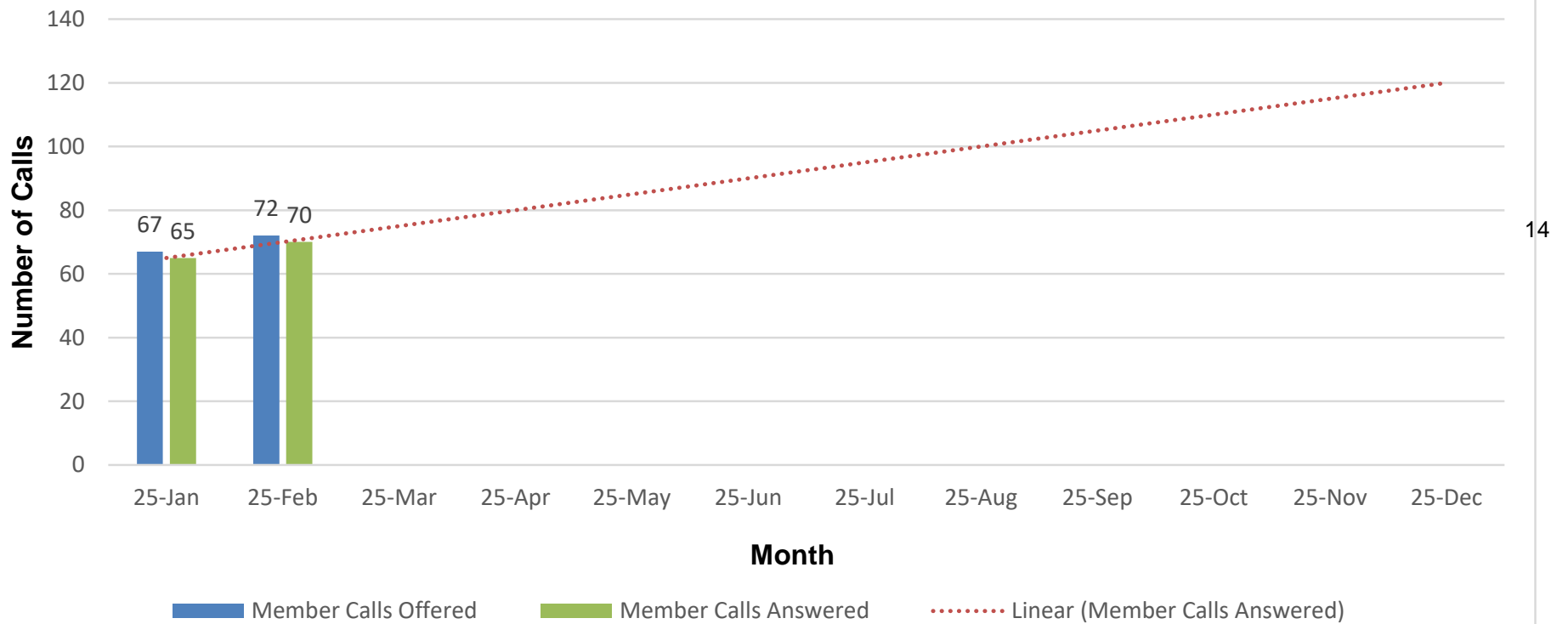
Current enrollment all Medical Plans = 748 : 60 day lagged enrollment = 774
 Current enrollment all Dental Plans = 748 : 60 day lagged enrollment = 774
 Current enrollment all Rx Plans = 748 : 60 day lagged enrollment = 774
 Current enrollment all Vision Plans = 748 : 60 day lagged enrollment = 774

Estimated IBNR Calculation

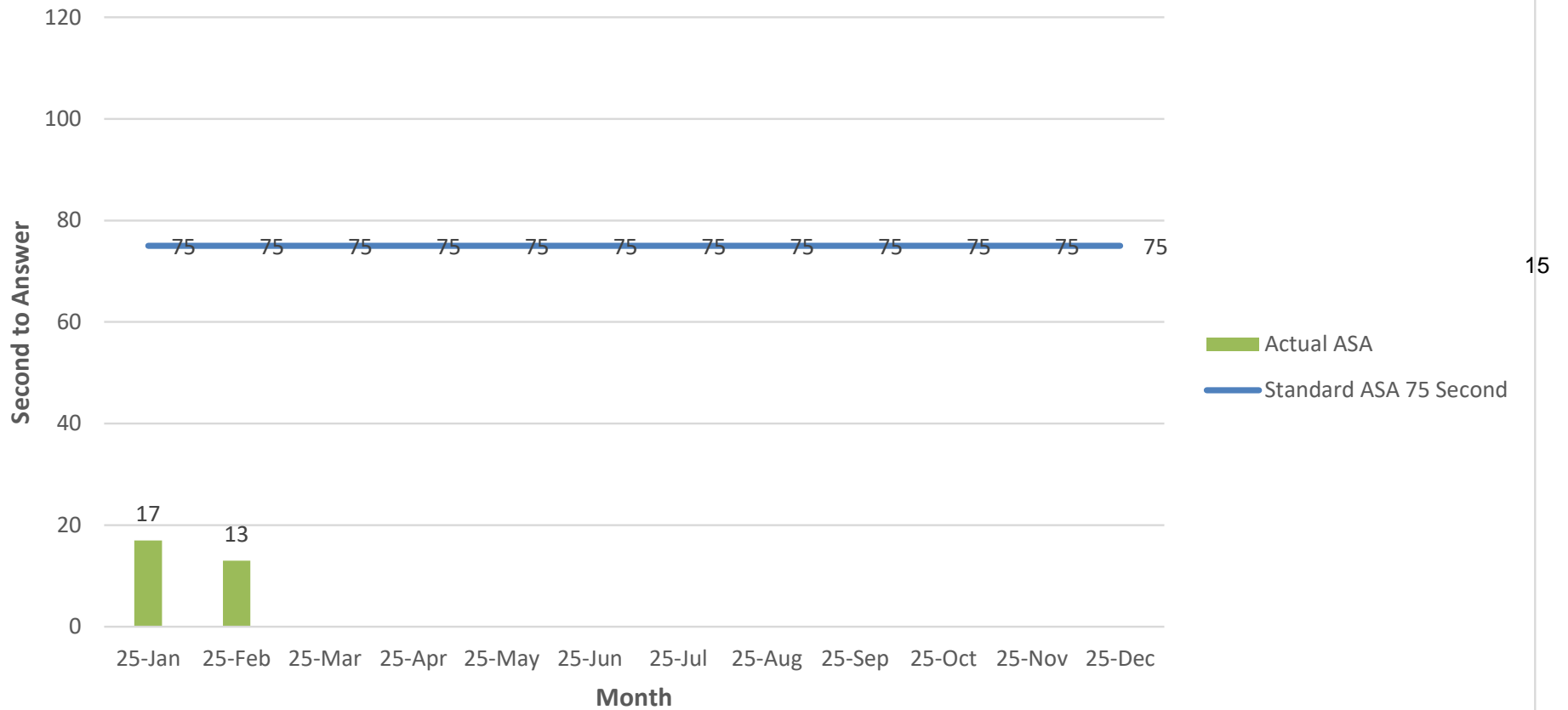
Medical	\$6,257,363 X (55/365) X (748/774) =	\$ 910,923	14.6%
+			
Dental	\$464,020 X (30/365) X (748/774) =	\$ 36,846	7.9%
+			
Rx	\$1,681,074 X (11/365) X (748/774) =	\$ 48,945	2.9%
+			
Vision	\$56,506 X (22/365) X (748/774) =	<u>\$ 3,290</u>	5.8%
=			
Total estimated IBNR as of January 31, 2025 =		\$ 1,000,004	11.8%

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.

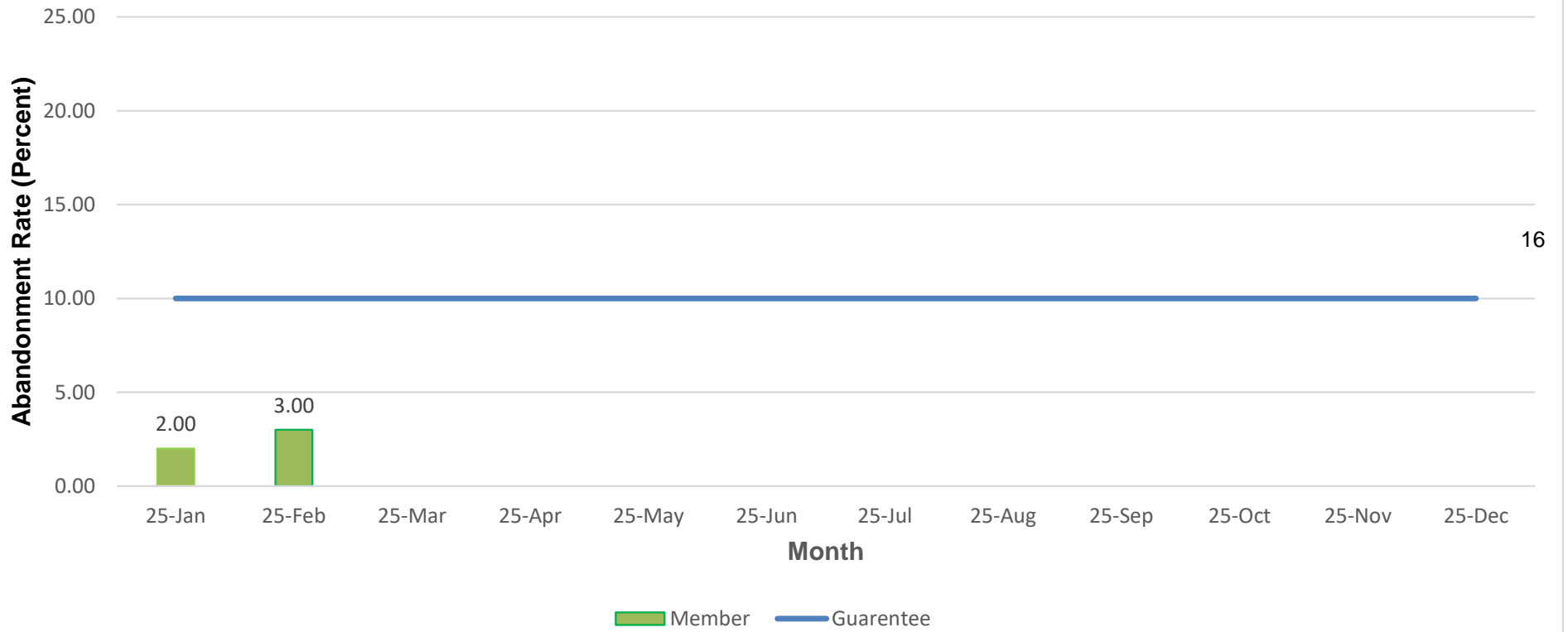
Hometown Health - DCSD Dedicated Phone Number Customer Services Department Call Volume



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

	2025	January	February
Total			
Total Claims Received During Month	1,269	1,423	1,115
Total Claims Paid During Month	1,434	1,584	1,284
Claims Open at End of Month	243	244	241
Percentage of Claims Paid Within 30 Days	96.8%	96.7%	96.9%
Number of Claims Paid Over 30 Days	46	52	40

	2025	January	February
Medical			
Total Claims Received During Month	1,118	1,285	951
Total Claims Paid During Month	1,280	1,430	1,129
Claims Open at End of Month	39	42	36
Percentage of Claims Paid Within 30 Days	98.5%	99.0%	98.0%
Number of Claims Paid Over 30 Days	19	15	23

17

	2025	January	February
Dental			
Total Claims Received During Month	151	138	164
Total Claims Paid During Month	155	154	155
Claims Open at End of Month	131	129	132
Percentage of Claims Paid Within 30 Days	82.5%	76.0%	89.0%
Number of Claims Paid Over 30 Days	27	37	17

							Unaudited data as of 8/9/23				
Unaudited	Unaudited										
2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025		2024-25	2024-25	2024-25	
Actuals to date	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
\$433,914	\$707,103	\$593,957	\$1,047,051	\$649,873	\$1,008,996	\$818,800	July	\$827,617.15	(\$101,797.48)	(\$818,799.94)	(\$92,980.27)
\$567,057	\$504,522	\$533,442	\$801,080	\$937,616	\$1,112,051	\$1,140,749	August	\$712,086.81	(\$101,772.20)	(\$1,140,748.70)	(\$530,434.09)
\$411,577	\$419,473	\$922,103	\$709,220	\$540,995	\$735,590	\$867,924	September	\$718,664.77	(\$93,248.45)	(\$867,924.20)	(\$242,507.88)
\$942,438	\$575,237	\$580,104	\$758,601	\$993,427	\$399,999	\$1,171,815	October	\$820,200.78	(\$99,400.40)	(\$1,171,814.54)	(\$451,014.16)
\$365,469	\$751,140	\$974,578	\$820,396	\$214,398	\$762,960	\$879,124	November	\$721,383.42	(\$101,854.64)	(\$879,124.04)	(\$259,595.26)
\$577,289	\$409,511	\$606,620	\$1,754,598	\$919,954	\$689,212	\$630,192	December	\$721,043.66	(\$96,502.87)	(\$630,191.52)	(\$5,650.73)
\$842,303	\$585,200	\$508,567	\$211,099	\$520,765	\$685,625	\$509,134	January	\$737,798.94	(\$102,470.09)	(\$509,133.77)	\$126,195.08
\$342,650	\$425,889	\$454,486	-\$155,452	\$553,752	\$624,971	\$430,184	February	\$742,061.58	(\$101,344.12)	(\$430,184.43)	\$210,533.03
\$298,929	\$463,808	-\$63,850	\$1,124,963	\$642,894	\$352,799		March				\$0.00
\$580,877	\$590,274	\$581,293	\$116,358	\$561,828	\$491,344		April				\$0.00
\$595,059	\$386,887	\$735,299	\$610,376	\$872,626	\$507,389		May				\$0.00
\$506,841	\$690,699	\$833,568	\$997,886	\$728,608	\$598,594		June				\$0.00
\$6,464,403	\$6,509,743	\$7,260,167	\$8,796,176	\$8,136,736	\$7,969,530	\$6,447,922	TOTAL CLAIMS	\$6,000,857.11	(\$798,390.25)	(\$6,447,921.14)	(\$1,245,454.28)
\$538,700.25	\$542,478.58	\$605,013.95	\$733,014.69	\$678,061.33	\$664,127.54	\$805,990.21					
10.55%	0.70%	11.53%	21.16%	(7.50%)	(2.05%)	21.36%					
(0.42%)	(8.00%)	5.05%	(3.29%)	(4.56%)	0.00%	(1.13%)					
771	768	795	763	773	773	779					
416	423	452	443	378	378	359					
1,187	1,191	1,247	1,206	1,151	1,151	1,138					
\$ 5,446	\$ 5,466	\$ 5,822	\$ 7,294	\$ 7,069	\$ 6,924	\$ 8,499					
ACTUALS	ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	DEC AMEND					
\$ 3,485,417	\$ 2,900,257	\$ 3,055,107	\$ 1,713,523	\$ 659,909	\$ 322,101	\$ 962,908	Fund Balance - 6/30:				
\$6,827,457	\$7,339,180	\$7,564,729	\$8,007,604	\$7,888,920	\$8,328,096	\$8,810,000	Premium Pmts				
			\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Transfer from GF				
\$491,801	\$452,484	\$657,098	\$1,979	\$0	\$0	\$0	Insurance Proceeds				
(\$7,306)	(\$3,890)	(\$3,955)	(\$3,845)	(\$31,030)	(\$9,030)	(\$9,030)	Other Payments				
(\$6,966,774)	(\$6,731,736)	(\$8,541,210)	(\$9,067,362)	(\$7,950,000)	(\$8,100,000)	(\$8,100,000)	Claims Expense				
							PEBP Payments				
(\$306,856)	(\$271,441)	(\$284,913)	(\$287,536)	(\$330,000)	(\$325,000)	(\$325,000)	Fixed Costs - Admin Payments				
(\$679,916)	(\$669,791)	(\$742,720)	(\$707,462)	(\$793,000)	(\$900,000)	(\$930,000)	Fixed Costs - Third-Party Payments				
\$56,434	\$40,044	\$9,387	\$3,008	\$5,000	\$10,000	\$10,000	Interest on Inv / Ck Acct				
\$2,900,257	\$3,055,107	\$1,713,523	\$659,909	\$449,799	\$326,167	\$1,418,878	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 FY24/25 but paid out in Jul 2024 are reflected above.

Breakdown by month for insurance revenue & expense												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
REVENUE												
Premiums	660,513.83	607,437.41	621,332.92	622,412.87	626,857.20	626,557.44	642,354.20	647,496.77				
Exp Ins	26,780.42	33,856.13	25,983.38	25,466.24	27,982.46	29,408.14	26,257.89	25,312.58				
PERS Ins	61,473.79	66,346.36	67,562.03	65,416.86	64,591.86	64,591.86	66,694.97	67,519.97				
Interest	4,220.05	4,446.91	3,786.44	2,257.84	1,951.90	486.22	0.00	1,732.26				
Rx Rebates	74,629.06	0.00	0.00	104,646.97	0.00	0.00	2,491.88	127,165.57				
Transfers in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Totals	827,617.15	712,086.81	718,664.77	820,200.78	721,383.42	721,043.66	737,798.94	869,227.15	0.00	0.00	0.00	0.00
												19
EXPENSE												
Claims	713,454.64	954,356.11	733,694.13	957,471.07	794,091.83	473,039.25	508,940.87	422,699.37				
Rx Claims	105,340.90	186,360.84	134,214.23	211,136.86	84,830.94	157,137.31	159,486.65	136,692.05				
Rx Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Other Fees	4.40	31.75	15.84	3,206.61	388.77	14.96	758.96	66.88				
Stop-loss Reimb.	0.00	0.00	0.00	0.00	-187.50	0.00	-160,052.71	-2,108.30				
Accts Payable	6,767.68	7,071.82	7,641.90	6,744.79	8,861.19	4,834.23	7,667.58	9,559.11				
Admin Fees	95,029.80	94,700.38	85,606.55	92,655.61	92,993.45	91,668.64	94,802.51	91,785.01				
Totals	920,597.42	1,242,520.90	961,172.65	1,271,214.94	980,978.68	726,694.39	611,603.86	658,694.12	0.00	0.00	0.00	0.00