

**Douglas County School District
Board of Trustees
Agenda for the Health Advisory Committee of
Tuesday, August 26, 2025
4:30 PM
Airport Training Center
1126 Airport Road Building G-1
Minden, NV 89423**

Mission Statement

**We will inspire, empower, and prepare each learner to
achieve his/her life aspirations.**

Board Purpose

**The DCSD Board of Education will govern and oversee a
well-functioning school district where children and staff are
thriving!**

Board of Trustees

**Yvonne Wagstaff, President
Melinda Gneiting, Vice President
Katherine Dickerson, Clerk
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Susan Jansen, Member
Erinn Miller, Member
Markus Zinke, Member**

1638 Mono Avenue, Minden, Nevada 89423

DOUGLAS COUNTY SCHOOL DISTRICT
Information Concerning Board Policy and Procedures
For Communication with the Board of Trustees

We, the Members of the Board of Trustees, welcome visitors at our meetings and appreciate constructive suggestions and comments, which help to meet the educational needs of the District. The Board has a scheduled order of business to follow. The agenda, which is usually lengthy, has been available for study by the Members of the Board since the previous Thursday. The Board may take action on items, not on the published agenda, only when it finds that the need to discuss or act upon an item was truly unforeseen at the time the meeting agenda was posted and mailed, the matter requires immediate action, and is found by unanimous vote to be an emergency as defined by Nevada Revised Statutes.

The Board may make approval of consent items with one motion. They will be approved in total by one action unless a Trustee, individual, or organization interested in one or more consent items has questions or wishes to make a statement. In that event, the Chairperson of the Board may defer action on the particular matter or matters and place the same on the regular agenda for consideration separately.

Although each Trustee represents a geographical area of the District, Trustees are elected at large and, as such, represent all citizens of Douglas County. All actions of the Board are taken in an open meeting. It is the desire of the Board to avoid making decisions that will be detrimental to the best interests of the District, even when such decisions might please individuals or a small group. In arriving at decisions, Members of the Board attempt to be guided by the desire to provide a program that will meet the needs of every student enrolled in Douglas County schools and will best serve the interests of the entire District.

Members of the Board of Trustees are locally elected state officials and serve four-year terms of office. They are responsible for conducting the school system in accordance with requirements of: Nevada Revised Statutes (NRS) and Board Policies adopted by the Board of Trustees of the Douglas County School District.

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 Board. . . Please contact DCSD at 775-782-5134 or suptoffice@dcsd.k12.nv.us. Communication with the Board of Trustees as a unit may be either in writing, by personal appearance at a meeting of the Board, or by verbal communication through the District Superintendent.

Public Comment: During regular Board meetings, for any matter that is not specifically identified as a matter to be heard, public comment will always be scheduled to occur at the end of the meeting, prior to adjournment. Members of the public who wish to address the Board on items not on the agenda can be assured of being heard at this time.

For each item on the agenda on which action may be taken, public comment will be heard prior to the action items during the first Public Comment listed on the agenda. Members of the public who wish to address the Board on any action item on the agenda can be assured of being heard during this time.

The Board reserves the right to set time limits that will be allowed for each member of the public to speak during any public comment period.

Written Communication: Written communication to the Board of Trustees, related to an action item on the agenda, can be emailed to the Board, the District Superintendent, or the Board Secretary, prior to the meeting. Although this communication will not be read during the meeting, it will be added to the minutes of the meeting upon request.

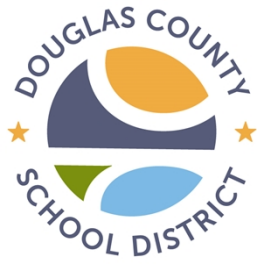
Personal Appearance at a Board Meeting: When an individual or group desires to communicate with the Board of Trustees by means of placing an item on the agenda, at a meeting of the Board, the District Superintendent shall be notified no later than 12:00 noon two weeks prior to the Tuesday meeting, and the Board President and Superintendent, in their discretion, will determine whether the subject of the communication will be placed on the agenda. When a holiday observed by the District falls on a Tuesday, the deadline shall be two weeks prior to the meeting.

- At the time of the meeting, the public can add their name to a sign-up sheet and they will be called upon during the allocated public comment time.
- The Board may set a reasonable time limit for each speaker and for answering questions.
- Extensive formal statements addressing specific items for consideration by the Board should be submitted in writing.

Public input is encouraged on action items. Public comment is taken prior to Board deliberation and action during the first "Public Comment" time listed on the agenda, after the "Call to Order". Individuals who wish to address the Board may do so by securing recognition from the Chair. Public comment will be generally limited to one and a half minutes, though the Board President has discretion to extend or further limit the time as deemed necessary. Anyone with comments that will take more than one and a half minutes is encouraged to put their testimony in writing and provide a copy to the Board prior to or at the meeting and will need to specify if they would like the written comment added to the minutes of the meeting. While the Board may impose reasonable restrictions on the time, place and manner of public comments, it may not restrict comments based on viewpoint. Board meetings are generally conducted according to Robert's Rules of Order. No action may be taken on a matter raised during public comment that is unrelated to any agenda item. No person shall orally initiate charges or complaints against individual employees of the District at a public meeting of the Board. All such charges or complaints must be presented to the Superintendent in writing, signed by the complainant. The Superintendent may in his or her discretion determine whether the complaint will be placed on the agenda and heard by the Board. Any hearings by the Board of Trustees on a complaint against a District employee other than the Superintendent shall be held in closed session in compliance with the Open Meeting Law, unless the employee requests the session to be open to the public.

Non-discrimination/Notice to Individuals with Disabilities: The Douglas County School District does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. Members of the public who require special assistance or accommodations at a meeting of the Board of Trustees are asked to notify the District Administration at 1638 Mono Ave., Minden, Nevada 89423, or by calling 775-782-5134, so that such notification is received at least twenty-four hours prior to the meeting.

Revised 12/04/2023



Douglas County School District
Health Advisory Committee
Airport Training Center
1126 Airport Road Building G-1
Minden, NV 89423
Tuesday, August 26, 2025
4:30 PM

AGENDA

New public posting location for future DCSD public meetings: Due to the District Office closure, the new public posting location will be 1290 Toler Avenue, Gardnerville, NV 89410 (temporary District Offices Entrance)

1. Call to Order

A. Roll Call of Committee Members

B. Adoption of Agenda as Submitted (For Possible Action)

Note: The Board reserves the right to (1) take items in a different order, (2) combine two or more Agenda items for consideration, and (3) to remove an item from the Agenda or delay discussion relating to an item on the Agenda at any time, or to accomplish the business on the Agenda 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 27, 2025 Meeting (For Possible Action)

Attached are the minutes of the May 27, 2025 Health Advisory Committee Meeting for review and approval.

5. Review of Claims (Information and Discussion) 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) 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)

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

8. Review the processes and steps necessary for requests for proposals (formal or informal) for DCSD's self-funded insurance plan TPA (Third Party Administrator). Requests for proposals will be made with the assistance of LP Insurance and can include fully funded and self-funded proposals. (For Information, Discussion, and Possible Action).

The Committee will discuss the processes and steps necessary for requests for proposals (formal or informal) for DCSD's self-funded insurance plan TPA (Third Party Administrator).

9. Discussion and information regarding 2025 Nevada Legislative Bills that may have an impact on Douglas County School District's self-funded health insurance plan (Information, Discussion, and for Possible Action). Lloyd Barnes, Nate Kerr

A representative from DCSD's broker, LP Insurance Services, Inc., will review Nevada Legislature Bills that may have an impact on Douglas County School District's health insurance plan.

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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 – May 27, 2025**

Committee Members Present

Jeannie Dwyer, Executive Director of HR
Darcy McInnis, DCPEA
Lin Falkner, DCPEA
Kerry Stack, DCPEA
Susan McNeall, DCAA (arrived at 4:37 pm)
Elizabeth Martin, DCSSO

Absent

Jay Jackson, Chapter #6 Bus Drivers Association

Lloyd Barnes, LP Insurance (via Google Meets), Nate Kerr, LP Insurance (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. **Recording started late due to recorder malfunction**

1. Call to Order

The meeting was called to order by Mrs. Dwyer at 4:35 p.m.

2. Public Comment #1

No public comment.

3. Committee Members' Comment

Mrs. Falkner and Ms. McInnis thanked the committee and bid farewell because they will be retiring at the end of the 2024-25 school year.

4. Approval of Minutes of the March 25, 2025 meeting (For Possible Action)

Mrs. Falkner made a motion to approve the minutes for the March 25, 2025 meeting, Ms. McInnis seconded the motion. Motion passed 5 - 0

5. Review of Claims (Information and Discussion)

Mr. Kerr reported on the paid claims through April 2025.

Exhibit 1 – Employee and dependent enrollment were still down slightly for the plan year through April 2025 (2%). Total employee claims (Line 10) for April were \$456,105. Cost per employee (Line 11) was \$602. Total dependent claims (Line 18) for April were \$220,404. Cost per dependent unit (Line 19) was \$1,166 in April. Total claims (line 27) for the month of April were \$676,509. Average composite cost per employee (Line 28) was \$893. Line 28 has been trending up steadily.

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.). Net plan costs (Line 32) were \$775,813 in April. Average monthly composite net plan cost per employee per month was \$1,024 in April (Line 34).

Exhibit 5 – Large claims report. Large claim tracking begins when a claim reaches approximately 50% of Stop-Loss deductible (\$275,000). There was one large claim reported in April.

Exhibit 6 - Incurred but Not Reported (IBNR) is the outstanding estimated liability that DCSD carries on an on-going basis. April 2025 estimated IBNR is \$1,077,818.

6. Customer Service Review (Information and Discussion)

Ms. Bradley from Hometown Health reported on customer service from April 2025. Customer Service Call Volume report data shows approximately 90 member calls in April (89 were answered). For April, the Average Seconds to Answer (ASA) was 11 seconds (performance guarantee is 75 seconds). April 2025 Abandonment rate was 1% (performance guarantee is 10%). The claims report shows 1,186 claims received during the month of April. 1,577 claims were paid in April. The number of claims paid within 30 days was at 98% (performance guarantee is 95%)

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

For the month of April, paid claims were \$699,843 and admin expenses were \$104,319. Total claims for fiscal year 24-25 are \$7,738,640. Total operating revenues for the fiscal year 24-25 are \$8,586,029. Estimated cash flow was positive \$40,069 in April.

The budgeted \$1 million was transferred in March. Although the ending fund balance is currently in the "black" DCSD is expecting some large claims in the near future. Mrs. Dwyer noted that, at the May School Board meeting, the Board requested that the Health Advisory Committee seek new quotes/proposals for DCSD's insurance plan. The committee discussed past proposals and the pros and cons of self-funded and fully funded plans. An agenda item will be added to the August health advisory committee meeting so the committee can make a motion to begin the process for insurance proposals. A full analysis can take approximately 3-4 weeks.

The committee also discussed having a Board Trustee attend future health advisory committee meetings so they can understand insurance processes and how the committee makes decisions (some very difficult decisions) regarding DCSD's health insurance.

8. Correspondence (Information and Discussion)

No correspondence.

9. Future Agenda Items (For Possible Action)

- 1 – Legislature updates provided by LP Insurance (add to August agenda).
- 2 – Request for Proposals Information and Processes (add to August agenda).

The committee agreed to continue holding meetings on the last Tuesday of the month (with some exceptions due to holiday breaks). Ms. McNeill noted that she requested that DCAA find a new representative for the 2025-26 school year.

****NOTE:** HAC meeting dates for 2025-26: 08/26/2025, 09/30/2025, 10/21/2025, 11/18/2025, 01/27/2026, 02/24/2025, 03/31/2025, 04/28/2025, 05/26/2025.

10. Public Comment #2

No public comment.

11. Adjournment

The meeting was adjourned at 5:06 p.m. by Mrs. Dwyer

Submitted by,

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



Douglas County School District

July-25

Group Health Plan Cost Analysis Report

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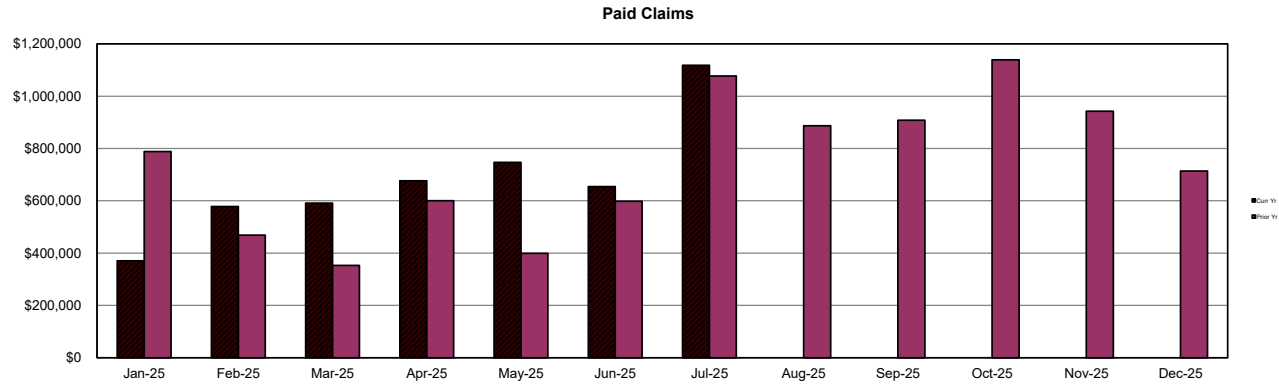
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Large Claim Data
6	Incurred But Not Reported Liability (IBNR)-Current
7	Incurred But Not Reported Liability (IBNR)-Previous Month



**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	757	757	758	755	751	0	0	0	0	0	5,282	755	771	-2.12%
2	Dependent Units	191	192	190	189	189	191	190	0	0	0	0	0	1,332	190	192	-1.11%
3	Total # of Dependents	354	352	352	350	354	352	352	0	0	0	0	0	2,466	352	362	-2.64%
EMPLOYEE CLAIMS																	
4	Medical	\$315,847	\$191,204	\$260,127	\$333,719	\$361,195	\$240,445	\$494,389	\$0	\$0	\$0	\$0	\$0	\$2,196,926	\$313,847	\$411,501	-23.73%
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	\$260,127	\$333,719	\$361,195	\$240,445	\$494,389	\$0	\$0	\$0	\$0	\$0	\$2,196,926	\$313,847	\$404,380	-22.39%
7	Prescription	\$81,434	\$92,214	\$78,421	\$86,892	\$110,033	\$100,357	\$77,782	\$0	\$0	\$0	\$0	\$0	\$627,133	\$89,590	\$124,554	-28.07%
8	Dental	\$19,644	\$9,765	\$58,705	\$31,453	\$18,571	\$32,532	\$49,595	\$0	\$0	\$0	\$0	\$0	\$220,265	\$31,466	\$27,984	12.44%
9	Vision	\$3,112	\$3,967	\$3,538	\$4,041	\$3,229	\$4,325	\$5,592	\$0	\$0	\$0	\$0	\$0	\$27,806	\$3,972	\$3,980	-0.18%
10	Total Employee	\$420,037	\$297,150	\$400,791	\$456,105	\$493,029	\$377,659	\$627,358	\$0	\$0	\$0	\$0	\$0	\$3,072,130	\$438,876	\$560,898	-21.75%
11	Cost Per Employee	\$561.55	\$393.06	\$529.45	\$602.52	\$650.43	\$500.21	\$835.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,071.36	\$581.62	\$727.57	-20.06%
DEPENDENT CLAIMS																	
12	Medical	\$52,049	\$207,620	\$108,955	\$164,902	\$167,124	\$210,322	\$447,697	\$0	\$0	\$0	\$0	\$0	\$1,358,668	\$194,095	\$150,120	29.29%
13	Less Stop Loss Reimbursement	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$162,161)	(\$23,166)	\$0	0.00%
14	Net Medical Claims	(\$108,003)	\$205,512	\$108,955	\$164,902	\$167,124	\$210,322	\$447,697	\$0	\$0	\$0	\$0	\$0	\$1,196,507	\$170,930	\$150,120	13.86%
15	Prescription	\$47,664	\$60,559	\$49,132	\$44,964	\$72,108	\$46,816	\$21,714	\$0	\$0	\$0	\$0	\$0	\$342,958	\$48,994	\$15,553	215.02%
16	Dental	\$9,851	\$14,406	\$31,004	\$9,694	\$13,843	\$18,430	\$20,438	\$0	\$0	\$0	\$0	\$0	\$117,666	\$16,809	\$12,291	36.76%
17	Vision	\$1,085	\$534	\$1,360	\$844	\$872	\$1,109	\$798	\$0	\$0	\$0	\$0	\$0	\$6,603	\$943	\$888	6.27%
18	Total Dependent	(\$49,404)	\$281,012	\$190,451	\$220,404	\$253,947	\$276,677	\$490,647	\$0	\$0	\$0	\$0	\$0	\$1,663,734	\$237,676	\$178,851	32.89%
19	Cost Per Dependent Unit	(\$258.66)	\$1,463.60	\$1,002.37	\$1,166.16	\$1,343.64	\$1,448.57	\$2,582.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,743.35	\$1,249.05	\$929.50	34.38%
20	Cost Per Dependent	(\$139.56)	\$798.33	\$541.05	\$629.73	\$717.37	\$786.01	\$1,393.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,722.68	\$674.67	\$494.29	36.49%
EMPLOYEE + DEPENDENT																	
21	Medical	\$367,896	\$398,825	\$369,082	\$498,621	\$528,319	\$450,766	\$942,085	\$0	\$0	\$0	\$0	\$0	\$3,555,595	\$507,942	\$561,621	-9.56%
22	Less Stop Loss Reimbursement	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$162,161)	(\$23,166)	(\$7,121)	225.31%
23	Net Medical Claims	\$207,843	\$396,716	\$369,082	\$498,621	\$528,319	\$450,766	\$942,085	\$0	\$0	\$0	\$0	\$0	\$3,393,434	\$484,776	\$554,500	-12.57%
24	Prescription	\$129,098	\$152,773	\$127,553	\$131,857	\$182,141	\$147,174	\$99,496	\$0	\$0	\$0	\$0	\$0	\$970,091	\$138,584	\$140,107	-1.09%
25	Dental	\$29,495	\$24,171	\$89,709	\$41,147	\$32,414	\$50,962	\$70,033	\$0	\$0	\$0	\$0	\$0	\$337,930	\$48,276	\$40,276	19.86%
26	Vision	\$4,197	\$4,501	\$4,898	\$4,885	\$4,102	\$5,434	\$6,390	\$0	\$0	\$0	\$0	\$0	\$34,409	\$4,916	\$4,867	0.99%
27	Total Claims	\$370,633	\$578,162	\$591,242	\$676,509	\$746,977	\$654,336	\$1,118,005	\$0	\$0	\$0	\$0	\$0	\$4,735,864	\$676,552	\$739,749	-8.54%
28	Composite Cost Per Employee	\$495.50	\$764.76	\$781.03	\$893.67	\$985.46	\$866.67	\$1,488.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,276.23	\$896.60	\$959.57	-6.56%
29	Composite Cost Per Member	\$336.33	\$521.81	\$533.13	\$611.12	\$671.74	\$591.09	\$1,013.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,278.66	\$611.24	\$653.06	-6.40%

**Douglas County School District
PAID CLAIMS**

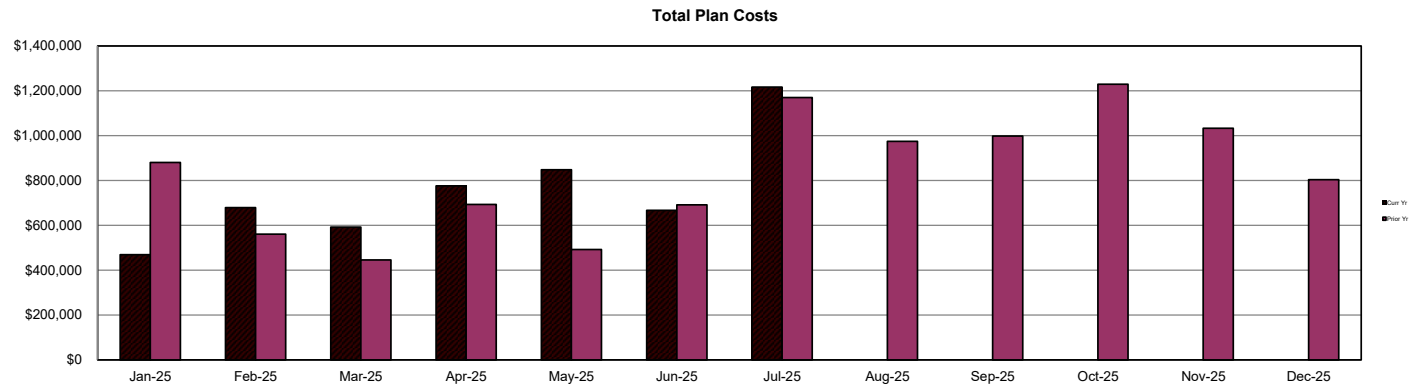


**Douglas County School District
TOTAL PLAN COSTS**

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	\$29.02	\$29.02	\$29.02	\$29.02	\$29.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$153,284	\$21,898	\$21,509	1.81%
2	Specific Stop Loss	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$380,885	\$54,412	\$52,253	4.13%
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	\$3,697	\$528	\$540	-2.12%
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	\$8,874	\$1,268	\$1,295	-2.12%
5	Consulting Fee (Estimated)	\$2.01	\$1.98	\$1.98	\$1.98	\$1.98	\$1.99	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,500	\$1,500	\$1,500	0.00%
6	Total Fixed	\$105.52	\$105.49	\$105.49	\$105.49	\$105.49	\$105.50	\$105.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$557,240	\$79,606	\$77,096	3.26%
7	Exposures	748	756	757	757	758	755	751	0	0	0	0	0	5,282	755	771	-2.12%
8	Employee Fixed Costs	\$78,925	\$79,754	\$79,857	\$79,857	\$79,961	\$79,650	\$79,236	\$0	\$0	\$0	\$0	\$0	\$557,240	\$79,606	\$77,096	3.26%
9	Total Gross Claims	\$420,037	\$297,150	\$400,791	\$456,105	\$493,029	\$377,659	\$627,358	\$0	\$0	\$0	\$0	\$0	\$3,072,130	\$438,876	\$568,019	-22.74%
10	Gross Plan Costs	\$498,963	\$376,904	\$480,648	\$535,962	\$572,990	\$457,309	\$706,594	\$0	\$0	\$0	\$0	\$0	\$3,629,370	\$518,481	\$645,115	-19.63%
11	Stop-Loss Reimbursements	\$0	\$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	\$480,648	\$535,962	\$572,990	\$457,309	\$706,594	\$0	\$0	\$0	\$0	\$0	\$3,629,370	\$518,481	\$637,994	-18.73%
13	Per Employee Gross Plan Costs	\$667.06	\$498.55	\$634.94	\$708.01	\$755.92	\$605.71	\$940.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,809.84	\$687.12	\$836.82	-17.89%
14	Per Employee Net Plan Costs	\$667.06	\$498.55	\$634.94	\$708.01	\$755.92	\$605.71	\$940.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,809.84	\$687.12	\$827.58	-16.97%
DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,721	\$7,246	\$6,997	3.56%
16	Specific Stop Loss (+ Fam.)	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$54,187	\$7,741	\$7,250	7.8%
17	Dependent Units (+ 1 Dep.)	93	93	93	91	91	92	91	0	0	0	0	0	644	92	95	-2.65%
18	Dependent Units (Fam.)	98	99	97	98	98	99	99	0	0	0	0	0	688	98	98	0.38%
19	Dependent Fixed Costs	\$15,043	\$15,122	\$14,964	\$14,886	\$14,886	\$15,043	\$14,964	\$0	\$0	\$0	\$0	\$0	\$104,908	\$14,987	\$14,247	5.20%
20	Total Gross Claims	\$110,649	\$283,120	\$190,451	\$220,404	\$253,947	\$276,677	\$490,647	\$0	\$0	\$0	\$0	\$0	\$1,825,895	\$260,842	\$178,851	45.84%
21	Gross Plan Costs	\$125,692	\$298,242	\$205,416	\$235,289	\$268,833	\$291,720	\$505,612	\$0	\$0	\$0	\$0	\$0	\$1,930,803	\$275,829	\$193,098	42.84%
22	Stop-Loss Reimbursements	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$162,161)	(\$23,166)	\$0	0.00%
23	Net Plan Costs	(\$34,361)	\$296,133	\$205,416	\$235,289	\$268,833	\$291,720	\$505,612	\$0	\$0	\$0	\$0	\$0	\$1,768,642	\$252,663	\$193,098	30.85%
24	Per Dependent Unit Gross Plan Costs	\$658.07	\$1,553.34	\$1,081.13	\$1,244.92	\$1,422.40	\$1,527.33	\$2,661.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,148.31	\$1,449.76	\$1,003.54	44.46%
25	Per Dependent Unit Net Plan Costs	(\$179.90)	\$1,542.36	\$1,081.13	\$1,244.92	\$1,422.40	\$1,527.33	\$2,661.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,299.35	\$1,328.48	\$1,003.54	32.38%
26	Per Dependent Net Plan Costs	(\$97.06)	\$841.29	\$583.57	\$672.26	\$759.41	\$828.75	\$1,436.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,024.61	\$717.80	\$530.13	35.40%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$98,579	\$100,940	\$98,319	\$99,304	\$101,011	\$98,031	\$98,630	\$0	\$0	\$0	\$0	\$0	\$694,814	\$99,259	\$91,343	8.67%
28	Total Claims	\$530,686	\$580,270	\$591,242	\$676,509	\$746,977	\$654,336	\$1,118,005	\$0	\$0	\$0	\$0	\$0	\$4,898,025	\$699,718	\$746,870	-6.31%
29	Gross Plan Costs	\$629,265	\$681,210	\$689,561	\$775,813	\$847,988	\$752,367	\$1,216,635	\$0	\$0	\$0	\$0	\$0	\$5,592,839	\$798,977	\$838,213	-4.68%
30	Stop-Loss Reimbursements	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$162,161)	(\$23,166)	(\$7,121)	225.31%
31	Pharmacy Rebates	\$0	\$0	(\$97,430)	\$0	\$0	(\$85,376)	\$0	\$0	\$0	\$0	\$0	\$0	(\$182,806)	(\$26,115)	(\$38,008)	-31.29%
32	Net Plan Costs	\$469,213	\$679,102	\$592,131	\$775,813	\$847,988	\$666,991	\$1,216,635	\$0	\$0	\$0	\$0	\$0	\$5,247,872	\$749,696	\$793,084	-5.47%
33	Composite Gross Plan Cost Per Employee	\$841.26	\$901.07	\$910.91	\$1,024.85	\$1,118.72	\$996.51	\$1,620.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,411.94	\$1,058.85	\$1,087.29	-2.62%
34	Composite Net Plan Cost Per Employee	\$627.29	\$898.28	\$782.21	\$1,024.85	\$1,118.72	\$883.43	\$1,620.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,954.77	\$993.54	\$1,028.75	-3.42%
35	Composite Net Plan Cost Per Member	\$425.78	\$612.91	\$533.93	\$700.82	\$762.58	\$602.52	\$1,103.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,700.69	\$671.53	\$733.69	-8.47%

*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	Dependent	\$0	\$0	\$0	\$155,339	\$199,066	\$223,101	\$275,461					
2	Subscriber	\$0	\$0	\$0	\$0	\$251,502	\$255,108	\$257,466					
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$290,379					
4	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$160,018					
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	\$155,339	\$450,568	\$478,209	\$983,323	\$0	\$0	\$0	\$0	\$0
Increase Over Previous Month:			\$0	\$0	\$155,339	\$295,229	\$27,642	\$505,114	\$0	\$0	\$0	\$0	\$0

Claim #	<u>Amount Over Specific Stop-Loss (\$275,000)</u>												
1	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$461					
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0					
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$15,379					
4	Dependent	\$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	\$15,840	\$0	\$0	\$0	\$0	\$0
Increase Over Previous Month:			\$0	\$0	\$0	\$0	\$0	\$15,840	\$0	\$0	\$0	\$0	\$0

Douglas County School District

Hometown Health self-funded health plan reserve as of July 31, 2025

Based on claims from August 01, 2024 through July 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 August 01, 2024 through July 31, 2025

Medical	\$ 6,975,099
Dental	\$ 598,436
Prescription Drugs	\$ 1,697,497
Vision	<u>\$ 55,566</u>
Total Claims	\$ 9,326,597

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 = 751 : 60 day lagged enrollment = 759

Current enrollment all Dental Plans = 751 : 60 day lagged enrollment = 759

Current enrollment all Rx Plans = 751 : 60 day lagged enrollment = 759

Current enrollment all Vision Plans = 751 : 60 day lagged enrollment = 759

Estimated IBNR Calculation

Medical	\$6,975,099 X (55/365) X (751/759) =	\$ 1,040,535	14.9%
+			
Dental	\$598,436 X (30/365) X (751/759) =	\$ 48,695	8.1%
+			
Rx	\$1,697,497 X (11/365) X (751/759) =	\$ 50,646	3.0%
+			
Vision	\$55,566 X (22/365) X (751/759) =	<u>\$ 3,316</u>	6.0%
=			
Total estimated IBNR as of July 31, 2025 =		\$ 1,143,192	12.3%

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, 2025

Based on claims from July 01, 2024 through June 30, 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 July 01, 2024 through June 30, 2025

Medical	\$ 6,896,630
Dental	\$ 586,087
Prescription Drugs	\$ 1,748,736
Vision	<u>\$ 54,633</u>
Total Claims	\$ 9,286,087

Average Estimated Lag Days

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

Number of employees covered:

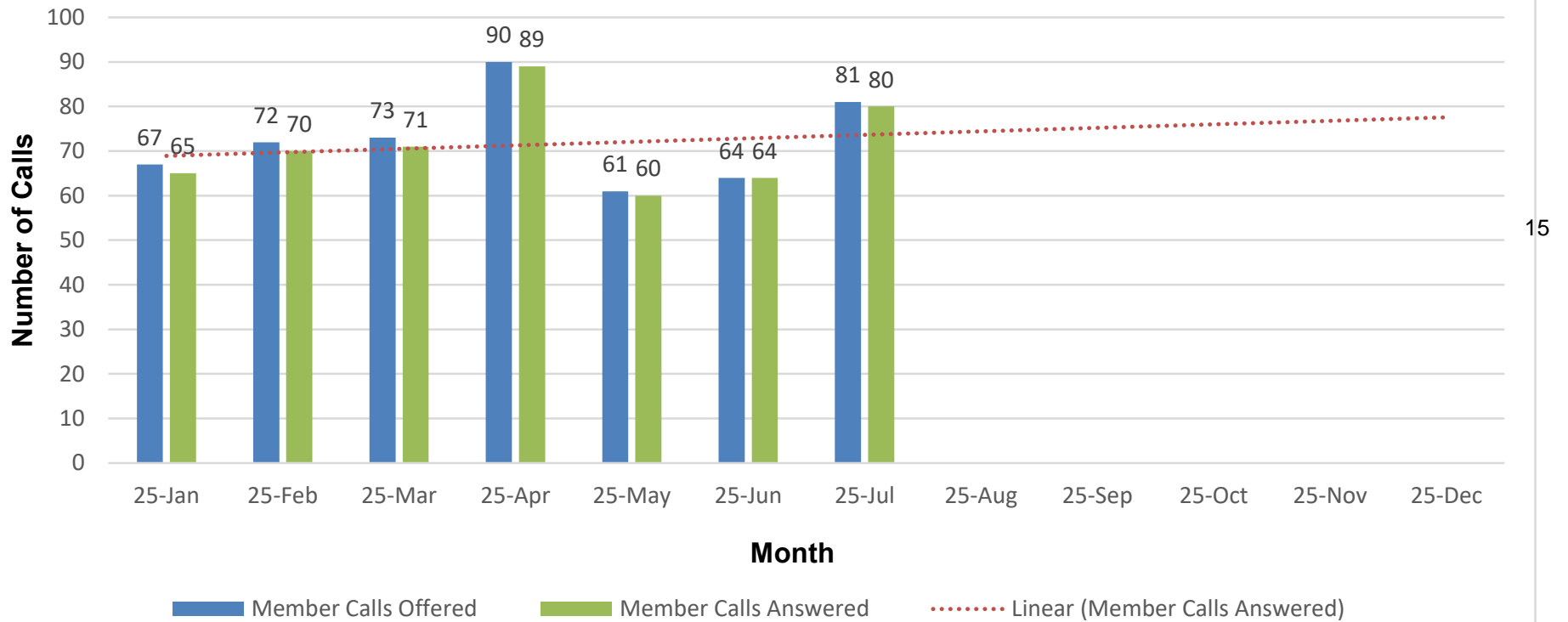
Current enrollment all Medical Plans = 755 : 60 day lagged enrollment = 761
 Current enrollment all Dental Plans = 755 : 60 day lagged enrollment = 761
 Current enrollment all Rx Plans = 755 : 60 day lagged enrollment = 761
 Current enrollment all Vision Plans = 755 : 60 day lagged enrollment = 761

Estimated IBNR Calculation

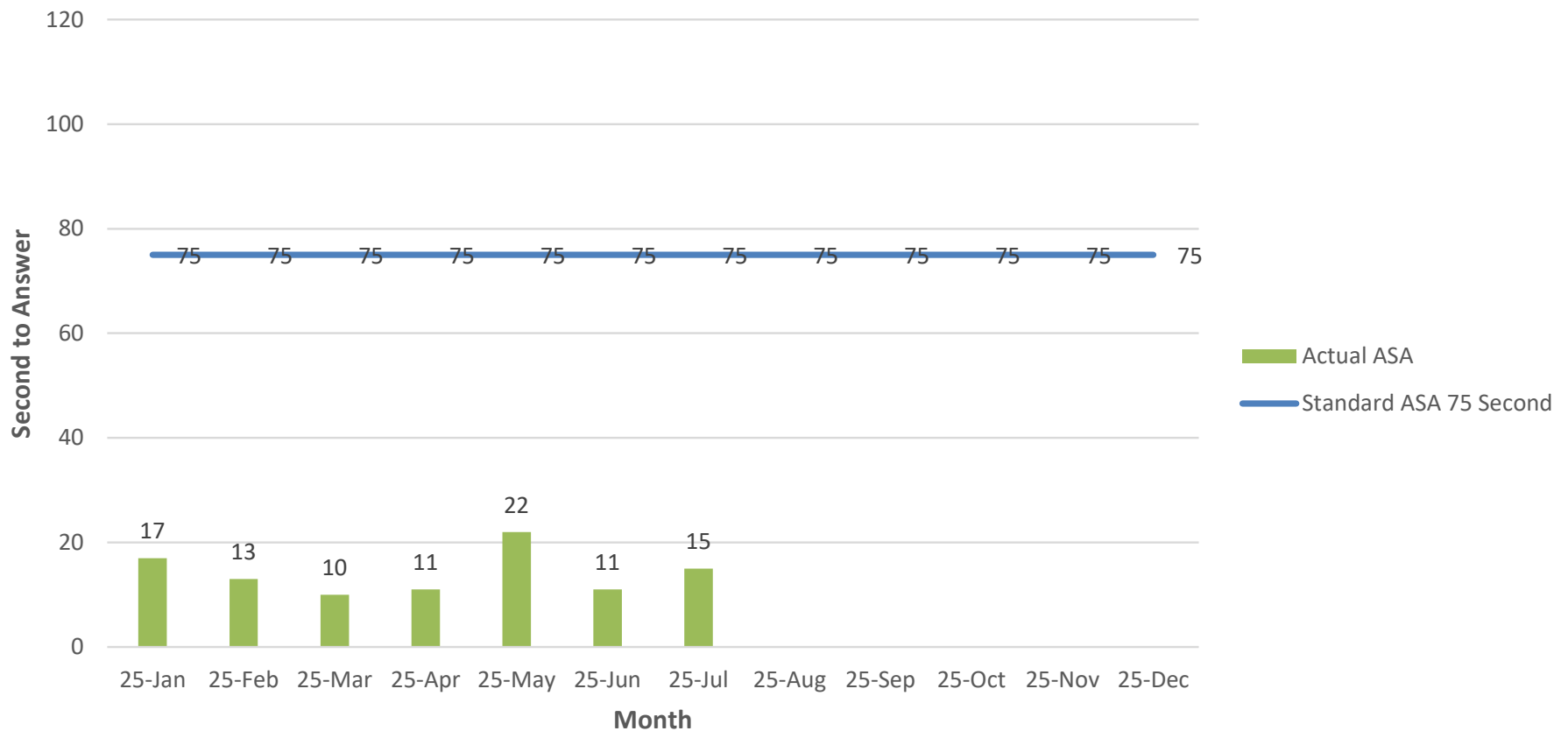
Medical	\$6,896,630 X (55/365) X (755/761) =	\$ 1,031,138	15.0%
+			
Dental	\$586,087 X (30/365) X (755/761) =	\$ 47,797	8.2%
+			
Rx	\$1,748,736 X (11/365) X (755/761) =	\$ 52,292	3.0%
+			
Vision	\$54,633 X (22/365) X (755/761) =	<u>\$ 3,267</u>	6.0%
=			
Total estimated IBNR as of June 30, 2025 =		\$ 1,134,494	12.2%

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.

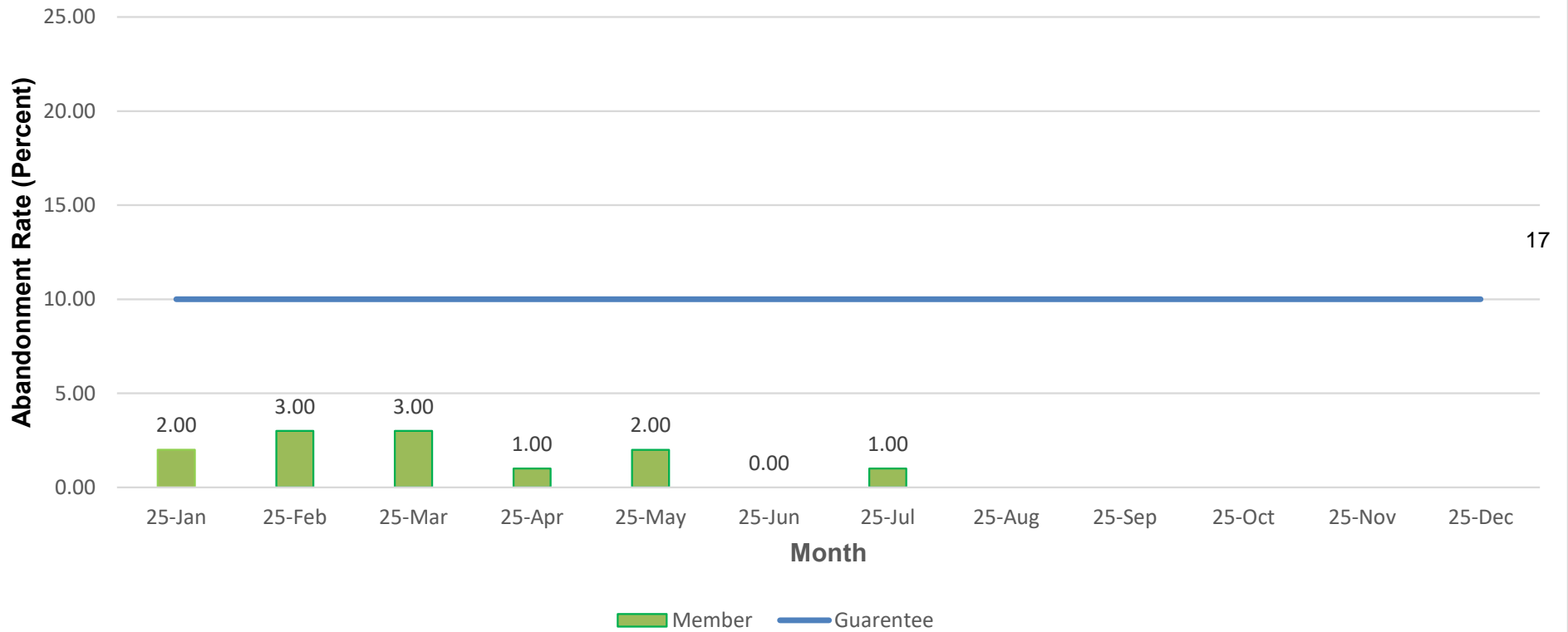
Hometown Health - DCSD Dedicated Phone Number Customer Services Department Call Volume



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	March	April	May	June	July
Total								
Total Claims Received During Month	1,271	1,423	1,229	1,364	1,315	1,290	1,083	1,193
Total Claims Paid During Month	1,489	1,584	1,284	1,736	1,577	1,384	1,283	1,573
Claims Open at End of Month	254	244	241	248	258	252	259	274
Percentage of Claims Paid Within 30 Days	97.7%	96.7%	96.9%	98.2%	97.9%	97.8%	97.9%	98.6%
Number of Claims Paid Over 30 Days	34	52	40	32	33	30	27	22
Medical								
Total Claims Received During Month	1,078	1,285	974	1,154	1,162	1,061	909	999
Total Claims Paid During Month	1,282	1,430	1,129	1,349	1,511	1,249	1,062	1,245
Claims Open at End of Month	34	42	36	30	38	28	32	18 33
Percentage of Claims Paid Within 30 Days	98.8%	99.0%	98.0%	99.8%	98.5%	99.0%	97.9%	99.0%
Number of Claims Paid Over 30 Days	16	15	23	3	22	12	22	12
Dental								
Total Claims Received During Month	193	138	255	210	153	229	174	193
Total Claims Paid During Month	206	154	155	387	66	135	221	327
Claims Open at End of Month	147	129	132	145	147	151	154	168
Percentage of Claims Paid Within 30 Days	91.2%	76.0%	89.0%	92.5%	83.3%	86.7%	97.7%	96.9%
Number of Claims Paid Over 30 Days	18	37	17	29	11	18	5	10

							Unaudited data as of 8/9/25		
Unaudited									
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		Operating Revenues	Admin Expenses	Claims Expenses
\$707,103	\$593,957	\$1,047,051	\$649,873	\$1,008,996	\$1,188,429	July	\$735,596.12	(\$103,802.31)	(\$1,188,428.96)
\$504,522	\$533,442	\$801,080	\$937,616	\$1,112,051		August			
\$419,473	\$922,103	\$709,220	\$540,995	\$735,590		September			
\$575,237	\$580,104	\$758,601	\$993,427	\$399,999		October			
\$751,140	\$974,578	\$820,396	\$214,398	\$762,960		November			
\$409,511	\$606,620	\$1,754,598	\$919,954	\$689,212		December			
\$585,200	\$508,567	\$211,099	\$520,765	\$685,625		January			
\$425,889	\$454,486	-\$155,452	\$553,752	\$624,971		February			
\$463,808	-\$63,850	\$1,124,963	\$642,894	\$352,799		March			
\$590,274	\$581,293	\$116,358	\$561,828	\$491,344		April			
\$386,887	\$735,299	\$610,376	\$872,626	\$507,389		May			
\$690,699	\$833,568	\$997,886	\$728,608	\$598,594		June			
\$6,509,743	\$7,260,167	\$8,796,176	\$8,136,736	\$7,969,530	\$1,188,429	TOTAL CLAIMS	\$735,596.12	(\$103,802.31)	(\$1,188,428.96)
\$542,478.58	\$605,013.95	\$733,014.69	\$678,061.33	\$664,127.54	\$1,188,429.00				
0.70%	11.53%	21.16%	(7.50%)	(2.05%)	78.95%				
(0.08%)	5.05%	(3.29%)	(4.56%)	0.00%	(1.13%)				
768	795	763	773	773	779				
423	452	443	378	378	359				
1,191	1,247	1,206	1,151	1,151	1,138				
\$ 5,466	\$ 5,822	\$ 7,294	\$ 7,069	\$ 6,924	\$ 12,532				
ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	DEC AMEND				
\$ 2,900,257	\$ 3,055,107	\$ 1,713,523	\$ 659,909	\$ 322,101	\$ 962,908	Fund Balance - 6/30:			
\$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			
\$452,484	\$657,098	\$1,979	\$0	\$0	\$0	Insurance Proceeds			
(\$3,890)	(\$3,955)	(\$3,845)	(\$31,030)	(\$9,030)	(\$9,030)	Other Payments			
(\$6,731,736)	(\$8,541,210)	(\$9,067,362)	(\$7,950,000)	(\$8,100,000)	(\$8,100,000)	Claims Expense			
						PEBP Payments			
(\$271,441)	(\$284,913)	(\$287,536)	(\$330,000)	(\$325,000)	(\$325,000)	Fixed Costs - Admin Payments			
(\$669,791)	(\$742,720)	(\$707,462)	(\$793,000)	(\$900,000)	(\$930,000)	Fixed Costs - Third-Party Payments			
\$40,044	\$9,387	\$3,008	\$5,000	\$10,000	\$10,000	Interest on Inv / Ck Acct			
\$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.

2025 Bills Impacting Nevada Local Government Self-Funded Plans:

AB 52: Changes to Prompt Pay Law: Requires the DOI to establish and conduct a campaign to inform providers of health care and insureds of provisions of law relating to the payment of health insurance claims. This measure also replaces existing claim payment requirements for administrators of health insurance plans to pay claims within 21 calendar days or 30 calendar days depending on whether the claim was submitted electronically. The interest also increased to 10%. The bill was amended to reflect the following timeframes:

If claim is approved, the insurer must pay the claim within:

1. 21 days if submitted electronically, or
2. 30 days if not submitted electronically.

If claim is denied, then the insurer must:

1. Notify the claimant in writing within 21 days of denial if electronically, or
2. 30 days if not submitted electronically.
3. Must provide information on why claim was denied and process to appeal.

Medicaid and PEBP are exempted from the requirements of the bill.

Update: Enacted. Effective Dates: January 1, 2026. The amendatory provisions of this act do not supersede the provisions of any contract entered into or policy issued before January 1, 2026, but apply to any renewal of such a contract or policy.

AB 169: Mandates Coverage for Habilitative and Rehabilitative Speech-Language Pathology: Requires health plans, including Medicaid, to cover speech-language pathology for stuttering in individuals under 26, without annual caps, cause-based limits, or medical management. Excludes limited or disease-specific policies.

Update: Enacted. Chapter 461. Sections 1 to 17, inclusive, of this act become effective:(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and (b) On January 1, 2026, for all other purposes.

AB 202: Changes to Claims on Dental Care: Requires certain insurers to establish a process for resolving complaints of insured persons and providing for the external review of an adverse determination of dental claims. The bill was amended to ensure that the dentist under “clinical peer” refers to a dentist that is license by the board of dental examiners.

Update: Enacted. Chapter 23. Effective October 1, 2025.

AB 207: Expands Mental Health Reporting Requirements: Requires insurers to submit annually to the DOI, additional reporting under the MHPAEA to evaluate the compliance. The filings shall be made in accordance with SERF developed and implemented by the NAIC. Amendment was accepted to narrow the information that needs to be reported and ensure that the information contained in the reports are protected by trade secret provisions.

Update: Enacted. Chapter 235. Effective on October 1, 2025.

AB 360: Revisions to Testing for Sexually Transmitted Diseases: Requires certain medical facilities to test a pregnant woman for syphilis under certain conditions and authorizes the use of a rapid test, a point-of-care test, or a standard serological test if the results can be obtained before a woman leaves the facility. It exempts a rural clinic that is owned, operated, or administered by the DHHS or any political subdivision of this State from the requirements of this bill.

Update: Enacted. Chapter 126. Sections 1 to 4 of this act become effective: (a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and (b) On January 1, 2026, for all other purposes.

AB 428: Requires Health Plans to Include Coverage for Fertility Preservation: Requires public and private health plans, including Medicaid and state and local government employees, to provide certain procedures/services that are medically necessary to preserve fertility for an insured who has been diagnosed with breast or ovarian cancer if the cancer may directly or indirectly cause infertility or the insured is expected to receive medical treatment for the cancer and the treatment could directly or indirectly cause infertility. The

Commissioner of Insurance is authorized to suspend or revoke a certificate of a health maintenance organization and to take similar action against other health insurers who fail to provide such coverage.

Update: Enacted. Section 15.5 of this act becomes effective on July 1, 2025. Sections 1 to 15, inclusive, and 16 of this act become effective:(a) Upon passage and approval for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act; and (b) On January 1, 2027, for all other purposes.

AB 448: Regulates Providers of Vision Insurance: Imposes restrictions on contracting practices with vision care providers and prohibits them from dictating how care is delivered or reimbursed, such as requiring use of specific suppliers or labs, or conditioning participation in one plan on joining others. It also expands disclosure requirements and defines terms like "vision benefit plan" and "vision discount plan."

Update: Enacted. Chapter 316. This act becomes effective on January 1, 2026.

AB 463: Prior Authorization and Coverage of Services: Reforms the state's prior authorization process by requesting carriers (including Medicaid) to respond (not approve or deny) PA requests within 2 business days or up to 7 calendar days according to CAQH Operating Rules and Standards. Prohibits PA for the following services: Preventive services with a USPSTF "A" or "B" rating; women's preventative care under federal law; pediatric hospice care; care for neonatal abstinence syndrome; outpatient SUD (commercial plans only); diabetes test strips (commercial plans only).

Update: Enacted. Chapter 474. Section 57 of this act become effective upon passage and approval. Sections 1 to 56, 58 and 59 become effective: (a) Upon passage and approval for the purposes of adopting any regulations, performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act and approving procedures for obtaining prior authorization pursuant to NRS 687B.225, as amended by section 27 of this act, and section 57 of this act; and (b) On January 1, 2026, for all other purposes.

AB 555: Caps 30-Day Supply of Prescription Insulin Drugs to \$35: Mandates that health insurers offering prescription insulin coverage may not charge more than \$35 in total cost-sharing (including deductibles, copays, or coinsurance) for a 30-day supply, regardless of the insulin type prescribed. This cap applies to all policies issued, renewed, or extended on or after October 1, 2025. Policies in effect before that date are exempt until renewed or extended.

Update: Enacted. Chapter 264. Effective October 1, 2025.

SB 165: Updates Provisions Relating Behavioral Health: Creates licensed behavioral health and wellness practitioners by the Board of Psychological Examiners for the supervised clinical use of prevention and early intervention relating to children's mental health.

Update: Enacted. Chapter 378. Section 82 and 83 effective June 6, 2025. Section 80 effective July 1, 2025. Sections 1 to 37, inclusive, 38 to 63, inclusive, 66, 74 to 77, inclusive, and 81 effective June 6, 2025, for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act and January 1, 2026, for all other purposes. Sections 64, 65, 67 to 73, inclusive, 78, 79 and 79.5 effective July 1, 2026. Section 37.5 effective January 1, 2029. Section 14 expires by limitation December 31, 2028.

SB 257: Expands Provider of Care Types for Autism Disorder Services: Expands the providers who can diagnose autism disorders, so long as it is within the scope of the provider of care. Insurers are required to consider diagnoses as dispositive if diagnoses are provided by a provider of care that can do so within their scope of practice.

Update: Enacted. Chapter 386. Section 12 effective June 6, 2025. Sections 1 to 11, inclusive, effective June 6, 2025, for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act and January 1, 2026, for all other purposes.

SB 268: Mandates Insurance Coverage for Certain Dental Care: Requires certain public and private health insurers to cover various dental services provided by a hygienist while not supervised by a dentist to the same extent as if provided under a dentist's supervision. For this purpose, the hygienist must have obtained a special

endorsement issued by the Board of Dental Examiners of Nevada.

Update: Enacted. Chapter 188. Effective October 1, 2025.

SB 344: Coverage for Non-Invasive Prenatal Tests and Screenings: Requires certain public and private health insurers to provide coverage of noninvasive prenatal screening at any time during pregnancy without prior authorization, and, for Medicaid, certain routine carrier screening. This bill also authorizes the DOI to require policies issued by an insurer to provide coverage for such screenings; and suspend/revoke the certificate of authority of certain health insurers that fail to comply with the bill's requirements.

Update: Enacted. Chapter 447. Section 18 effective June 9, 2025. Section 16.5 effective July 1, 2025. Sections 1 to 16, inclusive, and 17 effective June 9, 2025, for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act and January 1, 2026, for all other purposes.

SB 348: Increases the Fee Paid to Laboratory Testing of Newborn Screenings: Requires the State Public Health Laboratory to charge a fee of \$150 for the required examinations and tests for the discovery in infants of preventable or inheritable disorders. The bill is on behalf of Cure 4 the Kids and was significantly amended.

Update: Enacted. Chapter 385. Sections 68.3 and 70 effective June 6, 2025. Sections 1, 3, 3.4, 3.7, 64, 65, 66, 68.7 and 69 effective July 1, 2025. Sections 2, 4 to 63, inclusive, 67 and 68 effective June 6, 2025, for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act and January 1, 2026, for all other purposes.

SB 387: Mandates Insurers to Provide Lung Cancer Screenings: Requires commercial health insurers who have policies of insurance or plans that provide coverage for lung cancer treatment to also provide lung cancer screening in accordance with: Guidelines for such screenings published by the American Cancer Society; or other guidelines or reports concerning lung cancer screenings from nationally recognized professional organizations, which include current or prevailing supporting scientific data.

Update: Enacted. Chapter 208. Sections 13, 17, 18 and 19 effective May 31, 2025. Sections 1 to 12, inclusive, 14, 15 and 16 of this act become effective May 31, 2025, for the purpose of adopting any regulations and performing any other preparatory administrative tasks that are necessary to carry out the provisions of this act and January 1, 2026, for all other purposes.