

**Douglas County School District
Board of Trustees
Agenda for the Health Advisory Committee of
Tuesday, March 31, 2026
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

Erinn Miller, Legislative Representative

David Brady, Member

Heather Jackson, Member

Susan Jansen, 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, March 31, 2026
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 the Minutes for the February 24, 2026 Meeting (For Possible Action) 5

Attached are the minutes of the February 24, 2026 Health Advisory Committee Meeting for review and approval.

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. Correspondence (Information and Discussion)

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

9. Future Agenda Items (Discussion and for Possible Action)

Committee members will discuss or propose upcoming items for future agenda items in addition to setting the next meeting date(s) and times.

10. Public Comment #2

Public comment will be taken during this agenda item on any matter within the committee's jurisdiction, control, or advisory authority. No action may be taken on a matter discussed under this item until the matter is included on an agenda as an item on which action may be taken. A sign-up sheet is provided and individuals may address the committee by indicating their desire to speak and the topic about which they will speak. The committee reserves the right to limit the amount of time that will be allowed for each individual to speak. (The time allotted is nontransferable for each speaker.) The committee is precluded from acting on items raised during Public Comment that are not already on the agenda. No action may be taken on a matter discussed under this item until the matter is included on an agenda as an item on which action may be taken.

11. Adjournment

(*) Times are estimated. Items on the Agenda may be taken out of order. The Health Advisory Committee may combine two or more agenda items for consideration, and may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. Generally speaking, the item will be heard no earlier than the time indicated.

If copies of the complete agenda (and supporting materials) are desired in advance, they may be obtained at the District Office on the Friday or Monday preceding a regular Tuesday meeting of the Committee. Please contact Leeann Caires at 775-782-5134 or lcaires@dcsd.k12.nv.us.

Notice to Individuals with Disabilities: Members of the public who require special assistance or accommodations are asked to notify the District Administration at 1638 Mono Avenue, Minden, Nevada, 89423, or by calling 782-5134, so that such notification is received at least twenty-four (24) hours prior to the meeting. In conformance with the Open Meeting Law, it is hereby noted that the agenda for the meeting of the Douglas County School District Health Advisory Committee has been posted at the following locations:

Douglas County School District, Minden, NV

District website: www.dcsd.k12.nv.us

State of Nevada website: <https://notice.nv.gov>

**DRAFT - Minutes of the Health Advisory
Committee Meeting – February 24, 2026**

Committee Members Present

Jeannie Dwyer, Executive Director of HR
Michelle Baugh, DCPEA
Ethan Petite, DCPEA
Kerry Stack, DCPEA
Andrew Fromdahl, DCAA
Elizabeth Martin, DCSSO
Kristen Smith, Chapter #6 Bus Drivers Assoc. (arrived at 4:42 pm)

Absent

Lloyd Barnes, LP Insurance (via Google Meets), Nate Kerr, LP Insurance (via Google Meets), Nick Connell, LP Insurance (via Google Meets), Sam Bradley, Hometown Health (via Google Meets), Lisa Schloemer Gaub (via Google Meets), Hometown Health, Melinda Gneiting, DCSD School Board Trustee (left at 5:04 pm), 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 4:34 p.m. Mrs. Stack made a motion to accept the agenda as presented, Mrs. Baugh seconded the motion. Motion passed 6-0.

2. Public Comment #1

No public comment.

3. Committee Members' Comment

No committee members' comment.

4. Approval of Minutes of the November 18, 2025 meeting (For Possible Action)

Ms. Martin made a motion to approve the minutes for the November 18, 2025 meeting, Mrs. Stack seconded the motion. Motion passed 6 – 0.

5. Review of Claims (Information and Discussion)

Mr. Kerr reported on the paid claims through January 2025. He reported that 2025 was a fairly stable claims year for DCSD.

Mr. Fromdahl asked if there were any outstanding claims and/or stop loss from 2025 still to be processed. Mr. Kerr was not able to confirm that all claims and stop loss have been processed/finalized.

Exhibit 1 – Employee and dependent enrollment remains slightly lower compared to 2025. Total employee claims (Line 10) for January were \$525,224. Cost per employee (Line 11) was \$938. Total dependent claims (Line 18) for January were \$245,792. Cost per dependent unit (Line 19) was \$1,365 in January. Total claims (line 27) for the month of January were \$926,369. Average composite cost per employee (Line 28) was \$1,277.

Exhibit 4 – 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 \$1,016,421 in January. Average monthly composite net plan cost per employee per month was \$1,402 in January (Line 34).

Exhibit 6 – Utilization/Claims Data – This exhibit provides data regarding utilization. Mr. Kerr noted the “percent of spend” is an area to keep an eye on. Ms. Martin asked about on campus outpatient hospital compared to off campus outpatient hospital. On campus is related to imaging and labs, off campus relates to doctor’s offices (professional services, non-surgical). Top 20 providers are also included in the data – Barton costs per claim are substantially higher compared to Carson Tahoe and Renown.

Exhibit 8 – Large claims report. Large claim tracking begins when a claim reaches approximately 50% of Stop-Loss deductible (\$300,000). There were no new large claims reported in January.

Exhibit 9 - Incurred but Not Reported (IBNR) is the outstanding estimated liability that DCSD carries on an on-going basis. January 2025 estimated IBNR is \$1,002,634.

6. Customer Service Review (Information and Discussion)

Ms. Bradley from Hometown Health reported on customer service for January 2025. Customer Service Call Volume report data shows approximately 86 member calls in January (83 were answered). For January, the Average Seconds to Answer (ASA) was 74 seconds (performance guarantee is 75 seconds). This was higher than normal due to the on-boarding of a new client. Measures have already been implemented by Hometown Health to help with this. January 2025 Abandonment rate was 3% (performance guarantee is 10%). The claims report shows 1,178 claims received during the month of January. 1,354 claims were paid in January. The number of claims paid within 30 days was 97% (performance guarantee is 95%). Approximately 35 claims exceeded the 30 day limit due to being held for an annual audit to confirm that the claims are being processed correctly.

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

For the month of January, paid claims were \$945,229 and admin expenses were \$93,610. Total claims for fiscal year 25-26 are \$5,021,455. Total operating revenues for the fiscal year 25-26 are \$5,387,590. DCSD recently had two months of negative cash flow. Mrs. Dwyer inquired about when DCSD may see the revenue benefit of our increased premiums, deductibles, etc. Mr. Kerr noted that it could take up to 6 months but there are variables that could “skew” that data.

The committee discussed whether or not there would be a \$1 million dollar transfer to the insurance fund during this fiscal year and if it was being included in the budget. In lieu of the \$1 million dollar transfer, premiums for 2026 may provide approximately \$1 million in revenue for the fund.

8. Hometown Health Reporting (For Information, Discussion, and for Possible Action)

Ms. Bradley reviewed some new reporting that will show detailed claims data regarding plan spend. The reporting will be provided to the committee quarterly and will include medical claims, utilization, and dental claims. The committee can request additional data if there is additional data they would like to review in the future.

Mrs. Stack asked if Carson Valley Health becoming strictly part of the Barton system (no longer part of Renown) would affect access to providers. Mrs. Bradley noted that the contract between CVH and Hometown Health did not change.

Mr. Petite expressed interest in information regarding what provider options can be used for what ailments or issues – primary care vs. urgent care vs. Teladoc. Can the information be provided in a way besides email? Possibly provide handouts or posters? Short presentations at staff meetings? Flow charts? Committee members expressed support for continued informational sessions at future DCSD Forum days. Possible focuses are labs, emergency room usage, Teladoc.

9. Correspondence (Information and Discussion)

No correspondence.

10. Future Agenda Items (For Possible Action)

- 1 – Continue to develop training/information for staff about insurance.
- 2 – Begin discussion about dependent premium rates (spring 2026?).

Mr. Fromdahl asked about the Board directive for proposals for self-funded and fully funded insurance for the 2027 plan year. LP Insurance will be working on informal proposals for DCSD in the near future and will provide the results/information to the committee.

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

11. Public Comment #2

No public comment.

12. Adjournment

The meeting was adjourned at 5:26 p.m. by Mrs. Dwyer

Submitted by,

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



Douglas County School District

February-26

**Group Health Plan
Cost Analysis Report**

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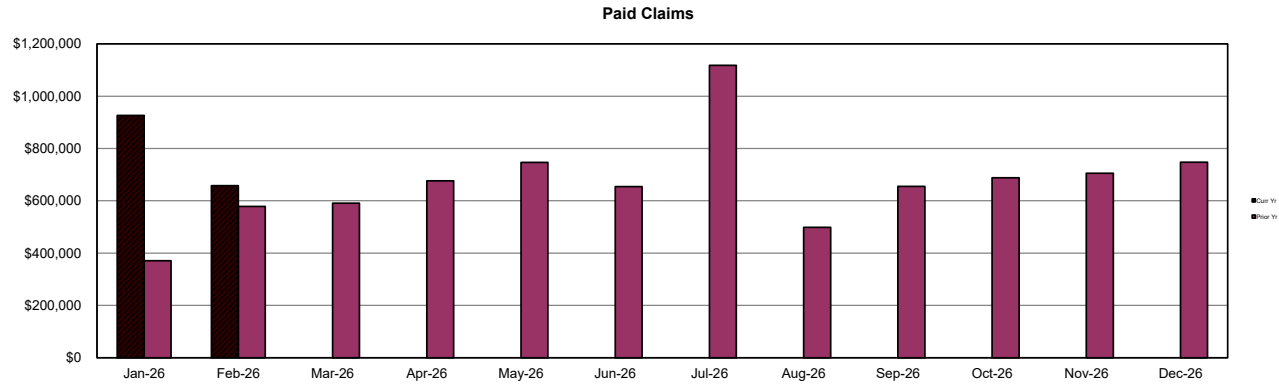
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Utilization Report
6	Top 20 Providers
7	Large Claim Data
8	Incurred But Not Reported Liability (IBNR)-Current
9	Incurred But Not Reported Liability (IBNR)-Previous Month



**Douglas County School District
PAID CLAIMS**

Line #		Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
ENROLLMENT																	
1	Employees	725	718	0	0	0	0	0	0	0	0	0	0	1,443	722	743	-2.95%
2	Dependent Units	180	178	0	0	0	0	0	0	0	0	0	0	358	179	189	-5.04%
3	Total # of Dependents	321	317	0	0	0	0	0	0	0	0	0	0	638	319	349	-8.62%
EMPLOYEE CLAIMS																	
4	Medical	\$525,224	\$234,655	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$759,879	\$379,939	\$325,692	16.66%
5	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$5,000)	-100.00%
6	Net Medical Claims	\$525,224	\$234,655	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$759,879	\$379,939	\$320,692	18.47%
7	Prescription	\$123,157	\$101,732	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$224,889	\$112,444	\$105,642	6.44%
8	Dental	\$27,699	\$43,064	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$70,763	\$35,382	\$28,969	22.14%
9	Vision	\$4,497	\$5,231	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,728	\$4,864	\$3,726	30.56%
10	Total Employee	\$680,577	\$384,683	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,065,259	\$532,630	\$459,028	16.03%
11	<i>Cost Per Employee</i>	<i>\$938.73</i>	<i>\$535.77</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$1,476.45</i>	<i>\$738.23</i>	<i>\$617.46</i>	<i>19.56%</i>
DEPENDENT CLAIMS																	
12	Medical	\$203,904	\$192,585	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$396,489	\$198,245	\$168,143	17.90%
13	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$20,471)	-100.00%
14	Net Medical Claims	\$203,904	\$192,585	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$396,489	\$198,245	\$147,673	34.25%
15	Prescription	\$26,417	\$56,552	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,969	\$41,484	\$44,294	-6.34%
16	Dental	\$14,195	\$23,469	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$37,664	\$18,832	\$17,171	9.67%
17	Vision	\$1,276	\$591	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,867	\$934	\$1,036	-9.91%
18	Total Dependent	\$245,792	\$273,197	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$518,989	\$259,495	\$210,174	23.47%
19	<i>Cost Per Dependent Unit</i>	<i>\$1,365.51</i>	<i>\$1,534.82</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$2,899.38</i>	<i>\$1,449.69</i>	<i>\$1,114.98</i>	<i>30.02%</i>
20	<i>Cost Per Dependent</i>	<i>\$765.71</i>	<i>\$861.82</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$1,626.93</i>	<i>\$813.46</i>	<i>\$602.07</i>	<i>35.11%</i>
EMPLOYEE + DEPENDENT																	
21	Medical	\$729,128	\$427,240	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,156,368	\$578,184	\$493,835	17.08%
22	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$25,470)	-100.00%
23	Net Medical Claims	\$729,128	\$427,240	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,156,368	\$578,184	\$468,364	23.45%
24	Prescription	\$149,573	\$158,284	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$307,858	\$153,929	\$149,935	2.66%
25	Dental	\$41,894	\$66,533	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$108,427	\$54,214	\$46,139	17.50%
26	Vision	\$5,773	\$5,822	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,595	\$5,798	\$4,762	21.75%
27	Total Claims	\$926,369	\$657,880	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,584,248	\$792,124	\$669,201	18.37%
28	<i>Composite Cost Per Employee</i>	<i>\$1,277.75</i>	<i>\$916.27</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$2,195.77</i>	<i>\$1,097.89</i>	<i>\$900.17</i>	<i>21.96%</i>
29	Composite Cost Per Member	\$885.63	\$635.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,522.58	\$761.29	\$612.54	24.28%

**Douglas County School District
PAID CLAIMS**

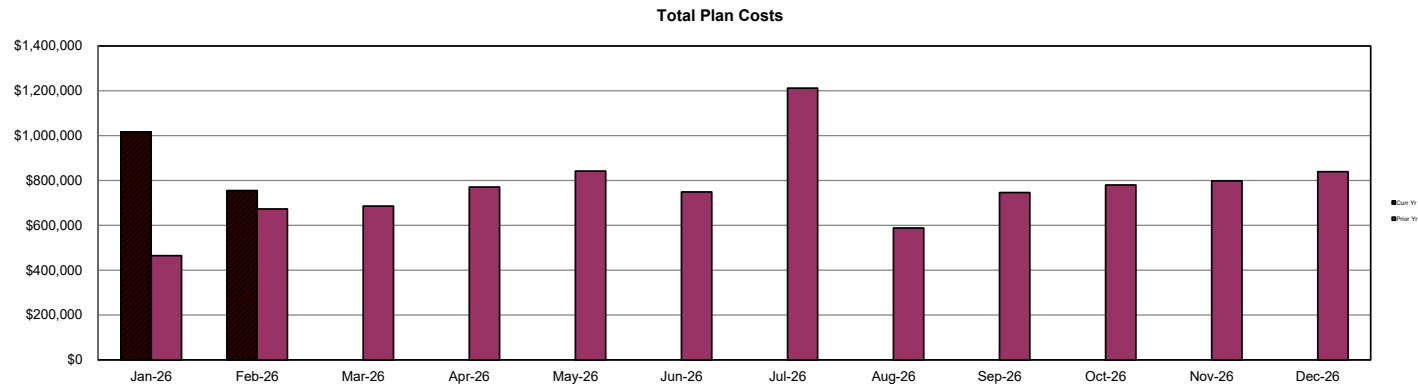


**Douglas County School District
TOTAL PLAN COSTS**

Line #		Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
EMPLOYEE																	
1	TPA / UTIL REVIEW / COBRA / TELE DOC	\$30.18	\$30.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,550	\$21,775	\$21,574	0.93%
2	Specific Stop Loss	\$58.15	\$58.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$83,910	\$41,955	\$53,608	-21.74%
3	PPO Networks (Dental)	\$0.70	\$0.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,010	\$505	\$520	-2.95%
4	VSP	\$1.68	\$1.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,424	\$1,212	\$1,249	-2.95%
5	Consulting Fee (Estimated)	\$2.07	\$2.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000	\$1,500	\$1,500	0.00%
6	Total Fixed	\$92.78	\$92.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$133,895	\$66,947	\$78,451	-14.66%
7	Exposures	725	718	0	0	0	0	0	0	0	0	0	0	1,443	722	743	-2.95%
8	Employee Fixed Costs	\$67,265	\$66,630	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$133,895	\$66,947	\$78,451	-14.66%
9	Total Gross Claims	\$680,577	\$384,683	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,065,259	\$532,630	\$464,028	14.78%
10	Gross Plan Costs	\$747,841	\$451,312	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,199,154	\$599,577	\$542,479	10.53%
11	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$5,000)	-100.00%
12	Net Plan Costs	\$747,841	\$451,312	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,199,154	\$599,577	\$537,479	11.55%
13	Per Employee Gross Plan Costs	\$1,031.51	\$628.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,662.03	\$831.01	\$729.71	13.88%
14	Per Employee Net Plan Costs	\$1,031.51	\$628.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,662.03	\$831.01	\$722.98	14.94%
DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$111.76	\$111.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,229	\$10,114	\$7,174	40.99%
16	Specific Stop Loss (+ Fam.)	\$111.76	\$111.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,782	\$9,891	\$7,673	28.91%
17	Dependent Units (+ 1 Dep.)	91	90	0	0	0	0	0	0	0	0	0	0	181	91	91	-0.64%
18	Dependent Units (Fam.)	89	88	0	0	0	0	0	0	0	0	0	0	177	89	97	-9.15%
19	Dependent Fixed Costs	\$20,117	\$19,893	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,010	\$20,005	\$14,846	34.75%
20	Total Gross Claims	\$245,792	\$273,197	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$518,989	\$259,495	\$230,644	12.51%
21	Gross Plan Costs	\$265,909	\$293,090	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$558,999	\$279,500	\$245,490	13.85%
22	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$20,471)	-100.00%
23	Net Plan Costs	\$265,909	\$293,090	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$558,999	\$279,500	\$225,020	24.21%
24	Per Dependent Unit Gross Plan Costs	\$1,477.27	\$1,646.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,561.45	\$1,561.45	\$1,302.34	19.90%
25	Per Dependent Unit Net Plan Costs	\$1,477.27	\$1,646.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,561.45	\$1,561.45	\$1,193.74	30.80%
26	Per Dependent Net Plan Costs	\$828.38	\$924.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,752.95	\$876.48	\$644.03	36.09%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$90,052	\$97,387	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$187,439	\$93,719	\$93,297	0.45%
28	Total Claims	\$926,369	\$657,880	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,584,248	\$792,124	\$694,672	14.03%
29	Gross Plan Costs	\$1,016,421	\$755,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,771,687	\$885,844	\$787,969	12.42%
30	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$25,470)	-100.00%
31	Pharmacy Rebates	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$34,452)	-100.00%
32	Net Plan Costs	\$1,016,421	\$755,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,771,687	\$885,844	\$728,047	21.67%
33	Composite Gross Plan Cost Per Employee	\$1,401.96	\$1,051.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,455.56	\$1,227.78	\$1,059.93	15.84%
34	Composite Net Plan Cost Per Employee	\$1,401.96	\$1,051.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,455.56	\$1,227.78	\$979.33	25.37%
35	Composite Net Plan Cost Per Member	\$971.72	\$729.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$851.36	\$851.36	\$666.40	27.75%

*MAXOR Admin Fee Added to Employee & Dependent Fixed Costs

Douglas County School District
TOTAL PLAN COSTS



Douglas County School District

Utilization Report

Paid Claims Between

1/1/2026

thru

2/1/2026

Percent of
Medical

Plan Paid Row Labels	Period			Percent of Medical
	01/01/26	02/01/26	Grand Total	
Dental				
Professional				
OFFICE	\$41,894	\$104,960	\$146,854	100.0%
Professional Total	\$41,894	\$104,960	\$146,854	
Dental Total	\$41,894	\$104,960	\$146,854	100.0%
Medical				
Institutional				
ON CAMPUS - OUTPATIENT HOSPITAL	\$119,547	\$404,340	\$523,888	23.4%
INPATIENT HOSPITAL	\$152,583	\$262,058	\$414,641	18.6%
AMBULATORY SURGICAL CENTER	\$191,843	\$84,312	\$276,155	12.4%
EMERGENCY ROOM - HOSPITAL	\$45,235	\$199,179	\$244,414	10.9%
URGENT CARE FACILITY	\$64	\$29,389	\$29,454	1.3%
TELEHEALTH - PROVIDED OTHER THAN IN PATIENT'S HOME		\$589	\$589	0.0%
Institutional Total	\$509,273	\$979,868	\$1,489,141	66.7%
Professional				
OFFICE	\$60,413	\$317,692	\$378,105	16.9%
AMBULANCE - AIR OR WATER	\$76,518		\$76,518	3.4%
ON CAMPUS - OUTPATIENT HOSPITAL	\$22,069	\$53,495	\$75,564	3.4%
INPATIENT HOSPITAL	\$6,101	\$32,929	\$39,029	1.7%
EMERGENCY ROOM - HOSPITAL	\$7,620	\$24,100	\$31,720	1.4%
INDEPENDENT LABORATORY	\$7,188	\$14,707	\$21,895	1.0%
TELEHEALTH - PROVIDED IN PATIENT'S HOME	\$2,418	\$13,827	\$16,245	0.7%
HOME	\$1,946	\$12,622	\$14,569	0.7%
AMBULANCE - LAND	\$2,228	\$8,474	\$10,701	0.5%
URGENT CARE FACILITY	\$1,895	\$6,600	\$8,495	0.4%
TELEHEALTH - PROVIDED OTHER THAN IN PATIENT'S HOME	\$1,370	\$5,852	\$7,222	0.3%
RURAL HEALTH CLINIC	\$2,464	\$3,657	\$6,121	0.3%
OFF CAMPUS - OUTPATIENT HOSPITAL	\$0	\$2,809	\$2,809	0.1%
PUBLIC HEALTH CLINIC	\$133	\$710	\$843	0.0%
FEDERALLY QUALIFIED HEALTH CENTER		\$486	\$486	0.0%
COMMUNITY MENTAL HEALTH CENTER		\$0	\$0	0.0%
Professional Total	\$219,854	\$525,188	\$745,042	33.3%
Medical Total	\$729,128	\$1,505,056	\$2,234,184	100.0%
Vision				
Professional				
OFFICE		\$266	\$266	100.0%
Professional Total		\$266	\$266	
Vision Total		\$266	\$266	100.0%
Grand Total	\$771,022	\$1,610,282	\$2,381,304	

Douglas County School District

Top 20 Providers

Paid Claims Between

1/1/2026

thru

2/1/2026

Provider	Members	Claims	MemberPaid	PlanPaid
CARSON TAHOE REGIONAL HEALTHCARE	487	706	\$200,410	\$822,241
RENOWN REGIONAL MEDICAL CENTER	67	89	\$38,575	\$222,685
CARSON VALLEY MEDICAL CENTER	103	161	\$54,632	\$193,275
BARTON MEMORIAL HOSPITAL	13	30	\$25,402	\$137,665
REACH AIR MEDICAL SERVICES LLC	1	2	-\$15,296	\$76,518
UNIVERSITY OF UTAH HOSPITALS AND CLINICS	5	10	\$6,465	\$57,366
RENO ORTHOPAEDIC SURGERY CENTER	8	15	\$5,910	\$38,066
RENOWN SOUTH MEADOWS MEDICAL CENTER	20	21	\$16,759	\$26,569
LABCORP PHOENIX	168	202	\$5,462	\$13,139
SHELLHORN, SARAH	2	41	\$2,700	\$12,310
LIM, PETER C	2	3	\$60	\$11,774
OBERHANS LI, HEIDI D	17	28	\$1,794	\$10,402
NORTHERN NEVADA MEDICAL CENTER	2	2	\$5,688	\$10,041
PAPEZ, REBECCA T	20	31	\$401	\$8,010
MYERS, DANYELLE C	17	27	\$651	\$7,734
MORA, DEREK P	9	25	\$497	\$7,633
UNRUH, THOMAS C	18	21	\$1,357	\$7,513
REGENTS OF THE UNIVERSITY OF CALIFORNIA	2	4	\$2,466	\$7,398
BLACK, TESSA D	11	16	\$4,603	\$7,243
SHIELDS, TROY G	8	9	\$537	\$7,121

Note: Members may be represented within multiple providers

Douglas County School District

MEDICAL CLAIMS ONLY IN EXCESS OF \$150,000 (Accumulative Paid Amounts Year to Date)

		CLAIMANT											
		Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26
Claim #	<u>Total Amount of Claim Year to Date</u>												
1	Dependent	\$0	\$160,045										
2		\$0	\$0										
3		\$0	\$0										
4		\$0	\$0										
5		\$0	\$0										
6		\$0	\$0										
7		\$0	\$0										
8		\$0	\$0										
9		\$0	\$0										
10		\$0	\$0										
Total		\$0	\$160,045	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Increase Over Previous Month:			\$160,045	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Claim #	<u>Amount Over Specific Stop-Loss (\$300,000)</u>												
1	Dependent	\$0	\$0										
2		\$0	\$0										
3		\$0	\$0										
4		\$0	\$0										
5		\$0	\$0										
6		\$0	\$0										
7		\$0	\$0										
8		\$0	\$0										
9		\$0	\$0										
10		\$0	\$0										
Total		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Increase Over Previous Month:			\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Douglas County School District

Hometown Health self-funded health plan reserve as of February 28, 2026

Based on claims from March 01, 2025 through February 28, 2026

FORMULA

Estimated IBNR = (Most recent 12 months of Actual Net Paid Claims) x (Lag Days/365)
 x (Current Employee Count / Average 12 month Lagged Employee Count)

Net Paid Claims from March 01, 2025 through February 28, 2026

Medical	\$ 6,172,181
Dental	\$ 608,435
Prescription Drugs	\$ 1,825,211
Vision	<u>\$ 60,040</u>
Total Claims	\$ 8,665,867

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 = 718 : 60 day lagged enrollment = 743
 Current enrollment all Dental Plans = 718 : 60 day lagged enrollment = 743
 Current enrollment all Rx Plans = 718 : 60 day lagged enrollment = 743
 Current enrollment all Vision Plans = 718 : 60 day lagged enrollment = 743

Estimated IBNR Calculation

Medical	\$6,172,181 X (55/365) X (718/743) =	\$ 898,257	14.6%
+			
Dental	\$608,435 X (30/365) X (718/743) =	\$ 48,299	7.9%
+			
Rx	\$1,825,211 X (11/365) X (718/743) =	\$ 53,126	2.9%
+			
Vision	\$60,040 X (22/365) X (718/743) =	<u>\$ 3,495</u>	5.8%
=			
Total estimated IBNR as of February 28, 2026 =		\$ 1,003,177	11.6%

Note: Above reserve estimate excludes experience period claim(s) which have exceeded specific stop specific stop loss level. Any large ongoing claims or claim anomalies at termination may cause great fluctuations in actual runout numbers.
 These reserve estimates are calculated based on claims for the period stated above.

Douglas County School District

Hometown Health self-funded health plan reserve as of January 31, 2026

Based on claims from February 01, 2025 through January 31, 2026

FORMULA

Estimated IBNR = (Most recent 12 months of Actual Net Paid Claims) x (Lag Days/365)
 x (Current Employee Count / Average 12 month Lagged Employee Count)

Net Paid Claims from February 01, 2025 through January 31, 2026

Medical	\$ 6,141,657
Dental	\$ 566,073
Prescription Drugs	\$ 1,819,700
Vision	<u>\$ 58,719</u>
Total Claims	\$ 8,586,149

Average Estimated Lag Days

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

Number of employees covered:

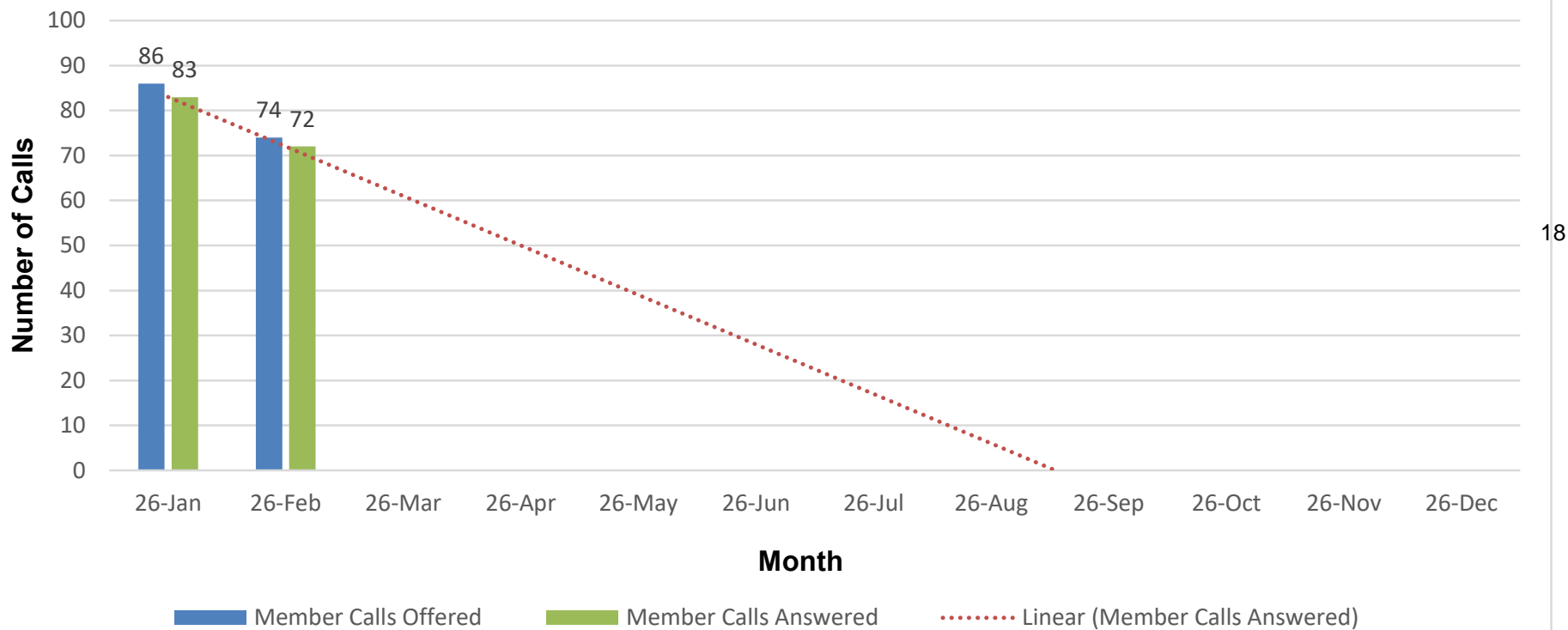
Current enrollment all Medical Plans = 725 : 60 day lagged enrollment = 745
 Current enrollment all Dental Plans = 725 : 60 day lagged enrollment = 745
 Current enrollment all Rx Plans = 725 : 60 day lagged enrollment = 745
 Current enrollment all Vision Plans = 725 : 60 day lagged enrollment = 745

Estimated IBNR Calculation

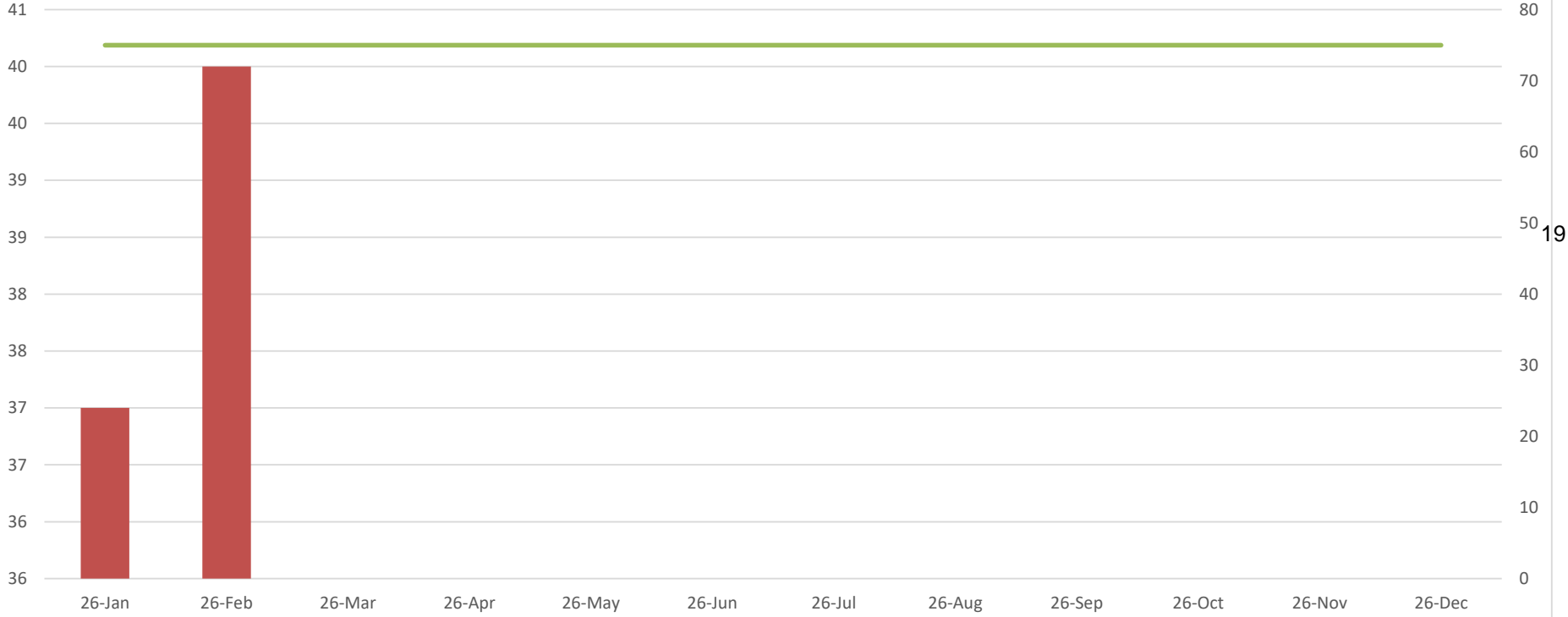
Medical	\$6,141,657 X (55/365) X (725/745) =	\$ 900,309	14.7%
+			
Dental	\$566,073 X (30/365) X (725/745) =	\$ 45,262	8.0%
+			
Rx	\$1,819,700 X (11/365) X (725/745) =	\$ 53,350	2.9%
+			
Vision	\$58,719 X (22/365) X (725/745) =	<u>\$ 3,443</u>	5.9%
=			
Total estimated IBNR as of January 31, 2026 =		\$ 1,002,364	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.

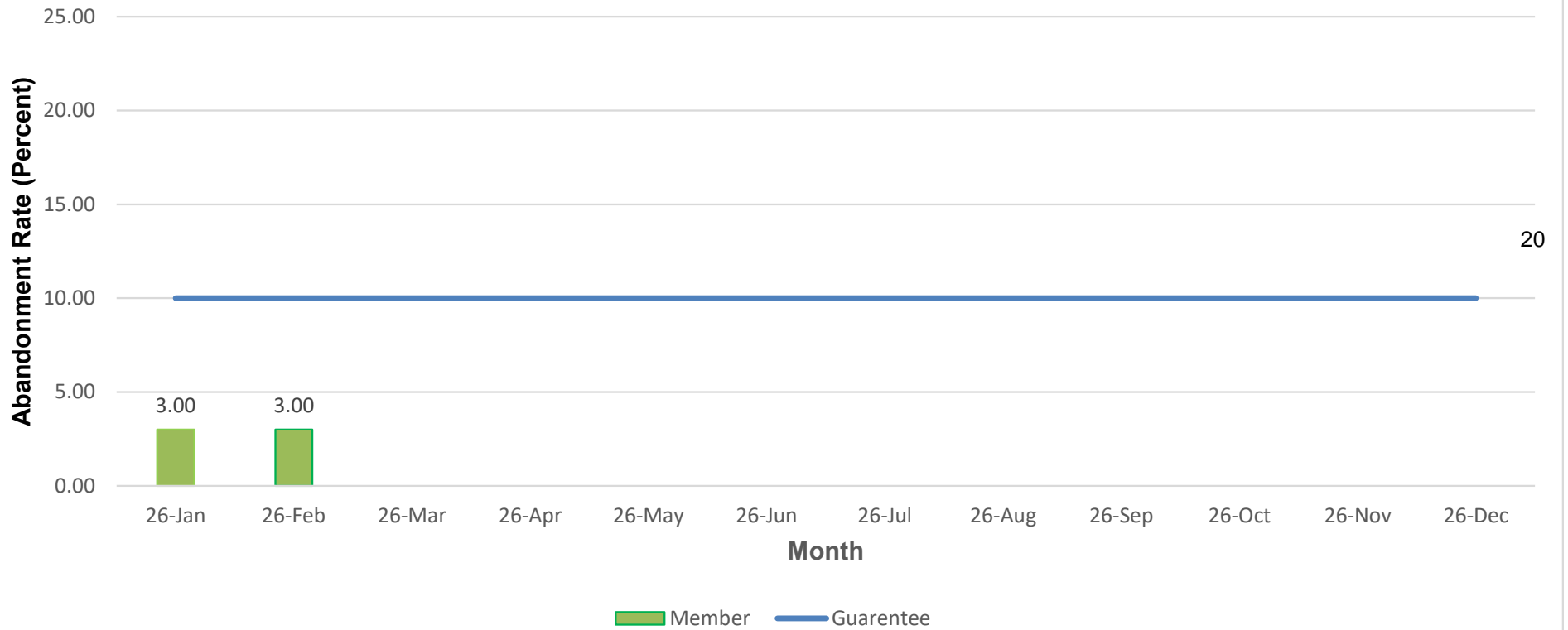
Hometown Health - DCSD Dedicated Phone Number Customer Services Department Call Volume



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

	2026	January	February
Total			
Total Claims Received During Month	1,394	1,271	1,516
Total Claims Paid During Month	1,519	1,354	1,684
Claims Open at End of Month	373	363	383
Percentage of Claims Paid Within 30 Days	96.0%	97.4%	94.8%
Number of Claims Paid Over 30 Days	62	35	88

	2026	January	February
Medical			
Total Claims Received During Month	1,168	1,021	1,315
Total Claims Paid During Month	1,277	1,140	1,414
Claims Open at End of Month	76	74	78
Percentage of Claims Paid Within 30 Days	99.2%	99.4%	99.0%
Number of Claims Paid Over 30 Days	11	7	14

21

	2026	January	February
Dental			
Total Claims Received During Month	226	250	201
Total Claims Paid During Month	242	214	270
Claims Open at End of Month	224	216	232
Percentage of Claims Paid Within 30 Days	78.9%	86.9%	72.6%
Number of Claims Paid Over 30 Days	51	28	74

Unaudited

2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-26	
Actuals to date	Actuals to date	Actuals to date	Actuals to date	Actuals to date	Actuals to date	Actuals to date	
\$707,103	\$593,957	\$1,047,051	\$649,873	\$1,008,996	\$818,800	\$1,188,429	July
\$504,522	\$533,442	\$801,080	\$937,616	\$1,112,051	\$1,140,749	\$477,214	August
\$419,473	\$922,103	\$709,220	\$540,995	\$735,590	\$867,924	\$508,078	September
\$575,237	\$580,104	\$758,601	\$993,427	\$399,999	\$1,171,815	\$624,109	October
\$751,140	\$974,578	\$820,396	\$214,398	\$762,960	\$879,124	\$617,450	November
\$409,511	\$606,620	\$1,754,598	\$919,954	\$689,212	\$630,192	\$660,946	December
\$585,200	\$508,567	\$211,099	\$520,765	\$685,625	\$509,134	\$945,229	January
\$425,889	\$454,486	-\$155,452	\$553,752	\$624,971	\$430,184	\$690,609	February
\$463,808	-\$63,850	\$1,124,963	\$642,894	\$352,799	\$590,875		March
\$590,274	\$581,293	\$116,358	\$561,828	\$491,344	\$699,843		April
\$386,887	\$735,299	\$610,376	\$872,626	\$507,389	\$710,831		May
\$690,699	\$833,568	\$997,886	\$728,608	\$598,594	\$623,455		June
\$6,509,743	\$7,260,167	\$8,796,176	\$8,136,736	\$7,969,530	\$9,072,926	\$5,712,064	TOTAL CLAIMS

\$542,478.58	\$605,013.95	\$733,014.69	\$678,061.33	\$664,127.54	\$756,077.17	\$714,008.00
0.70%	11.53%	21.16%	(7.50%)	(2.05%)	13.85%	(5.56%)
0.08%	5.05%	(3.29%)	(4.56%)	0.00%	(1.13%)	0.00%
768	795	763	773	773	779	779
423	452	443	378	378	359	359
1,191	1,247	1,206	1,151	1,151	1,138	1,138
\$ 5,466	\$ 5,822	\$ 7,294	\$ 7,069	\$ 6,924	\$ 7,973	\$ 7,529

ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	DEC AMEND	DEC AMEND	
\$ 2,900,257	\$ 3,055,107	\$ 1,713,523	\$ 659,909	\$ 322,101	\$ 962,908	\$ 962,908	Fund Balance - 6/30:
\$7,339,180	\$7,564,729	\$8,007,604	\$7,888,920	\$8,328,096	\$8,810,000	\$8,810,000	Premium Pmts
		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Transfer from GF
\$452,484	\$657,098	\$1,979	\$0	\$0	\$0	\$0	Insurance Proceeds
(\$3,890)	(\$3,955)	(\$3,845)	(\$31,030)	(\$9,030)	(\$9,030)	(\$9,030)	Other Payments
(\$6,731,736)	(\$8,541,210)	(\$9,067,362)	(\$7,950,000)	(\$8,100,000)	(\$8,100,000)	(\$8,100,000)	Claims Expense
							PEBP Payments
(\$271,441)	(\$284,913)	(\$287,536)	(\$330,000)	(\$325,000)	(\$325,000)	(\$325,000)	Fixed Costs - Admin Payments
(\$669,791)	(\$742,720)	(\$707,462)	(\$793,000)	(\$900,000)	(\$930,000)	(\$930,000)	Fixed Costs - Third-Party Payments
\$40,044	\$9,387	\$3,008	\$5,000	\$10,000	\$10,000	\$10,000	Interest on Inv / Ck Acct
\$3,055,107	\$1,713,523	\$659,909	\$449,799	\$326,167	\$1,418,878	\$1,418,878	Est. Ending Fund Balance - 7/1:

2025-26	2025-26	2025-26	2025-26
Operating Revenues	Admin Expenses	Claims Expenses	Est Cash Flows
\$735,596.12	(\$103,802.31)	(\$1,188,428.96)	(\$556,635.15)
\$705,215.07	(\$102,886.13)	(\$477,213.91)	\$125,115.03
\$715,323.86	(\$95,617.32)	(\$508,078.10)	\$111,628.44
\$831,626.17	(\$101,444.97)	(\$624,109.22)	\$106,071.98
\$762,560.00	(\$98,569.28)	(\$660,945.97)	\$3,044.75
\$815,683.67	(\$100,428.51)	(\$1,024,689.00)	(\$309,433.84)
\$821,586.00	(\$93,610.73)	(\$945,229.06)	(\$217,253.79)
\$890,187.68	(\$100,491.70)	(\$690,608.62)	\$99,087.36
			\$0.00
			\$0.00
			\$0.00
			\$0.00
\$6,277,778.57	(\$796,850.95)	(\$6,119,302.84)	(\$638,375.22)

Notes:
 July Premiums reflect the 'wrap-around' effect of the multiple salary schedules.

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	618,477.81	619,120.57	688,058.00	686,678.00				
Exp Ins	23,398.21	39,430.48	34,990.38	29,751.80	28,354.88	0.00	59,620.84	31,660.77				
PERS Ins	66,100.77	72,232.69	71,784.05	71,784.05	69,685.68	74,904.19	72,279.19	67,529.19				
Interest	2,623.63	2,232.22	0.00	4,951.67	2,545.33	2,556.25	1,627.97	1,621.62				
Rx Rebates	0.00	0.00	0.00	0.00	0.00	119,102.66	0.00	0.00				
Transfers in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Totals	735,596.12	705,215.07	715,323.86	719,750.60	719,063.70	815,683.67	821,586.00	787,489.58	0.00	0.00	0.00	0.00
												23
EXPENSE												
Claims	1,014,706.25	352,629.71	393,135.61	413,174.69	540,696.55	792,861.44	881,425.18	515,463.30				
Rx Claims	173,635.93	124,470.55	130,670.21	210,909.89	120,225.75	231,686.70	103,052.96	175,089.00				
Rx Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
Other Fees	86.78	113.65	112.33	24.64	23.67	140.86	3,963.04	56.32				
Stop-loss Reimb.	0.00	0.00	-15,840.05	-111,875.57	-43,496.30	0.00	-43,212.12	-102,698.10				
Accts Payable	8,030.13	8,204.10	9,350.59	6,742.74	5,170.39	6,569.67	4,871.49	12,508.42				
Admin Fees	95,772.18	94,682.03	86,266.73	94,702.25	93,398.89	93,858.84	88,739.24	87,983.28				
Totals	1,292,231.27	580,100.04	603,695.42	613,678.64	716,018.95	1,125,117.51	1,038,839.79	688,402.22	0.00	0.00	0.00	0.00