

**Douglas County School District
Board of Trustees
Agenda for the Health Advisory Committee of
Tuesday, November 18, 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

David Burns, Member

Susan Jansen, Member

Erinn Miller, Member

Markus Zinke, Member

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

The Douglas County School District (“DCSD”) welcomes 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 has been available for study by the Members of the Board since published. The Board may only take action items agendized for possible action, unless it finds that the need to discuss or act upon an un-agendized item was truly unforeseen at the time the meeting agenda was posted, the matter requires immediate action, and is to be an emergency as defined by Nevada Revised Statutes.

The Board may act on the consent items with one motion unless a Trustee requests that a consent item be pulled for individual consideration, in which case the Chairperson of the Board will defer action on the particular consent item or items to 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. It is the desire of the Board to make decisions that in the best interests of the District. In making decisions, Members of the Board strive to meet the needs of every student enrolled in DCSD schools and will best serve the interests of the entire District.

Members of the Board of Trustees are responsible for exercising their public function in accordance with the requirements of applicable law and regulations, as well as Board Policies adopted by the Board of Trustees of DCSD.

If copies of the complete agenda (and supporting materials) are desired in advance, they may be obtained at the District Office on the Monday preceding a regular 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, there will be a general period of public comment for any matter that is not specifically agendized for possible action, and on each item listed on the agenda for possible action.

The Board limits public comment to three minutes per commenter.

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 scheduled regular 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 meeting date, 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.

Although the Board may impose reasonable restrictions on the time, place and manner of public comments, it may not restrict comments based on viewpoint. No action may be taken on a matter raised during public comment that is unrelated to any agenda item.

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 11/6/2025



Douglas County School District
Health Advisory Committee
Airport Training Center
1126 Airport Road Building G-1
Minden, NV 89423
Tuesday, November 18, 2025
4:30 PM

AGENDA

1. Call to Order

A. Roll Call of Committee Members

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

Note: The Committee 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, in 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 October 7, 2025 Meeting (For Possible Action)

5

Attached are the minutes of the October 7, 2025 Health Advisory Committee Meeting for review and approval.

RECOMMENDATION: Approve the Minutes of the Health Advisory Committee Meeting dated October 7, 2025.

5. Review of Claims (Information and Discussion) Lloyd Barnes, Nate Kerr

8

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

18

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) 22

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

8. Stop-Loss Insurance Renewal (Information, Discussion and for Possible Action)Nate 24

Kerr, Lloyd Barnes

A representative from DCSD's broker, LP Insurance Services, Inc., will provide an overview of the District's Stop-Loss Insurance options for January 1, 2026 renewal. The Committee will discuss the information and recommendations that will be reviewed by the Board of Trustees during an upcoming School Board meeting.

9. Review and update plan language to comply with current regulations for some services included in Douglas County School District's summary plan document. (Information, Discussion and for Possible Action) 34

Review and update plan language to comply with current regulations for some services included in the Douglas County School District's summary plan document as recommended by DCSD's Third Party Administrator - Hometown Health.

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 – October 7, 2025**

Committee Members Present

Jeannie Dwyer, Executive Director of HR
Michelle Baugh, DCPEA
Ethan Petite, DCPEA
Kerry Stack, DCPEA
Andrew Fromdahl, DCAA
Elizabeth Martin, DCSSO
Jay Jackson, Chapter #6 Bus Drivers Association

Absent

Lloyd Barnes, LP Insurance, Nate Kerr, LP Insurance, Camille Barba, LP Insurance, Sam Bradley, Hometown Health, Melinda Gneiting, DCSD School Board Trustee, 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 4:33 p.m. Mr. Jackson made a motion to adopt the agenda as submitted, seconded by Ms. Baugh. Motion passed 7-0.

2. Public Comment #1

No public comment.

3. Committee Members' Comment

Mr. Jackson asked where the \$1 million that is budgeted and transferred to the insurance fund comes from. Mrs. Dwyer confirmed that the money is from the general fund.

4. Approval of Minutes of the September 23, 2025 meeting (For Possible Action)

Ms. Martin made a motion to approve the minutes for the September 23, 2025 meeting, Mrs. Stack seconded the motion. Motion passed 7 - 0

5. Stop-Loss Insurance Renewal (Information, Discussion and Possible Action)

Mr. Kerr provided an update regarding the Stop Loss proposal process. Stop Loss industry standard is not to finalize a proposal until they have data that is 90 days prior to the new policy's effective date. Data from the previous month typically comes in around the 10th of the month (i.e., September data is not received until October 10th). It is rare to get a 120 day "lock". LP Insurance was able to obtain a 120 "lock" from one company but it is not the most competitive option. LP Insurance has gone to 13 markets thus far and has 5 quotes, of the 5 quotes only 2 are competitive. LP Insurance expects that all September data will be submitted in the near future which may result in more competitive quotes.

This item will be included on the November HAC meeting agenda. All proposals are expected to be finalized for discussion and review.

6. DCSD Self-Funded Health Insurance Plan Review (Information, Discussion and Possible Action)

Rather than continuing to budget and transfer \$1 million from the general fund every year, Mrs. Dwyer said that one of DCSD's employee groups recommended that the monthly premium DCSD pays for employees increase from \$825 (\$9,900 annually) to \$950 (\$11,400 annually). Mrs. Dwyer discussed this option with Mrs. Estes (Business Services Director) and Mrs. Estes agreed that this would be better for DCSD and the budget and it becomes part of employee contracts. For 750 members insured, this equates to approximately \$1.125 million in revenue, which brings the deficit for 2026 down to approximately \$500,000.

Mr. Fromdahl noted that finding the balance between fiduciary responsibility and the human aspect makes this a very difficult decision. He added that the challenge is finding balance in spreading the changes over multiple areas in order to find a balance for everyone. He provided a proposal with small changes but spread across multiple areas. Mr. Fromdahl's proposal included: increasing the deductible for the PPO from \$850/\$1,700 to \$1,000/\$2,000, increasing the out of pocket maximums for the PPO from \$5,500/\$11,000 to \$6,000/\$12,000, increasing copayments (\$5 increases for primary, specialist, and urgent care) and increasing the prescription and dental deductibles. He also proposed changing dependent premiums to round "landmark" numbers. HSA deductibles and out of pocket maximums would increase similarly and round numbers would also apply to dependent premiums. All changes will help increase revenue and decrease the estimated 2026 deficit.

The committee also discussed ending the dental "carryover" but decided not to make this change.

Discussion surrounding changes continued. Mrs. Dwyer asked the committee if anyone else had any other proposals or ideas, but there were no additional proposals.

The committee agreed to the following changes to the self-funded insurance plan: DCSD will increase the monthly premium it contributes for employees from \$825 to \$950.

PPO CHANGES - deductible increase to \$1000/\$2000, out of pocket max increase to \$6000/\$12000, spouse premium \$595, child premium \$540, employee plus 2 or more premium \$1005. Copayments increase to \$55 for primary care, \$65 for specialty care, \$55 for urgent care.

HSA CHANGES - deductible increase to \$2425/\$4850 and out of pocket maximums increase to \$7210/\$14420. Spouse premium \$530, child premium \$480, employee plus 2 or more premium \$875. DCSD will increase the monthly HSA contribution from \$115 to \$125.

The dental deductible will increase to \$50 (option 1) and the deductible for prescriptions will increase to \$100.

Mr. Fromdahl made a motion for 2026 plan changes to be implemented as reviewed and stated (above), Mr. Jackson seconded the motion. Motion passed 7-0.

Mrs. Stack and Mr. Fromdahl (via phone) agreed to help present and discuss the changes to the Trustees at the October 16th School Board Meeting.

7. Correspondence (Information and Discussion)

No correspondence.

8. Future Agenda Items (For Possible Action)

- 1 - Stop/Loss Insurance review/proposals.
- 2 - Continue to develop training/information for staff about insurance.
- 3 - Begin discussion about dependent rates (spring 2026?).

~~**NOTE: HAC meeting dates for 2025-26: 08/26/2025, 09/23/2025, 10/07/2025, 11/18/2025, 01/27/2026, 02/24/2025, 03/31/2025, 04/28/2025, 05/26/2025.~~

9. Public Comment #2

No public comment.

10. Adjournment

The meeting was adjourned at 6:02 p.m. by Mrs. Dwyer

Submitted by,

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



Douglas County School District

September-25

Group Health Plan
Cost Analysis Report

8

Table of Contents

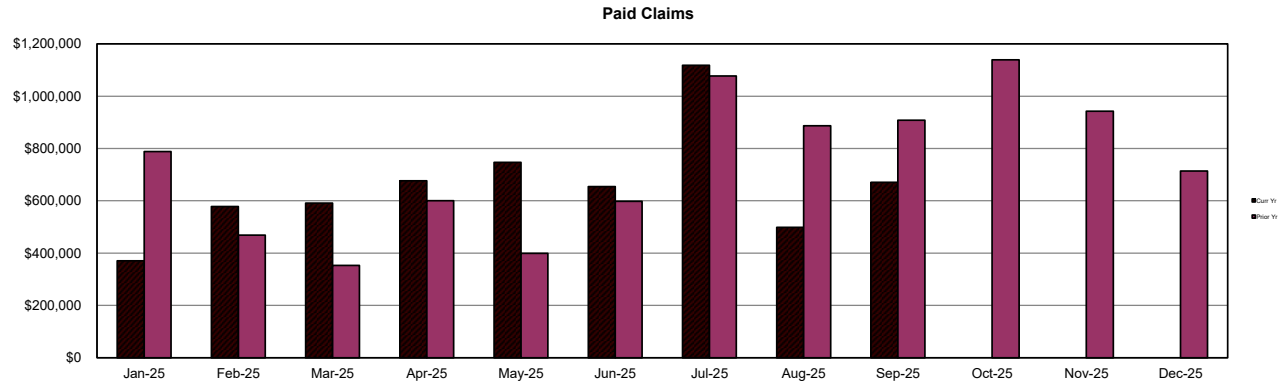
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Utilization Report
6	Top 20 Providers
7	Large Claim Data
8	Incurred But Not Reported Liability (IBNR)-Current
9	Incurred But Not Reported Liability (IBNR)-Previous Month



**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	Prior Year	%
		Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average	Mo. Average
ENROLLMENT																	
1	Employees	748	756	757	757	758	755	751	710	727	0	0	0	6,719	747	771	-3.16%
2	Dependent Units	191	192	190	189	189	191	190	183	190	0	0	0	1,705	189	192	-1.54%
3	Total # of Dependents	354	352	352	350	354	352	352	344	350	0	0	0	3,160	351	362	-2.96%
EMPLOYEE CLAIMS																	
4	Medical	\$315,847	\$191,204	\$260,127	\$333,719	\$361,195	\$240,445	\$494,389	\$205,675	\$357,952	\$0	\$0	\$0	\$2,760,553	\$306,728	\$411,501	-25.46%
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	\$205,675	\$357,952	\$0	\$0	\$0	\$2,760,553	\$306,728	\$404,380	-24.15%
7	Prescription	\$81,434	\$92,214	\$78,421	\$86,892	\$110,033	\$100,357	\$77,782	\$94,227	\$105,518	\$0	\$0	\$0	\$826,878	\$91,875	\$124,554	-26.24%
8	Dental	\$19,644	\$9,765	\$58,705	\$31,453	\$18,571	\$32,532	\$49,595	\$39,160	\$32,680	\$0	\$0	\$0	\$292,105	\$32,456	\$27,984	15.98%
9	Vision	\$3,112	\$3,967	\$3,538	\$4,041	\$3,229	\$4,325	\$5,592	\$5,736	\$2,693	\$0	\$0	\$0	\$36,234	\$4,026	\$3,980	1.17%
10	Total Employee	\$420,037	\$297,150	\$400,791	\$456,105	\$493,029	\$377,659	\$627,358	\$344,798	\$498,842	\$0	\$0	\$0	\$3,915,770	\$435,086	\$560,898	-22.43%
11	Cost Per Employee	\$561.55	\$393.06	\$529.45	\$602.52	\$650.43	\$500.21	\$835.36	\$485.63	\$686.17	\$0.00	\$0.00	\$0.00	\$5,245.12	\$582.79	\$727.57	-19.90%
DEPENDENT CLAIMS																	
12	Medical	\$52,049	\$207,620	\$108,955	\$164,902	\$167,124	\$210,322	\$447,697	\$83,623	\$106,829	\$0	\$0	\$0	\$1,549,120	\$172,124	\$150,120	14.66%
13	Less Stop Loss Reimbursement	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$162,161)	(\$18,018)	\$0	0.00%
14	Net Medical Claims	(\$108,003)	\$205,512	\$108,955	\$164,902	\$167,124	\$210,322	\$447,697	\$83,623	\$106,829	\$0	\$0	\$0	\$1,386,959	\$154,107	\$150,120	2.66%
15	Prescription	\$47,664	\$60,559	\$49,132	\$44,964	\$72,108	\$46,816	\$21,714	\$43,633	\$49,318	\$0	\$0	\$0	\$435,909	\$48,434	\$15,553	211.42%
16	Dental	\$9,851	\$14,406	\$31,004	\$9,694	\$13,843	\$18,430	\$20,438	\$24,687	\$14,616	\$0	\$0	\$0	\$156,969	\$17,441	\$12,291	41.90%
17	Vision	\$1,085	\$534	\$1,360	\$844	\$872	\$1,109	\$798	\$1,815	\$1,115	\$0	\$0	\$0	\$9,533	\$1,059	\$888	19.33%
18	Total Dependent	(\$49,404)	\$281,012	\$190,451	\$220,404	\$253,947	\$276,677	\$490,647	\$153,758	\$171,877	\$0	\$0	\$0	\$1,989,369	\$221,041	\$178,851	23.59%
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	\$840.21	\$904.61	\$0.00	\$0.00	\$0.00	\$10,501.07	\$1,166.79	\$929.50	25.53%
20	Cost Per Dependent	(\$139.56)	\$798.33	\$541.05	\$629.73	\$717.37	\$786.01	\$1,393.88	\$446.97	\$491.08	\$0.00	\$0.00	\$0.00	\$5,665.92	\$629.55	\$494.29	27.36%
EMPLOYEE + DEPENDENT																	
21	Medical	\$367,896	\$398,825	\$369,082	\$498,621	\$528,319	\$450,766	\$942,085	\$289,298	\$464,780	\$0	\$0	\$0	\$4,309,673	\$478,853	\$561,621	-14.74%
22	Less Stop Loss Reimbursement	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$162,161)	(\$18,018)	(\$7,121)	153.02%
23	Net Medical Claims	\$207,843	\$396,716	\$369,082	\$498,621	\$528,319	\$450,766	\$942,085	\$289,298	\$464,780	\$0	\$0	\$0	\$4,147,512	\$460,835	\$554,500	-16.89%
24	Prescription	\$129,098	\$152,773	\$127,553	\$131,857	\$182,141	\$147,174	\$99,496	\$137,860	\$154,835	\$0	\$0	\$0	\$1,262,787	\$140,310	\$140,107	0.14%
25	Dental	\$29,495	\$24,171	\$89,709	\$41,147	\$32,414	\$50,962	\$70,033	\$63,847	\$47,296	\$0	\$0	\$0	\$449,073	\$49,897	\$40,276	23.89%
26	Vision	\$4,197	\$4,501	\$4,898	\$4,885	\$4,102	\$5,434	\$6,390	\$7,551	\$3,807	\$0	\$0	\$0	\$45,767	\$5,085	\$4,867	4.48%
27	Total Claims	\$370,633	\$578,162	\$591,242	\$676,509	\$746,977	\$654,336	\$1,118,005	\$498,556	\$670,719	\$0	\$0	\$0	\$5,905,139	\$656,127	\$739,749	-11.30%
28	Composite Cost Per Employee	\$495.50	\$764.76	\$781.03	\$893.67	\$985.46	\$866.67	\$1,488.69	\$702.19	\$922.58	\$0.00	\$0.00	\$0.00	\$7,909.85	\$878.87	\$959.57	-8.41%
29	Composite Cost Per Member	\$336.33	\$521.81	\$533.13	\$611.12	\$671.74	\$591.09	\$1,013.60	\$473.01	\$622.77	\$0.00	\$0.00	\$0.00	\$5,379.72	\$597.75	\$653.06	-8.47%

**Douglas County School District
PAID CLAIMS**

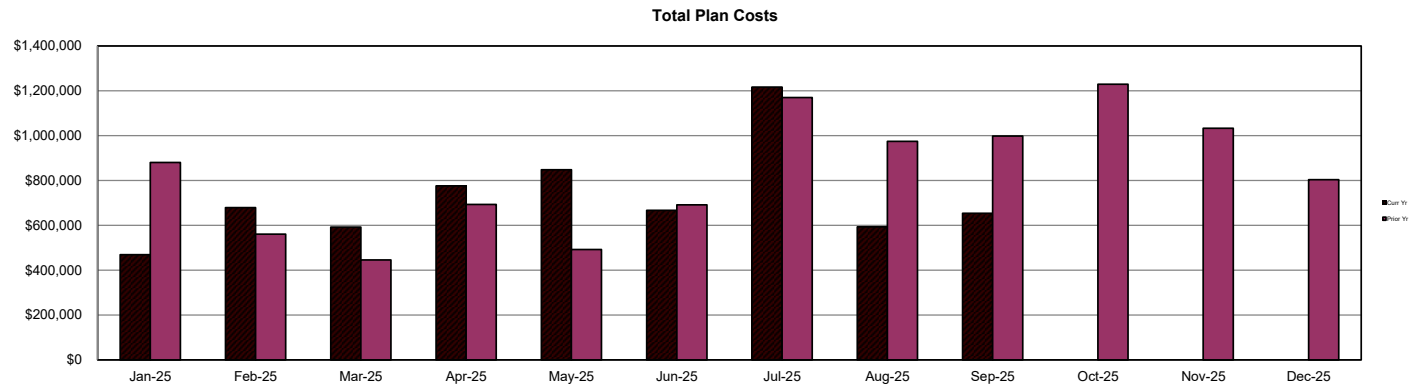


**Douglas County School District
TOTAL PLAN COSTS**

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	\$29.02	\$29.02	\$0.00	\$0.00	\$0.00	\$194,985	\$21,665	\$21,509	0.73%
2	Specific Stop Loss	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$0.00	\$0.00	\$0.00	\$484,507	\$53,834	\$52,253	3.03%
3	PPO Networks (Dental)	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.00	\$0.00	\$0.00	\$4,703	\$523	\$540	-3.16%
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$0.00	\$0.00	\$0.00	\$11,288	\$1,254	\$1,295	-3.16%
5	Consulting Fee (Estimated)	\$2.01	\$1.98	\$1.98	\$1.98	\$1.98	\$1.99	\$2.00	\$2.11	\$2.06	\$0.00	\$0.00	\$0.00	\$13,500	\$1,500	\$1,500	0.00%
6	Total Fixed	\$105.52	\$105.49	\$105.49	\$105.49	\$105.49	\$105.50	\$105.51	\$105.62	\$105.57	\$0.00	\$0.00	\$0.00	\$708,984	\$78,776	\$77,096	2.18%
7	Exposures	748	756	757	757	758	755	751	710	727	0	0	0	6,719	747	771	-3.16%
8	Employee Fixed Costs	\$78,925	\$79,754	\$79,857	\$79,857	\$79,961	\$79,650	\$79,236	\$74,992	\$76,752	\$0	\$0	\$0	\$708,984	\$78,776	\$77,096	2.18%
9	Total Gross Claims	\$420,037	\$297,150	\$400,791	\$456,105	\$493,029	\$377,659	\$627,358	\$344,798	\$498,842	\$0	\$0	\$0	\$3,915,770	\$435,086	\$568,019	-23.40%
10	Gross Plan Costs	\$498,963	\$376,904	\$480,648	\$535,962	\$572,990	\$457,309	\$706,594	\$419,790	\$575,594	\$0	\$0	\$0	\$4,624,754	\$513,862	\$645,115	-20.35%
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	\$419,790	\$575,594	\$0	\$0	\$0	\$4,624,754	\$513,862	\$637,994	-19.46%
13	Per Employee Gross Plan Costs	\$667.06	\$498.55	\$634.94	\$708.01	\$755.92	\$605.71	\$940.87	\$591.25	\$791.74	\$0.00	\$0.00	\$0.00	\$6,194.79	\$688.31	\$836.82	-17.75%
14	Per Employee Net Plan Costs	\$667.06	\$498.55	\$634.94	\$708.01	\$755.92	\$605.71	\$940.87	\$591.25	\$791.74	\$0.00	\$0.00	\$0.00	\$6,194.79	\$688.31	\$827.58	-16.83%
DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$0.00	\$0.00	\$0.00	\$64,819	\$7,202	\$6,997	2.94%
16	Specific Stop Loss (+ Fam.)	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$0.00	\$0.00	\$0.00	\$69,466	\$7,718	\$7,250	4.77%
17	Dependent Units (+ 1 Dep.)	93	93	93	91	91	92	91	87	92	0	0	0	823	91	95	-3.23%
18	Dependent Units (Fam.)	98	99	97	98	98	99	99	96	98	0	0	0	882	98	98	0.09%
19	Dependent Fixed Costs	\$15,043	\$15,122	\$14,964	\$14,886	\$14,886	\$15,043	\$14,964	\$14,413	\$14,964	\$0	\$0	\$0	\$134,286	\$14,921	\$14,247	4.73%
20	Total Gross Claims	\$110,649	\$283,120	\$190,451	\$220,404	\$253,947	\$276,677	\$490,647	\$153,758	\$171,877	\$0	\$0	\$0	\$2,151,530	\$239,059	\$178,851	33.66%
21	Gross Plan Costs	\$125,692	\$298,242	\$205,416	\$235,289	\$268,833	\$291,720	\$505,612	\$168,172	\$186,841	\$0	\$0	\$0	\$2,285,816	\$253,980	\$193,098	31.53%
22	Stop-Loss Reimbursements	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$162,161)	(\$18,018)	\$0	0.00%
23	Net Plan Costs	(\$34,361)	\$296,133	\$205,416	\$235,289	\$268,833	\$291,720	\$505,612	\$168,172	\$186,841	\$0	\$0	\$0	\$2,123,655	\$235,962	\$193,098	22.20%
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	\$918.97	\$983.37	\$0.00	\$0.00	\$0.00	\$12,050.65	\$1,338.96	\$1,003.54	33.42%
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	\$918.97	\$983.37	\$0.00	\$0.00	\$0.00	\$11,201.70	\$1,244.63	\$1,003.54	24.02%
26	Per Dependent Net Plan Costs	(\$97.06)	\$841.29	\$583.57	\$672.26	\$759.41	\$828.75	\$1,436.40	\$488.87	\$533.83	\$0.00	\$0.00	\$0.00	\$6,047.31	\$671.92	\$530.13	26.75%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$98,579	\$100,940	\$98,319	\$99,304	\$101,011	\$98,031	\$98,630	\$94,380	\$94,970	\$0	\$0	\$0	\$884,164	\$98,240	\$91,343	7.55%
28	Total Claims	\$530,686	\$580,270	\$591,242	\$676,509	\$746,977	\$654,336	\$1,118,005	\$498,556	\$670,719	\$0	\$0	\$0	\$6,067,300	\$674,144	\$746,870	-9.74%
29	Gross Plan Costs	\$629,265	\$681,210	\$689,561	\$775,813	\$847,988	\$752,367	\$1,216,635	\$592,936	\$765,689	\$0	\$0	\$0	\$6,951,464	\$772,385	\$838,213	-7.85%
30	Stop-Loss Reimbursements	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$162,161)	(\$18,018)	(\$7,121)	153.02%
31	Pharmacy Rebates	\$0	\$0	(\$97,430)	\$0	\$0	(\$85,376)	\$0	\$0	(\$111,876)	\$0	\$0	\$0	(\$294,681)	(\$32,742)	(\$38,008)	-13.85%
32	Net Plan Costs	\$469,213	\$679,102	\$592,131	\$775,813	\$847,988	\$666,991	\$1,216,635	\$592,936	\$653,814	\$0	\$0	\$0	\$6,494,622	\$721,625	\$793,084	-9.01%
33	Composite Gross Plan Cost Per Employee	\$841.26	\$901.07	\$910.91	\$1,024.85	\$1,118.72	\$996.51	\$1,620.02	\$835.12	\$1,053.22	\$0.00	\$0.00	\$0.00	\$9,311.38	\$1,034.60	\$1,087.29	-4.85%
34	Composite Net Plan Cost Per Employee	\$627.29	\$898.28	\$782.21	\$1,024.85	\$1,118.72	\$883.43	\$1,620.02	\$835.12	\$899.33	\$0.00	\$0.00	\$0.00	\$8,699.45	\$966.61	\$1,028.75	-6.04%
35	Composite Net Plan Cost Per Member	\$425.78	\$612.91	\$533.93	\$700.82	\$762.58	\$602.52	\$1,103.02	\$562.56	\$607.07	\$0.00	\$0.00	\$0.00	\$5,859.52	\$651.06	\$733.69	-11.26%

*MAXOR Admin Fee Added to Employee & Dependent Fixed Costs

Douglas County School District
TOTAL PLAN COSTS



Douglas County School District

Paid Claims Between

1/1/2025 thru 9/1/2025

Percent of Medical

Plan Paid Row Labels	Period										Percent of Medical
	01/01/25	02/01/25	03/01/25	04/01/25	05/01/25	06/01/25	07/01/25	08/01/25	09/01/25	Grand Total	
Dental											
Professional											
OFFICE	\$29,451	\$24,171	\$89,520	\$41,147	\$32,414	\$50,962	\$70,033	\$63,847	\$47,296	\$448,840	
WALK-IN RETAIL HEALTH CLINIC			\$189							\$189	
Professional Total	\$29,451	\$24,171	\$89,709	\$41,147	\$32,414	\$50,962	\$70,033	\$63,847	\$47,296	\$449,029	
Dental Total	\$29,451	\$24,171	\$89,709	\$41,147	\$32,414	\$50,962	\$70,033	\$63,847	\$47,296	\$449,029	
Medical											
Institutional											
AMBULATORY SURGICAL CENTER	\$5,198	\$103,810	\$80,699	\$14,266	\$22,226	\$132,123	\$414,721	\$33,249	\$39,691	\$845,982	20%
ON CAMPUS - OUTPATIENT HOSPITAL	\$144,693	\$63,565	\$47,411	\$96,476	\$106,057	\$99,337	\$101,062	\$69,828	\$97,476	\$825,906	19%
INPATIENT HOSPITAL	\$26,793	\$45,191	\$792	\$110,310	\$216,839	\$22,150	\$165,350	\$19,082	\$62,207	\$668,713	16%
EMERGENCY ROOM - HOSPITAL	\$29,791	\$19,459	\$28,423	\$47,827	\$20,197	\$30,908	\$33,064	\$28,336	\$32,953	\$270,958	6%
URGENT CARE FACILITY	\$986	\$120	\$178	\$321	\$260	\$119	\$179		\$131	\$2,294	0%
TELEHEALTH - PROVIDED OTHER THAN IN PATIENT'S HOME	\$409						\$108			\$517	0%
OFF CAMPUS - OUTPATIENT HOSPITAL			\$0							\$0	0%
Institutional Total	\$207,870	\$232,145	\$157,504	\$269,199	\$365,579	\$284,637	\$714,484	\$150,495	\$232,458	\$2,614,370	61%
Professional											
OFFICE	\$68,754	\$66,070	\$71,902	\$90,192	\$68,891	\$64,968	\$94,189	\$86,591	\$101,667	\$713,223	17%
ON CAMPUS - OUTPATIENT HOSPITAL	\$15,279	\$27,021	\$18,460	\$10,999	\$18,409	\$29,952	\$64,778	\$14,753	\$21,184	\$220,835	5%
EMERGENCY ROOM - HOSPITAL	\$6,253	\$7,106	\$12,263	\$14,650	\$10,908	\$12,221	\$9,688	\$7,320	\$41,235	\$121,645	3%
HOME	\$4,273	\$4,005	\$4,382	\$8,508	\$6,441	\$10,796	\$12,275	\$5,536	\$11,185	\$67,401	2%
INPATIENT HOSPITAL	(\$4,527)	\$11,543	\$15,712	\$5,651	\$4,924	\$6,208	\$9,783	\$1,336	\$4,794	\$55,425	1%
END-STAGE RENAL DISEASE TREATMENT FACILITY	\$15,512	\$11,527	\$12,829	\$8,944	\$0	\$0				\$48,811	1%
INDEPENDENT LABORATORY	\$4,719	\$5,339	\$4,911	\$4,087	\$3,807	\$1,843	\$6,358	\$5,598	\$7,204	\$43,865	1%
TELEHEALTH - PROVIDED IN PATIENT'S HOME	\$3,165	\$2,912	\$4,079	\$5,371	\$4,014	\$4,452	\$4,712	\$4,009	\$3,876	\$36,591	1%
RURAL HEALTH CLINIC	\$2,707	\$2,035	\$3,981	\$4,009	\$3,031	\$2,418	\$2,475	\$3,222	\$4,443	\$28,320	1%
HOSPICE	\$4,929	\$3,059	\$3,339	\$3,697	\$994	\$4,452		\$2,022		\$22,492	1%
URGENT CARE FACILITY	\$2,350	\$2,139	\$2,366	\$2,588	\$2,199	\$2,450	\$2,273	\$1,257	\$2,192	\$19,816	0%
AMBULANCE - LAND	\$942	\$777	\$1,567	\$3,787	\$1,928	\$0	\$2,345	\$517	\$7,013	\$18,876	0%
AMBULANCE - AIR OR WATER					\$17,476					\$17,476	0%
TELEHEALTH - PROVIDED OTHER THAN IN PATIENT'S HOME	(\$1,965)	\$1,715	\$2,516	\$2,383	\$2,523	\$2,288	\$3,061	\$2,015	\$2,369	\$16,904	0%
SKILLED NURSING FACILITY				\$1,307	\$4,125					\$5,432	0%
OFF CAMPUS - OUTPATIENT HOSPITAL	\$116	\$73	\$1,282	\$273	\$286	\$724	\$367	\$256	\$931	\$4,309	0%
PSYCHIATRIC RESIDENTIAL TREATMENT CENTER		\$4,200								\$4,200	0%
INPATIENT PSYCHIATRIC FACILITY				\$3,825						\$3,825	0%
PUBLIC HEALTH CLINIC	\$122	\$138	\$238	\$17	\$186		\$348	\$106		\$1,154	0%
FEDERALLY QUALIFIED HEALTH CENTER	\$283	\$212		\$268						\$763	0%
COMPREHENSIVE INPATIENT REHABILITATION FACILITY	\$26	\$146								\$172	0%
INDEPENDENT CLINIC				\$109				\$0		\$109	0%
OTHER PLACE OF SERVICE	\$0					\$0		\$94		\$94	0%
Professional Total	\$159,757	\$166,680	\$212,797	\$229,422	\$162,740	\$166,129	\$227,602	\$138,804	\$232,322	\$1,696,252	39%
Medical Total	\$367,626	\$398,825	\$370,300	\$498,621	\$528,319	\$450,766	\$942,086	\$289,298	\$464,780	\$4,310,622	100%
Vision											
Professional											
OFFICE							\$217		\$114	\$330	
Professional Total							\$217		\$114	\$330	
Vision Total							\$217		\$114	\$330	
Grand Total	\$397,077	\$422,996	\$460,009	\$539,767	\$560,734	\$501,728	\$1,012,335	\$353,145	\$512,190	\$4,759,982	

Douglas County School District

Top 20 Providers

Paid Claims Between

1/1/2025 thru

9/1/2025

Provider	Members	Claims	MemberPaid	PlanPaid
CARSON VALLEY MEDICAL CENTER	269	881	\$202,051	\$681,605
CARSON TAHOE REGIONAL HEALTHCARE	309	651	\$248,306	\$638,730
BARTON MEMORIAL HOSPITAL	28	78	\$71,143	\$339,054
RENOWN REGIONAL MEDICAL CENTER	83	175	\$44,309	\$296,357
STANFORD MEDICAL CENTER	4	10	\$8,819	\$255,744
UNIVERSITY OF UTAH HOSPITALS AND CLINICS	5	27	\$2,550	\$211,429
LUCILE SALTER PACKARD CHILDRENS HOSPITAL	1	1	\$5,795	\$119,714
RENO ORTHOPAEDIC SURGERY CENTER	7	7	\$15,041	\$98,358
MAMMOTH HOSPITAL	1	1	\$4,260	\$42,296
DIALYSIS CLINIC INC - CARSON CITY	1	5	\$2,685	\$41,376
OPTION CARE ENTERPRISES INC - LAS VEGAS	1	10	\$3,413	\$35,083
BUDD, DANIEL B	75	166	\$3,708	\$30,842
CARSON ENDOSCOPY CENTER	37	40	\$4,810	\$30,254
GRAY, EDWARD J	15	31	\$6,700	\$27,542
1CARE,	1	8	\$4,215	\$22,492
PINTHER, TIMOTHY T	75	115	\$2,456	\$21,660
REGENTS OF THE UNIVERSITY OF CALIFORNIA	4	9	\$13,589	\$21,401
LABCORP PHOENIX	293	537	\$22,590	\$21,056
ERIC S PARK DDS	43	99	\$3,139	\$20,762
CVMC BEHAVIORAL HEALTH CLINIC	10	80	\$2,522	\$19,813

Note: Members may be represented within multiple providers

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	\$315,415	\$357,377			
2	Subscriber	\$0	\$0	\$0	\$0	\$251,502	\$255,108	\$257,466	\$263,114	\$264,864			
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$290,379	\$291,361	\$292,896			
4	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$160,018	\$162,501	\$163,155			
5		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
9		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
10		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Total		\$0	\$0	\$0	\$155,339	\$450,568	\$478,209	\$983,323	\$1,032,391	\$1,078,292	\$0	\$0	\$0
Increase Over Previous Month:			\$0	\$0	\$155,339	\$295,229	\$27,642	\$505,114	\$49,068	\$45,901	\$0	\$0	\$0

Claim #	<u>Amount Over Specific Stop-Loss (\$275,000)</u>												
1	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$461	\$40,415	\$82,377			
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$15,379	\$16,361	\$17,896			
4	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
5		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
9		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
10		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Total		\$0	\$0	\$0	\$0	\$0	\$0	\$15,840	\$56,776	\$100,273	\$0	\$0	\$0
Increase Over Previous Month:			\$0	\$0	\$0	\$0	\$0	\$15,840	\$40,936	\$43,496	\$0	\$0	\$0

Douglas County School District

Hometown Health self-funded health plan reserve as of September 30, 2025

Based on claims from October 01, 2024 through September 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 October 01, 2024 through September 30, 2025

Medical	\$ 6,311,639
Dental	\$ 642,608
Prescription Drugs	\$ 1,689,170
Vision	<u>\$ 57,365</u>
Total Claims	\$ 8,700,783

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 = 727 : 60 day lagged enrollment = 753
 Current enrollment all Dental Plans = 727 : 60 day lagged enrollment = 753
 Current enrollment all Rx Plans = 727 : 60 day lagged enrollment = 753
 Current enrollment all Vision Plans = 727 : 60 day lagged enrollment = 753

Estimated IBNR Calculation

Medical	\$6,311,639 X (55/365) X (727/753) =	\$ 918,433	14.6%
+			
Dental	\$642,608 X (30/365) X (727/753) =	\$ 51,005	7.9%
+			
Rx	\$1,689,170 X (11/365) X (727/753) =	\$ 49,160	2.9%
+			
Vision	\$57,365 X (22/365) X (727/753) =	<u>\$ 3,339</u>	5.8%
=			
Total estimated IBNR as of September 30, 2025 =		\$ 1,021,937	11.7%

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 August 31, 2025

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

Medical	\$ 6,548,846
Dental	\$ 627,281
Prescription Drugs	\$ 1,704,861
Vision	<u>\$ 57,336</u>
Total Claims	\$ 8,938,323

Average Estimated Lag Days

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

Number of employees covered:

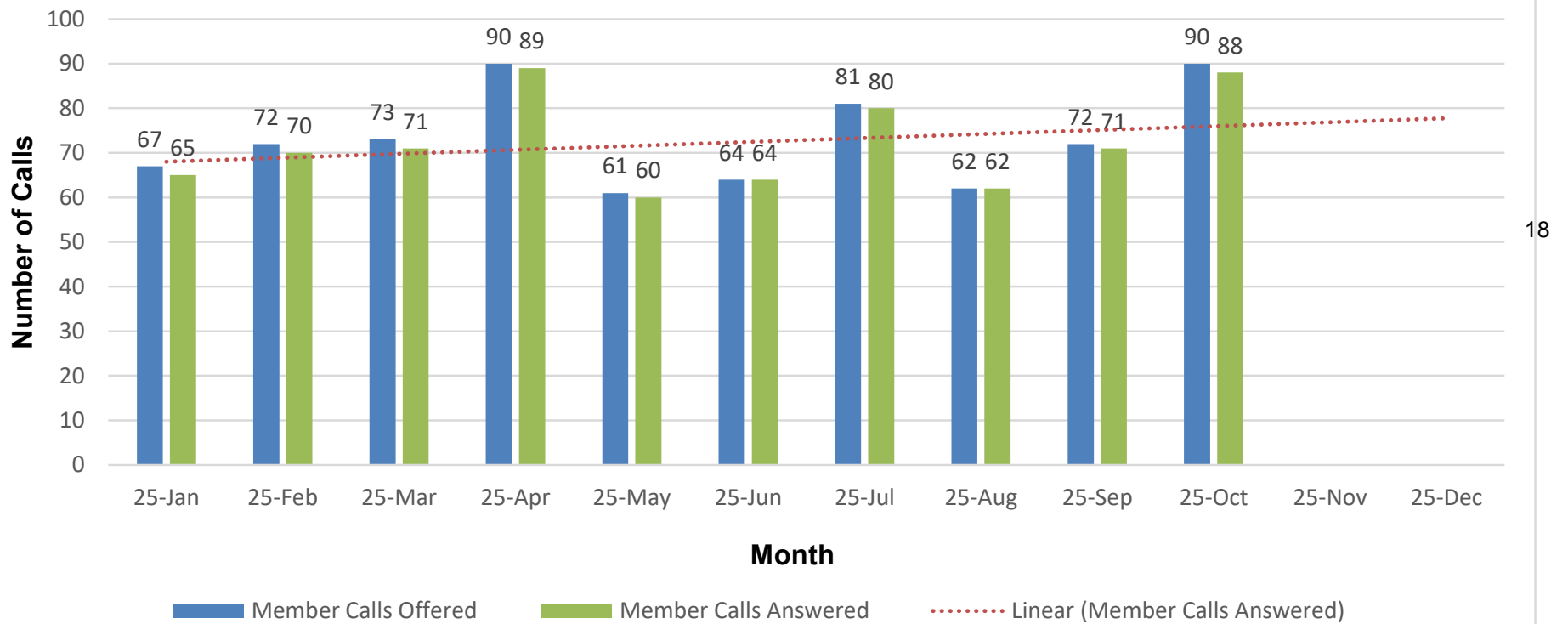
Current enrollment all Medical Plans = 710 : 60 day lagged enrollment = 756
 Current enrollment all Dental Plans = 710 : 60 day lagged enrollment = 756
 Current enrollment all Rx Plans = 710 : 60 day lagged enrollment = 756
 Current enrollment all Vision Plans = 710 : 60 day lagged enrollment = 756

Estimated IBNR Calculation

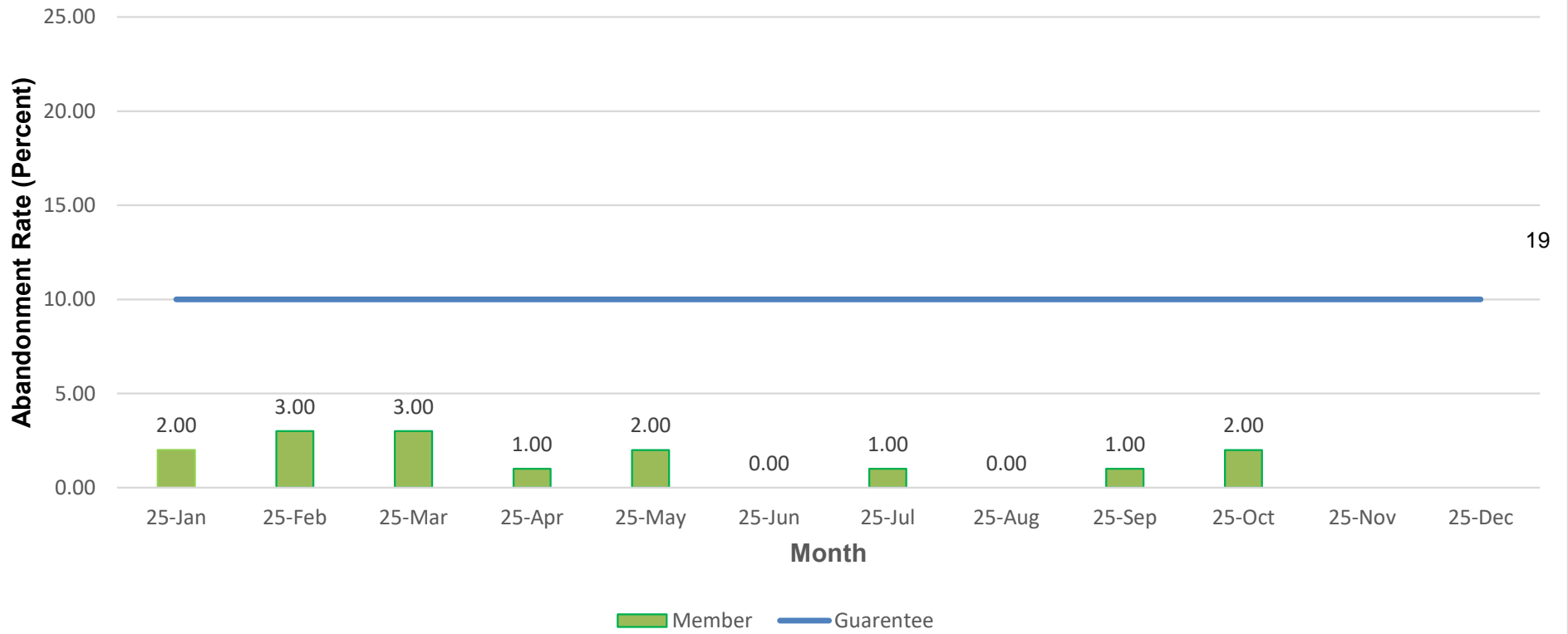
Medical	\$6,548,846 X (55/365) X (710/756) =	\$ 927,075	14.2%
+			
Dental	\$627,281 X (30/365) X (710/756) =	\$ 48,436	7.7%
+			
Rx	\$1,704,861 X (11/365) X (710/756) =	\$ 48,269	2.8%
+			
Vision	\$57,336 X (22/365) X (710/756) =	<u>\$ 3,247</u>	5.7%
=			
Total estimated IBNR as of August 31, 2025 =		\$ 1,027,027	11.5%

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.

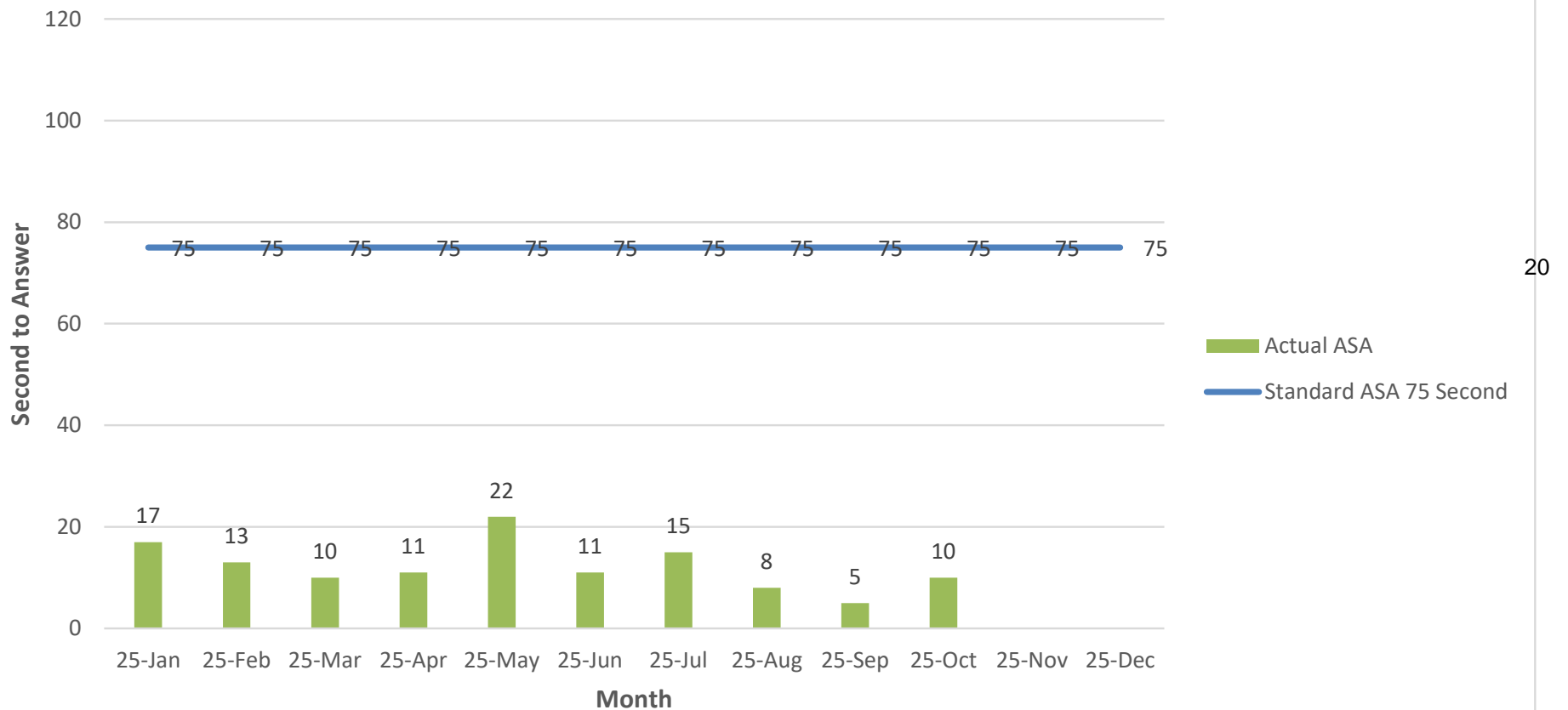
Hometown Health - DCSD Dedicated Phone Number Customer Services Department Call Volume



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



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





Claims Turnaround Time
Excludes Non-Business Days
332 - DOUGLAS COUNTY SCHOOL DISTRICT

	2025	January	February	March	April	May	June	July	August	September	October
Total											
Total Claims Received During Month	1,256	1,435	1,230	1,365	1,325	1,291	1,086	1,247	1,313	1,114	1,151
Total Claims Paid During Month	1,463	1,584	1,284	1,736	1,577	1,384	1,283	1,573	1,526	1,224	1,462
Claims Open at End of Month	270	244	241	248	258	252	259	274	298	312	314
Percentage of Claims Paid Within 30 Days	97.9%	96.7%	96.9%	98.2%	97.9%	97.8%	97.9%	98.5%	99.7%	98.4%	97.1%
Number of Claims Paid Over 30 Days	30	52	40	32	33	30	27	23	5	19	42
Medical											
Total Claims Received During Month	1,062	1,296	974	1,154	1,162	1,061	911	1,007	1,095	932	1,027
Total Claims Paid During Month	1,260	1,430	1,129	1,349	1,511	1,249	1,062	1,245	1,281	1,058	1,289
Claims Open at End of Month	38	42	36	30	38	28	32	33	41	53	44
Percentage of Claims Paid Within 30 Days	98.8%	99.0%	98.0%	99.8%	98.5%	99.0%	97.9%	99.0%	99.8%	99.2%	98.0%
Number of Claims Paid Over 30 Days	15	15	23	3	22	12	22	12	3	8	26
Dental											
Total Claims Received During Month	194	139	256	211	163	230	175	239	218	181	124
Total Claims Paid During Month	203	154	155	387	66	135	221	327	245	165	173
Claims Open at End of Month	159	129	132	145	147	151	154	168	184	186	197
Percentage of Claims Paid Within 30 Days	92.3%	76.0%	89.0%	92.5%	83.3%	86.7%	97.7%	96.6%	99.2%	93.3%	90.8%
Number of Claims Paid Over 30 Days	16	37	17	29	11	18	5	11	2	11	16

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-26		2025-26	2025-26	2025-26	2025-26
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
\$593,957	\$1,047,051	\$649,873	\$1,008,996	\$818,800	\$1,188,429	July	\$735,596.12	(\$103,802.31)	(\$1,188,428.96)	(\$556,635.15)
\$533,442	\$801,080	\$937,616	\$1,112,051	\$1,140,749	\$477,214	August	\$705,215.07	(\$102,886.13)	(\$477,213.91)	\$125,115.03
\$922,103	\$709,220	\$540,995	\$735,590	\$867,924	\$508,078	September	\$715,323.86	(\$95,617.32)	(\$508,078.10)	\$111,628.44
\$580,104	\$758,601	\$993,427	\$399,999	\$1,171,815	\$624,109	October	\$831,626.17	(\$101,444.97)	(\$624,109.22)	\$106,071.98
\$974,578	\$820,396	\$214,398	\$762,960	\$879,124		November				\$0.00
\$606,620	\$1,754,598	\$919,954	\$689,212	\$630,192		December				\$0.00
\$508,567	\$211,099	\$520,765	\$685,625	\$509,134		January				\$0.00
\$454,486	-\$155,452	\$553,752	\$624,971	\$430,184		February				\$0.00
-\$63,850	\$1,124,963	\$642,894	\$352,799	\$590,875		March				\$0.00
\$581,293	\$116,358	\$561,828	\$491,344	\$699,843		April				\$0.00
\$735,299	\$610,376	\$872,626	\$507,389	\$710,831		May				\$0.00
\$833,568	\$997,886	\$728,608	\$598,594	\$623,455		June				\$0.00
\$7,260,167	\$8,796,176	\$8,136,736	\$7,969,530	\$9,072,926	\$2,797,830	TOTAL CLAIMS	\$2,987,761.22	(\$403,750.73)	(\$2,797,830.19)	(\$213,819.70)
\$605,013.95	\$733,014.69	\$678,061.33	\$664,127.54	\$756,077.17	\$699,457.50					
11.53%	21.16%	(7.50%)	(2.05%)	13.85%	(7.49%)					
0.70%	(3.29%)	(4.56%)	0.00%	(1.13%)	0.00%					
795	763	773	773	779	779					
452	443	378	378	359	359					
1,247	1,206	1,151	1,151	1,138	1,138					
\$ 5,822	\$ 7,294	\$ 7,069	\$ 6,924	\$ 7,973	\$ 7,376					
ACTUAL	ACTUAL	ACTUAL	ACTUAL	DEC AMEND	DEC AMEND					
\$ 3,055,107	\$ 1,713,523	\$ 659,909	\$ 322,101	\$ 962,908	\$ 962,908	Fund Balance - 6/30:				
\$7,564,729	\$8,007,604	\$7,888,920	\$8,328,096	\$8,810,000	\$8,810,000	Premium Prmts				
	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Transfer from GF				
\$657,098	\$1,979	\$0	\$0	\$0	\$0	Insurance Proceeds				
(\$3,955)	(\$3,845)	(\$31,030)	(\$9,030)	(\$9,030)	(\$9,030)	Other Payments				
(\$8,541,210)	(\$9,067,362)	(\$7,950,000)	(\$8,100,000)	(\$8,100,000)	(\$8,100,000)	Claims Expense				
						PEBP Payments				
(\$284,913)	(\$287,536)	(\$330,000)	(\$325,000)	(\$325,000)	(\$325,000)	Fixed Costs - Admin Payments				
(\$742,720)	(\$707,462)	(\$793,000)	(\$900,000)	(\$930,000)	(\$930,000)	Fixed Costs - Third-Party Payments				
\$9,387	\$3,008	\$5,000	\$10,000	\$10,000	\$10,000	Interest on Inv / Ck Acct				
\$1,713,523	\$659,909	\$449,799	\$326,167	\$1,418,878	\$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	643,473.51	591,319.68	608,549.43	613,263.08								
Exp Ins	23,398.21	39,430.48	34,990.38	29,751.80								
PERS Ins	66,100.77	72,232.69	71,784.05	71,784.05								
Interest	2,623.63	2,232.22	0.00	4,951.67								
Rx Rebates	0.00	0.00	0.00	0.00								
Transfers in	0.00	0.00	0.00	0.00								
Totals	735,596.12	705,215.07	715,323.86	719,750.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXPENSE												
Claims	1,014,706.25	352,629.71	393,135.61	413,174.69								
Rx Claims	173,635.93	124,470.55	130,670.21	210,909.89								
Rx Fees	0.00	0.00	0.00	0.00								
Other Fees	86.78	113.65	112.33	24.64								
Stop-loss Reimb.	0.00	0.00	-15,840.05	-111,875.57								
Accts Payable	8,030.13	8,204.10	9,350.59	6,742.74								
Admin Fees	95,772.18	94,682.03	86,266.73	94,702.25								
Totals	1,292,231.27	580,100.04	603,695.42	613,678.64	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Excess Loss Renewal & Marketing Analysis

Prepared for

Douglas County School District

Presented By

24

LP Insurance Services
Employee Benefits Division

Effective: January 1, 2026



Douglas County School District

Table of Contents



Page 1 Response to Bid Summary

Page 2 Specific Deductible Levels - \$275K, \$300K

Page 3 Historical Data



Douglas County School District

Response to Bid Summary

<u>CARRIERS CONTACTED</u>	<u>BID RESPONSE</u>	<u>% OVER/UNDER CURRENT</u>
EXCESS LOSS		
Granular/Wellpoint	Current/Renewal - Presented	13%
IISI Companion	Quoted - Presented	1%
Voya	Quoted - Not Presented	28%
Sun Life	Declined to Quote - Not Competitive	-
Berkley A&H	Declined to Quote -Adverse Claims	-
Berkshire Hathaway	Declined to Quote - Not Competitive	-
ISU Companion	Declined to Quote - Not Competitive	-
QBE A&H	Declined to Quote - Not Competitive	-
AccuRisk Solutions	Declined to Quote - Not Competitive	-
Tokio Marine HCC	Declined to Quote - Not Competitive	-
Swiss Re	Declined to Quote - Not Competitive	-
Symetra	Declined to Quote - Not Competitive	-

Douglas County School District

STOP LOSS - Benefit & Cost Comparison

Specific Deductible Levels - \$275K, \$300K

CARRIER	Current Granular	Renewal Wellpoint	Option 1 IISI Companion	Option 2 IISI Companion
EXPOSURES:				
Employee Only	526	526	526	526
Employee + Family	180	180	180	180
TOTAL EMPLOYEES	706	706	706	706
SPECIFIC STOP LOSS:				
Stop Loss Level	\$275,000	\$275,000	\$275,000	\$300,000
Contract Basis	Paid	Paid	24/12	24/12
Benefits Covered	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Limit of Liability (Annual Maximum)	Unlimited	Unlimited	Unlimited	Unlimited
Limit of Liability (Lifetime Maximum)	Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement Percent	100%	100%	100%	100%
Specific Advancement	Yes	Yes	Yes	Yes
Actively at Worked Waived	Waived w/disclosure	Waived w/disclosure	Waived w/disclosure	Waived w/disclosure
No New Laser Provision	Included (40% cap)	Included	Included	Included
Plan Mirroring	Included	Included - Subject to Approval	Included - Subject to Approval	Included - Subject to Approval
Retirees	Included	Included	Included	Included
SPECIFIC RATES:				
Employee Only	\$72.11	\$81.41	\$62.65	\$56.08
Employee + Family	\$150.87	\$170.33	\$183.08	\$163.86
ESTIMATED ANNUAL FIXED COST				
Single Specific Stop Loss	\$455,158	\$513,860	\$395,447	\$353,977
Family Specific Stop Loss	\$325,879	\$367,913	\$395,453	\$353,938
TOTAL ANNUAL FIXED EXPENSES	\$781,038	\$881,773	\$790,900	\$707,915
% over/(under) current	-	12.9%	1.3%	-9.4%
\$ over/(under) current	-	\$100,735	\$9,862	-\$73,123
LASERS				
Claimant 1 - Current	\$500K	None	365K	365K
Contingencies				
Firm and Final	-	Yes	Yes	Yes
Acceptance Requirement	-	Signed Confirmation	Signed Confirmation	Signed Confirmation
Proposal Expiration Date	-	11/21/25	11/21/25	11/21/25

Historical Data

Plan Year	Specific Ded	Renewal	Carrier	Lasers	Approx. Premium	Claims over Spec	Total \$ Over Spec
2018	\$175,000	4%	Voya	None	\$ 555,000	1	\$484,768
2019	\$175,000	10%	Voya	None	\$ 625,000	2	\$127,683
2020	\$200,000	-1%	Voya	None	\$ 643,000	3	\$977,120
2021	\$250,000	9%	Voya	\$1.5M	\$ 660,000	3	\$1,686,541
2022	\$250,000	-3%	Granular	\$500K	\$ 665,000	5	\$915,245
2023	\$250,000	7%	Granular	\$500K	\$ 687,000	2	\$218,357
2024	\$275,000	6%	Granular	\$500K	\$ 800,000	2	\$162,161
7 years						18 (avg. 2.6 claims/yr)	\$4,409,714 (avg. \$734,942/yr)

Excess Loss Renewal & Marketing Analysis

Prepared for

Douglas County School District

Presented By

29


LP Insurance Services
Employee Benefits Division

Effective: January 1, 2026




Douglas County School District

Table of Contents



Page 1	Response to Bid Summary
Page 2	Specific Deductible Levels - \$275K, \$300K
Page 3	Historical Data



Douglas County School District

Response to Bid Summary

<u>CARRIERS CONTACTED</u>	<u>BID RESPONSE</u>	<u>% OVER/UNDER CURRENT</u>
EXCESS LOSS		
Granular/Wellpoint	Current/Renewal - Presented	6%
IISI Companion	Quoted - Presented	5%
Voya	Quoted - Not Presented	28%
Sun Life	Declined to Quote - Not Competitive	-
Berkley A&H	Declined to Quote -Adverse Claims	-
Berkshire Hathaway	Declined to Quote - Not Competitive	-
ISU Companion	Declined to Quote - Not Competitive	-
QBE A&H	Declined to Quote - Not Competitive	-
AccuRisk Solutions	Declined to Quote - Not Competitive	-
Tokio Marine HCC	Declined to Quote - Not Competitive	-
Swiss Re	Declined to Quote - Not Competitive	-
Symetra	Declined to Quote - Not Competitive	-

Douglas County School District

STOP LOSS - Benefit & Cost Comparison

Specific Deductible Levels - \$275K, \$300K

CARRIER	Current Granular	Renewal Wellpoint	Option 1 IISI Companion	Option 2 IISI Companion
EXPOSURES:				
Employee Only	526	526	526	526
Employee + Family	180	180	180	180
TOTAL EMPLOYEES	706	706	706	706
SPECIFIC STOP LOSS:				
Stop Loss Level	\$275,000	\$275,000	\$275,000	\$300,000
Contract Basis	Paid	Paid	24/12	24/12
Benefits Covered	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Limit of Liability (Annual Maximum)	Unlimited	Unlimited	Unlimited	Unlimited
Limit of Liability (Lifetime Maximum)	Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement Percent	100%	100%	100%	100%
Specific Advancement	Yes	Yes	Yes	Yes
Actively at Worked Waived	Waived w/disclosure	Waived w/disclosure	Waived w/disclosure	Waived w/disclosure
No New Laser Provision	Included (40% cap)	Included (50% cap)	Included (50% cap)	Included (50% cap)
Plan Mirroring	Included	Included	Included	Included
Retirees	Included	Included	Included	Included
SPECIFIC RATES:				
Employee Only	\$72.11	\$76.44	\$64.97	\$58.15
Employee + Family	\$150.87	\$159.92	\$189.83	\$169.91
ESTIMATED ANNUAL FIXED COST				
Single Specific Stop Loss	\$455,158	\$482,489	\$410,091	\$367,043
Family Specific Stop Loss	\$325,879	\$345,427	\$410,033	\$367,006
TOTAL ANNUAL FIXED EXPENSES	\$781,038	\$827,916	\$820,123	\$734,048
% over/(under) current	-	6.0%	5.0%	-6.0%
\$ over/(under) current	-	\$46,879	\$39,086	-\$46,989
LASERS				
Claimant 1 - Current	\$500K	None	None	None
Contingencies				
Firm and Final	-	Yes	Yes	Yes
Acceptance Requirement	-	Signed Confirmation	Signed Confirmation	Signed Confirmation
Proposal Expiration Date	-	11/21/25	11/21/25	11/21/25

32

Historical Data

Plan Year	Specific Ded	Renewal	Carrier	Lasers	Approx. Premium	Claims over Spec	Total \$ Over Spec
2018	\$175,000	4%	Voya	None	\$ 555,000	1	\$484,768
2019	\$175,000	10%	Voya	None	\$ 625,000	2	\$127,683
2020	\$200,000	-1%	Voya	None	\$ 643,000	3	\$977,120
2021	\$250,000	9%	Voya	\$1.5M	\$ 660,000	3	\$1,686,541
2022	\$250,000	-3%	Granular	\$500K	\$ 665,000	5	\$915,245
2023	\$250,000	7%	Granular	\$500K	\$ 687,000	2	\$218,357
2024	\$275,000	6%	Granular	\$500K	\$ 800,000	2	\$162,161
7 years						18 (avg. 2.6 claims/yr)	\$4,409,714 (avg. \$734,942/yr)

Plan Year 2026 Benefit Changes/Updates

Autism Update:

Current:

Autism Spectrum Disorder – Screening for and diagnosis of autism spectrum disorders and applied behavior analysis treatment of autism spectrum disorders under the age of 18 (or if enrolled in high school, until the person reaches the age of 22) and is:

- prescribed for a person diagnosed with an autism spectrum disorder by a licensed physician or licensed psychologist; and
- provided for a person diagnosed with an autism spectrum disorder by a licensed physician, licensed psychologist, licensed behavior analyst or other provider that is supervised by the licensed physician, psychologist or behavior analyst.

Evidence-based research means research that applies rigorous, systematic and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.

Habilitative or rehabilitative care means counseling, guidance and professional services and treatment programs, including, without limitation, applied behavior analysis, that are necessary to develop, maintain and restore, to the maximum extent practicable, the function of a person.

Licensed assistant behavior analyst means a person who holds current certification or meets the standards to be certified as a board-certified assistant behavior analyst issued by the Behavior Analyst Certification Board, Inc., or any successor in interest to that organization, who is licensed as an assistant behavior analyst by the Board of Psychological Examiners and who provides behavioral therapy under the supervision of a licensed behavior analyst or psychologist.

Licensed behavior analyst means a person who holds current certification or meets the standards to be certified as a board-certified behavior analyst or a board-certified assistant behavior analyst issued by the Behavior Analyst Certification Board, Inc., or any successor in interest to that organization and who is licensed as a behavior analyst by the Board of Psychological Examiners.

Prescription care means medication prescribed by a licensed physician and any health-related services deemed Medically Necessary to determine the need or effectiveness of the medications.

Psychiatric care means direct or consultative services provided by a psychiatrist licensed in the state in which the psychiatrist practices.

Psychological care means direct or consultative services provided by a psychologist licensed in the state in which the psychologist practices.

Screening for autism spectrum disorders means Medically Necessary assessments, evaluations or test to screen and diagnose whether a person has an autism spectrum disorder.

Therapeutic care means services provided by licensed or certified speech pathologists, occupational therapists and physical therapists.

Treatment plan means a plan to treat an autism spectrum disorder that is prescribed by a licensed physician or licensed psychologist and may be developed pursuant to a comprehensive evaluation in coordination with a licensed behavior analyst.

NOTE: Nothing in this section shall be construed as requiring an insurer to provide reimbursement to an early intervention agency or school for services delivered through early intervention or school services.

NEW

Autism Spectrum Disorder – Screening for and diagnosis of autism spectrum disorders and applied behavior analysis treatment of autism spectrum disorders.

Evidence-based research means research that applies rigorous, systematic and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.

Habilitative or rehabilitative care means counseling, guidance and professional services and treatment programs, including, without limitation, applied behavior analysis, that are necessary to develop, maintain and restore, to the maximum extent practicable, the function of a person.

An initial assessment of the cognitive, communicative, social, emotional and behavioral condition and adaptive skill level of a child with autism spectrum disorder is conducted by a provider of health care acting within his or her scope of practice to determine the baseline of the child.

A subsequent assessment is conducted by a provider of health care acting within his or her scope of practice upon the child's conclusion of the early intervention services to determine the progress made by the child from the time of his or her initial screening.

Prescription care means medication prescribed by a licensed physician and any health-related services deemed Medically Necessary to determine the need or effectiveness of the medications.

Screening for autism spectrum disorders means Medically Necessary assessments, evaluations or test to screen and diagnose whether a person has an autism spectrum disorder.

NOTE: Nothing in this section shall be construed as requiring an insurer to provide reimbursement to an early intervention agency or school for services delivered through early intervention or school services.

Genetic Counseling & Testing:

Current:

Durable Medical Equipment	1/1/10	3/1/10
Genetic Testing	75%	55%
Prior Authorization Required		

Genetic Counseling & Testing - Genetic testing may only be done after consultation with an appropriately certified genetic counselor and/or, as approved by a Physician designated to review the utilization, medical necessity, clinical appropriateness, and quality of such genetic testing based on medical necessity.

Coverage is not available for tests solely for research or for the benefit of individuals not covered under the Policy. Eligible Medical Expenses include:

- A. BRCA 1 and BRCA 2 testing.
- B. Genetic disease testing of human DNA, chromosomes, proteins, or other gene products to determine the presence of disease related genotypes, phenotypes, karyotypes, or mutations for clinical purposes. Such purposes include those tests meeting criteria for the medically accepted standard of care for the prediction of disease risk, identification of carriers, monitoring, diagnosis, or prognosis within the confines of the statements in this definition.
- C. Explanation by a genetic counselor of medical and scientific information about an inherited condition, birth defect, or other genome-related effects to an individual or family. Genetic counselors are trained to review family histories and medical records, discuss genetic conditions and how they are inherited,

explain inheritance patterns, assess risk and review testing options, where available.

- D. Genetic counseling in connection with pregnancy management with respect to the following individuals:
1. Parents of a child born with a genetic disorder;
 2. Birth defect, inborn error of metabolism, or chromosome abnormality;
 3. Parents of a child with mental retardation, autism, Down syndrome, trisomy conditions, or fragile X syndrome;
 4. Pregnant women who, based on fer ultrasound tests or an abnormal multiple marker screening test, maternal serum alpha-fetoprotein test, test for sickle cell anemia, or tests for other genetic abnormalities, have been told their pregnancy may be at increased risk for complications or birth defects;
 5. Parents affected with an autosomal dominant disorder who are contemplating pregnancy;
 6. Women who are known to be, or who are likely to be, carriers of an X-linked recessive disorder.

Eligible Medical Expenses will include genetic testing of heritable disorders when the following conditions are met:

- A. The results will directly impact clinical decision-making and/or clinical outcome for the individual;
- B. The testing method is considered scientifically valid for identification of a genetically-linked heritable disease; and one of the following conditions is met:
 1. Member demonstrates signs/symptoms of a genetically-linked heritable disease;
 2. Member or fetus has a direct risk factor (e.g., based on family history or pedigree analysis) for the development of a genetically-linked heritable disease

Routine panel screening for preconception genetic diseases, routine chorionic villous sampling, or amniocentesis panel screening testing, and pre-implantation embryonic testing will not be covered unless the testing is endorsed by the American College of Obstetrics and Gynecology or mandated by federal or state law.

New/Update:

Durable Medical Equipment	1/1/16	3/1/16
Genetic Testing	75%	55%
Prior Authorization Required		

ADD NEXT TO PRIOR AUTHORIZATION REQUIRED – EXCLUDING PRENATAL NON-INVASIVE SCREENINGS as well as add it into the authorization matrix that those tests are excluded from the PA requirement.

Genetic Counseling & Testing - Genetic testing may only be done after consultation with an appropriately certified genetic counselor and/or, as approved by a Physician designated to review the utilization, medical necessity, clinical appropriateness, and quality of such genetic testing based on medical necessity.

Coverage is not available for tests solely for research or for the benefit of individuals not covered under the Policy. Eligible Medical Expenses include:

- E. BRCA 1 and BRCA 2 testing.
- F. Genetic disease testing of human DNA, chromosomes, proteins, or other gene products to determine the presence of disease related genotypes, phenotypes, karyotypes, or mutations for clinical purposes. Such purposes include those tests meeting criteria for the medically accepted standard of care for the prediction of disease risk, identification of carriers, monitoring, diagnosis, or prognosis within the confines of the statements in this definition.
- G. Explanation by a genetic counselor of medical and scientific information about an inherited condition,

birth defect, or other genome-related effects to an individual or family. Genetic counselors are trained to review family histories and medical records, discuss genetic conditions and how they are inherited, explain inheritance patterns, assess risk and review testing options, where available.

H. Genetic counseling in connection with pregnancy management with respect to the following individuals:

7. Parents of a child born with a genetic disorder;
8. Birth defect, inborn error of metabolism, or chromosome abnormality;
9. Parents of a child with mental retardation, autism, Down syndrome, trisomy conditions, or fragile X syndrome;
10. Pregnant women who, based on fetal ultrasound tests or an abnormal multiple marker screening test, maternal serum alpha-fetoprotein test, test for sickle cell anemia, or tests for other genetic abnormalities, have been told their pregnancy may be at increased risk for complications or birth defects;
11. Parents affected with an autosomal dominant disorder who are contemplating pregnancy;
12. Women who are known to be, or who are likely to be, carriers of an X-linked recessive disorder.

Eligible Medical Expenses will include genetic testing of heritable disorders when the following conditions are met:

- C. The results will directly impact clinical decision-making and/or clinical outcome for the individual;
- D. The testing method is considered scientifically valid for identification of a genetically-linked heritable disease; and one of the following conditions is met:
 3. Member demonstrates signs/symptoms of a genetically-linked heritable disease;
 4. Member or fetus has a direct risk factor (e.g., based on family history or pedigree analysis) for the development of a genetically-linked heritable disease

Routine panel screening for preconception genetic diseases, routine chorionic villous sampling, or amniocentesis panel screening testing, and pre-implantation embryonic testing will not be covered unless the testing is endorsed by the American College of Obstetrics and Gynecology or mandated by federal or state law.

Additional genetic testing will be covered per federal or state mandates. Assembly Bill No. 155 update to (NRS 287.010, 287.04335, 422.2717-422.27248, 689A.04033-689A.0465, 689B.0303-689B.0379, 689C.1655-689C.169, 689C.194-689C.195, 689C.425, 695A.184-695A.1875, 695B.1901-695B.1949, 695C.050, 695C.1691-695C.176, 695G.162-695G.177)

Fertility preservation:

Current:

There is nothing in the document with regards to fertility.

Add:

Fertility Preservation – Covered when medically necessary with a diagnosis of Breast Cancer or Ovarian cancer. It is when a medical treatment may directly or indirectly cause infertility if the treatment has a potential side effect of impaired fertility, as established by the American Society of Clinical Oncology or the American Society for Reproductive Medicine, or their successor organizations.

PRIOR AUTHORIZATION PLAN LANGUAGE UPDATE:

Currently, members are penalized when their providers fail to obtain a prior authorization. Hometown Health proposes removing this penalty so that the responsibility shifts back to the providers, ensuring that the claim denial goes directly to the provider and not to the members. This approach is already being implemented on Hometown Health's commercial side and will be adopted by our other self-funded clients in 2026. This change aligns with Hometown Health's goal of holding providers accountable for obtaining the necessary authorizations.