Douglas County School District
Board of Trustees
Agenda for the Health Advisory Committee of
Tuesday, August 25, 2026
4:30 PM
Airport Training Center & Zoom
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!

1638 Mono Avenue, Minden, Nevada 89423

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.

<u>Public Comment</u>: 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.

<u>Written Communication</u>: 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.

<u>Personal Appearance at a Board Meeting</u>: 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 & Zoom
1126 Airport Road Building G-1
Minden, NV 89423
Tuesday, August 25, 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 <u>any item appearing on the agenda</u>. A sign-up sheet is provided and individuals may address the committee by indicating their desire to speak and the topic about which they will speak. The committee reserves the right to limit the amount of time that will be allowed for each individual to speak. (The time allotted is nontransferable for each speaker.) The committee is precluded from acting on items raised during Public Comment that are not already on the agenda. No action may be taken on a matter discussed under this item until the matter is included on an agenda as an item on which action may be taken. Public Comment #2 will provide an opportunity for public comment on any matter within the Committee's jurisdiction, control, or advisory authority.

3. **Committee Members' Comment**
Comments from committee members are invited at this time for any item not specifically addressed elsewhere in the agenda. The intent of this standing item is to allow committee members to provide feedback to the committee as a whole regarding membership questions and comments. Committee members should limit the amount of time and be respectful of time constraints and not be repetitive of other committee members' comments.

4. **Approval of Minutes of the May 26, 2026 Meeting (For Possible Action)** **5**
Attached are the minutes of the May 26, 2026 Health Advisory Committee Meeting for review and approval.

5. **Approval of Minutes of the June 17, 2026 Meeting (For Possible Action)** **8**
Attached are the minutes of the June 17, 2026 Health Advisory Committee Meeting for review and approval.

6. **Review of Claims (Information and Discussion)** Lloyd Barnes, Nate Kerr **10**
A representative from DCSD's broker, LP Insurance Services, Inc., will review claims expenses for Douglas County School District's self-funded health insurance.

7. **Customer Service Review (Information and Discussion)** Sam Bradley **20**
A representative from Douglas County School District's Third Party Administrator, Hometown Health, will review customer service statistics.

8. **Self-Insurance Fund Projected Financials (Information and Discussion)** **25**

The Executive Director of Human Resources and/or the Chief Financial Officer, will provide an update on the projected financials of the district's self-insured health insurance fund.

9. **DCSD Self-Funded Health Insurance Plan Review (Information, Discussion and Possible Action)**
The DCSD Health Advisory Committee will begin to review DCSD's Self-Funded Health Insurance Plan for possible revised plan rate projections and benefit reductions. The committee will begin to discuss and review possible changes to the District's Plan for the purposes of a January 1, 2027 renewal. Changes may include, but are not limited to, premium rates, benefit reductions, participant premium contributions, expansion of HSAs, and plan design changes to medical, dental, prescription, and vision plans.

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 in nontransferable for each speaker.) The committee is precluded from acting on items raised during Public Comment that re 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 775-782-5134.

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

Douglas County School District, Minden, NV
District website: www.dcsd.k12.nv.us
State of Nevada website: https://notice.nv.gov

DRAFT - Minutes of the Health Advisory Committee Meeting – May 26, 2026

Committee Members Present
Jeannie Dwyer, Executive Director of HR
Michelle Baugh, DCPEA
Andrew Fromdahl, DCAA
Elizabeth Martin, DCSSO

Absent
Kristen Smith, Chapter #6 Bus Drivers
Ethan Petite, DCPEA
Kerry Stack, DCPEA

Nate Kerr, LP Insurance (via Google Meets), Nick Connell, LP Insurance (via Google Meets), Camille Barba, LP Insurance (vis Google Meets), Lisa Schloemer Gaub (via Google Meets), Hometown Health, 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 4:41 p.m.

2. Public Comment #1

No public comment.

3. Committee Members' Comment

No committee members' comment.

4. Approval of Minutes of the April 28, 2026 meeting (For Possible Action)

Mrs. Baugh made a motion to approve the minutes for the April 28, 2026 meeting, Ms. Martin seconded the motion. Motion passed 4 – 0.

5. Review of Claims (Information and Discussion)

Mr. Kerr reported on the paid claims through April 2026.

Exhibit 2 – Employee and dependent enrollment reman slightly lower compared to 2025 (down 3% for employees and 9% for total dependents). Total employee claims (Line 10) for April were $372,238. Cost per employee current plan year average (Line 11) $690 (12% higher compared to 2025). Total dependent claims (Line 18) for April were $249,808. Total claims (line 27) for the month of April were $622,046. Average composite cost per employee current plan year average (Line 28) is $976 (8% higher compared to 2025).

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.). Total fixed costs (Line 27) are down approximately 2.6% in 2026 compared to 2025. Gross plan costs (Line 29) were $717,098 in April. Average monthly composite net plan cost per employee per month was $1,060 in April (Line 34).

Exhibit 6 – Utilization/Claims Data – This exhibit provides data regarding utilization. Barton continues to be more expensive from a claim's perspective compared to Carson Tahoe and Renown. In April, claims for ambulatory surgical center were 19% of spend, inpatient hospital 19%, and 7% for ER. Top providers

information - Barton tends to be approximately 4 times higher than other facilities (compared to Renown and Carson Tahoe).

Exhibit 8 – Large claims report. Large claim tracking begins when a claim reaches approximately 50% of Stop-Loss deductible ($300,000). There is one large claim on the April report that seems to be stabilizing.

Exhibit 9 - Incurred but Not Reported (IBNR) is the outstanding estimated liability that DCSD carries on an on-going basis. April 2026 estimated IBNR is $997,371.

Mr. Fromdahl asked if Barton referred to Barton up at Lake Tahoe, which Mr. Kerr confirmed.

6. Customer Service Review (Information and Discussion)

Mrs. Schloemer Gaub from Hometown Health reported on customer service for April 2026. Customer Service Call Volume report data shows approximately 73 member calls in April (71 were answered). For April, the Average Seconds to Answer (ASA) was 22 seconds (performance guarantee is 75 seconds). April 2026 Abandonment rate was 3% (performance guarantee is 10%). The claims report shows 1,240 claims received during the month of April. 1,600 claims were paid in April. The number of claims paid within 30 days was 98% (performance guarantee is 95%). Approximately 37 claims exceeded the 30 day limit.

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

For the month of April, paid claims were $820,056 and admin expenses were $98,939. As of April, total claims for fiscal year 25-26 are $7,055,073. Total operating revenues for the fiscal year 25-26 are $7,965,572. Cash flow was negative in April 2026. Revenue and expense report breakdown by month also shows a negative cash flow for April.

8. Review the proposed dates for the Douglas County School District Health Advisory Committee meetings for the 2026-27 fiscal/school year.

The committee reviewed the proposed meeting dates the 2026-27 fiscal year: Dates include but are not limited to: 8/25/26, 9/29/26, 10/20/26, 11/17/26, 1/26/27, 2/23/27, 3/30/27, 4/27/27, 5/25/27.

9. Self-Funded and Fully Funded Health Insurance TPA Proposal Process – discuss and review information and updates. (For Information, Discussion, and Possible Action)

Mr. Kerr reported that LP Insurance extended the proposal timeline slightly in order to accommodate some vendors. They will be prepared to provide a complete analysis for the committee in June. The committee agreed to schedule a special meeting on June 17, 2026 to review the final proposals. Meeting information – 6/17/2026 at 2:00 p.m. at the Airport Training Center.

10. Correspondence (Information and Discussion)

No correspondence.

11. Future Agenda Items (For Possible Action)

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

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

12. Public Comment #2

No public comment.

13. Adjournment

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

Submitted by,

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

DRAFT - Minutes of the SPECIAL Health Advisory Committee Meeting – June 17, 2026

Committee Members Present	**Absent**
Jeannie Dwyer, Executive Director of HR	Kerry Stack, DCPEA
Michelle Baugh, DCPEA	
Ethan Petite, DCPEA	
Andrew Fromdahl, DCAA	
Elizabeth Martin, DCSSO	
Kristen Smith, Chapter #6 Bus Drivers Assoc.	

Lloyd Barnes, LP Insurance, Nate Kerr, LP Insurance, Camille Barba, LP Insurance, Terri Willoughby, DCSD CFO, 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 2:08 p.m. Mrs. Dwyer introduced DCSD's new CFO – Terri Willoughby.

2. Public Comment #1

No public comment.

3. TPA (Third Party Administrator) Proposal Process – review information and proposals for fully funded and self-funded health insurance plans with DCSD's broker, LP Insurance. (For Information, Discussion, and Possible Action)

The team from LP Insurance reviewed their 2027 self-insured and fully insured marketing analysis (last marketing analysis was in 2023).

For fully insured, six carriers were asked for a quote. Hometown Health responded with an 11% increase (compared to DCSD's current funding levels) but they did not include a quote for dental. Aetna's quote was not presented because it was not competitive. Four other carriers (Anthem, UMR, Cigna, Prominence) declined to quote because they were not competitive.

LP Insurance provided a rolling net total cost vs. monthly revenue analysis. This analysis showed that, in recent years, revenue has slowly increased and has gotten closer to costs. They are currently projecting that an 8% increase in revenue may be needed in 2027. This is based on DCSD's trend and regional trend (this includes a possible 20% increase in Stop-Loss).

For self-insured, nine insurers were asked for a quote. Hometown Health, Anthem, and Aetna presented quotes (medical and dental). Hometown Health (2.8% below current), Anthem, (0.3% above current), and Aetna (2.7% below current). Three carrier quotes were not presented because they were not competitive (UMR, GBS, ABA) and three carriers declined to quote because they were not competitive (Cigna, Advantek, University of Utah).

The committee discussed the options and, based on the shared information and discussion, agreed that continuing with a self-funded insurance plan is the best option for DCSD at this time.

Mr. Fromdahl made a motion to recommend (to the Board of Trustees) that DCSD continues as a self-funded insurance plan. Mrs. Dwyer seconded the motion. Motion passed 6 – 0.

4. Committee Members' Comment

No committee member comment.

5. Correspondence (Information and Discussion)

No correspondence.

6. Future Agenda Items (For Possible Action)

Begin 2027 plan year benefits discussion (plan design changes, etc.) in August (provide 2026 plan changes as a reminder what was changed).

7. Public Comment #2

No public comment.

8. Adjournment

The meeting was adjourned at 3:00 p.m. by Mrs. Dwyer.

Submitted by,

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

Douglas County School District

July-26

Group Health Plan
Cost Analysis Report

10

Table of Contents

INSURANCE

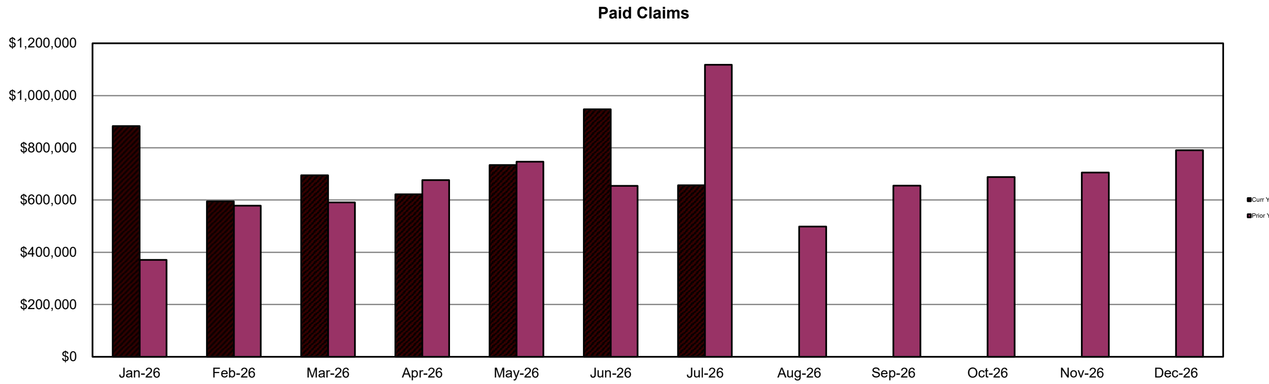
Douglas County School District

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	711	709	707	703	695	0	0	0	0	0	4,968	710	743	-4.53%
2	Dependent Units	180	178	175	176	177	173	174	0	0	0	0	0	1,233	176	189	-6.56%
3	Total # of Dependents	321	317	315	316	314	314	317	0	0	0	0	0	2,214	316	349	-9.40%
	EMPLOYEE CLAIMS																
4	Medical	$525,224	$234,655	$381,057	$229,577	$486,467	$514,722	$222,178	$0	$0	$0	$0	$0	$2,593,879	$370,554	$325,692	13.77%
5	Less Stop Loss Reimbursement	($1,688)	($967)	($7,382)	$0	$0	$0	$0	$0	$0	$0	$0	$0	($10,038)	($1,434)	($4,859)	-70.49%
6	Net Medical Claims	$523,536	$233,688	$373,674	$229,577	$486,467	$514,722	$222,178	$0	$0	$0	$0	$0	$2,583,842	$369,120	$320,832	15.05%
7	Prescription	$123,157	$101,732	$121,868	$103,877	$135,203	$131,380	$95,067	$0	$0	$0	$0	$0	$812,283	$116,040	$105,642	9.84%
8	Dental	$27,699	$43,064	$42,901	$35,564	$13,833	$32,077	$24,120	$0	$0	$0	$0	$0	$219,259	$31,323	$28,969	8.13%
9	Vision	$4,497	$5,231	$3,800	$3,220	$2,648	$3,840	$4,455	$0	$0	$0	$0	$0	$27,692	$3,956	$3,726	6.18%
10	**Total Employee**	**$678,888**	**$383,716**	**$542,244**	**$372,238**	**$638,151**	**$682,019**	**$345,820**	**$0**	**$0**	**$0**	**$0**	**$0**	**$3,643,076**	**$520,439**	**$459,168**	**13.34%**
11	***Cost Per Employee***	***$936.40***	***$534.42***	***$762.65***	***$525.02***	***$902.62***	***$970.15***	***$497.58***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$5,133.16***	***$733.31***	***$617.65***	*18.73%*
	DEPENDENT CLAIMS																
12	Medical	$203,904	$192,585	$155,609	$203,793	$53,272	$214,535	$255,847	$0	$0	$0	$0	$0	$1,279,545	$182,792	$168,143	8.71%
13	Less Stop Loss Reimbursement	($41,524)	($61,777)	($24,473)	$0	$0	$0	$0	$0	$0	$0	$0	$0	($127,774)	($18,253)	($17,010)	7.31%
14	Net Medical Claims	$162,380	$130,808	$131,136	$203,793	$53,272	$214,535	$255,847	$0	$0	$0	$0	$0	$1,151,771	$164,539	$151,133	8.87%
15	Prescription	$26,417	$56,552	($7,287)	$31,133	$33,502	$29,505	$35,880	$0	$0	$0	$0	$0	$205,701	$29,386	$44,294	-33.66%
16	Dental	$14,195	$23,469	$27,360	$14,785	$7,679	$20,743	$18,087	$0	$0	$0	$0	$0	$126,318	$18,045	$17,171	5.09%
17	Vision	$1,276	$591	$1,322	$98	$1,428	$565	$913	$0	$0	$0	$0	$0	$6,193	$885	$1,036	-14.63%
18	**Total Dependent**	**$204,268**	**$211,420**	**$152,532**	**$249,808**	**$95,881**	**$265,346**	**$310,727**	**$0**	**$0**	**$0**	**$0**	**$0**	**$1,489,983**	**$212,855**	**$213,634**	**-0.36%**
19	***Cost Per Dependent Unit***	***$1,134.82***	***$1,187.75***	***$871.61***	***$1,419.36***	***$541.70***	***$1,533.79***	***$1,785.79***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$8,458.94***	***$1,208.42***	***$1,133.34***	*6.63%*
20	***Cost Per Dependent***	***$636.35***	***$666.94***	***$484.23***	***$790.53***	***$305.35***	***$845.05***	***$980.21***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$4,710.88***	***$672.98***	***$611.99***	***9.97%***
	EMPLOYEE + DEPENDENT																
21	Medical	$729,128	$427,240	$536,666	$433,370	$539,738	$729,257	$478,025	$0	$0	$0	$0	$0	$3,873,424	$553,346	$493,835	12.05%
22	Less Stop Loss Reimbursement	($43,212)	($62,744)	($31,856)	$0	$0	$0	$0	$0	$0	$0	$0	$0	($137,811)	($19,687)	($21,869)	-9.98%
23	Net Medical Claims	$685,916	$364,497	$504,810	$433,370	$539,738	$729,257	$478,025	$0	$0	$0	$0	$0	$3,735,613	$533,659	$471,965	13.07%
24	Prescription	$149,573	$158,284	$114,582	$135,009	$168,704	$160,885	$130,947	$0	$0	$0	$0	$0	$1,017,984	$145,426	$149,935	-3.01%
25	Dental	$41,894	$66,533	$70,261	$50,349	$21,512	$52,820	$42,207	$0	$0	$0	$0	$0	$345,577	$49,368	$46,139	7.00%
26	Vision	$5,773	$5,822	$5,123	$3,318	$4,076	$4,404	$5,368	$0	$0	$0	$0	$0	$33,885	$4,841	$4,762	1.66%
27	**Total Claims**	**$883,156**	**$595,136**	**$694,777**	**$622,046**	**$734,032**	**$947,365**	**$656,547**	**$0**	**$0**	**$0**	**$0**	**$0**	**$5,133,059**	**$733,294**	**$672,802**	**8.99%**
28	***Composite Cost Per Employee***	***$1,218.15***	***$828.88***	***$977.18***	***$877.36***	***$1,038.23***	***$1,347.60***	***$944.67***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$7,232.57***	***$1,033.22***	***$905.01***	*14.17%*
29	Composite Cost Per Member	***$844.32***	***$575.01***	***$677.17***	***$606.87***	***$718.93***	***$931.53***	***$648.76***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$5,002.98***	***$714.71***	***$615.84***	***16.06%***

Douglas County School District

PAID CLAIMS



Douglas County School District

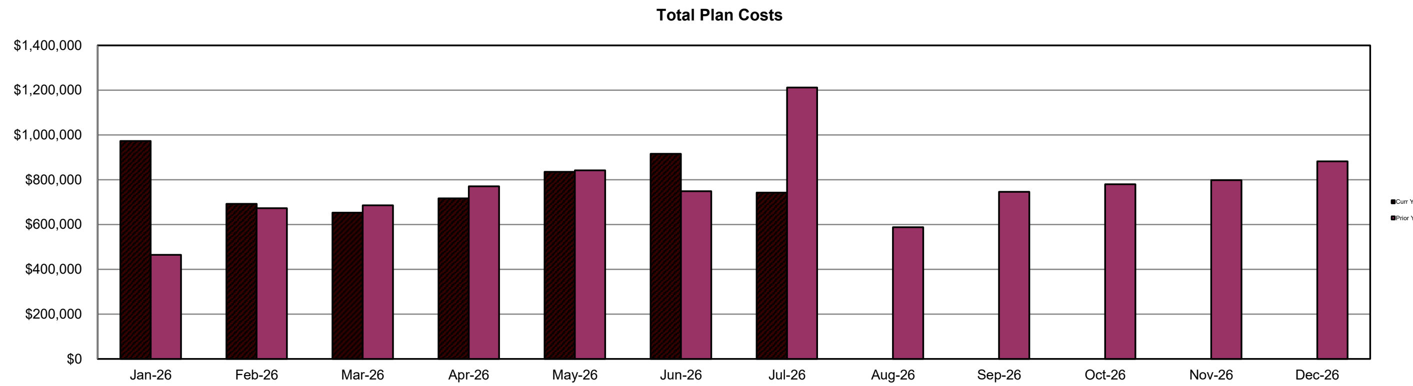
TOTAL PLAN COSTS

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	$30.18	$30.18	$30.18	$30.18	$30.18	$0.00	$0.00	$0.00	$0.00	$0.00	$149,934	$21,419	$21,574	-0.72%
2	Specific Stop Loss	$58.15	$58.15	$58.15	$58.15	$58.15	$58.15	$58.15	$0.00	$0.00	$0.00	$0.00	$0.00	$288,889	$41,270	$53,608	-23.02%
3	PPO Networks (Dental)	$0.70	$0.70	$0.70	$0.70	$0.70	$0.70	$0.70	$0.00	$0.00	$0.00	$0.00	$0.00	$3,478	$497	$520	-4.53%
4	VSP	$1.68	$1.68	$1.68	$1.68	$1.68	$1.68	$1.68	$0.00	$0.00	$0.00	$0.00	$0.00	$8,346	$1,192	$1,249	-4.53%
5	Consulting Fee (Estimated)	$2.07	$2.09	$2.11	$2.12	$2.12	$2.13	$2.16	$0.00	$0.00	$0.00	$0.00	$0.00	$10,500	$1,500	$1,500	0.00%
6	Total Fixed	$92.78	$92.80	$92.82	$92.83	$92.83	$92.84	$92.87	$0.00	$0.00	$0.00	$0.00	$0.00	$461,147	$65,878	$78,451	-16.03%
7	Exposures	725	718	711	709	707	703	695	0	0	0	0	0	4,968	710	743	-4.53%
8	Employee Fixed Costs	$67,265	$66,630	$65,995	$65,813	$65,632	$65,269	$64,543	$0	$0	$0	$0	$0	$461,147	$65,878	$78,451	-16.03%
9	Total Gross Claims	$680,577	$384,683	$549,627	$372,238	$638,151	$682,019	$345,820	$0	$0	$0	$0	$0	$3,653,114	$521,873	$464,028	12.47%
10	Gross Plan Costs	$747,841	$451,312	$615,622	$438,051	$703,783	$747,288	$410,363	$0	$0	$0	$0	$0	$4,114,261	$587,752	$542,479	8.35%
11	Stop-Loss Reimbursements	($1,688)	($967)	($7,382)	$0	$0	$0	$0	$0	$0	$0	$0	$0	($10,038)	($1,434)	($4,859)	-70.49%
12	Net Plan Costs	$746,153	$450,346	$608,239	$438,051	$703,783	$747,288	$410,363	$0	$0	$0	$0	$0	$4,104,224	$586,318	$537,619	9.06%
13	Per Employee Gross Plan Costs	**$1,031.51**	**$628.57**	**$865.85**	**$617.84**	**$995.45**	**$1,063.00**	**$590.45**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$5,797.07**	**$828.15**	**$729.71**	13.49%
14	Per Employee Net Plan Costs	***$1,029.18***	***$627.22***	***$855.47***	***$617.84***	***$995.45***	***$1,063.00***	***$590.45***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$5,782.92***	***$826.13***	***$723.17***	***14.24%***
	DEPENDENT																
15	Specific Stop Loss (+ 1 Dep.)	$111.76	$111.76	$111.76	$111.76	$111.76	$111.76	$111.76	$0.00	$0.00	$0.00	$0.00	$0.00	$71,638	$10,234	$7,174	42.66%
16	Specific Stop Loss (+ Fam.)	$111.76	$111.76	$111.76	$111.76	$111.76	$111.76	$111.76	$0.00	$0.00	$0.00	$0.00	$0.00	$66,162	$9,452	$7,673	23.19%
17	Dependent Units (+ 1 Dep.)	91	90	89	92	93	92	94	0	0	0	0	0	641	92	91	0.54%
18	Dependent Units (Fam.)	89	88	86	84	84	81	80	0	0	0	0	0	592	85	97	-13.19%
19	Dependent Fixed Costs	$20,117	$19,893	$19,558	$19,670	$19,782	$19,334	$19,446	$0	$0	$0	$0	$0	$137,800	$19,686	$14,846	32.60%
20	Total Gross Claims	$245,792	$273,197	$177,005	$249,808	$95,881	$265,346	$310,727	$0	$0	$0	$0	$0	$1,617,757	$231,108	$230,644	0.20%
21	Gross Plan Costs	$265,909	$293,090	$196,563	$269,478	$115,662	$284,681	$330,173	$0	$0	$0	$0	$0	$1,755,557	$250,794	$245,490	2.16%
22	Stop-Loss Reimbursements	($41,524)	($61,777)	($24,473)	$0	$0	$0	$0	$0	$0	$0	$0	$0	($127,774)	($18,253)	($17,010)	7.31%
23	Net Plan Costs	$224,385	$231,314	$172,090	$269,478	$115,662	$284,681	$330,173	$0	$0	$0	$0	$0	$1,627,783	$232,540	$228,480	1.78%
24	***Per Dependent Unit Gross Plan Costs***	***$1,477.27***	***$1,646.58***	***$1,123.22***	***$1,531.12***	***$653.46***	***$1,645.55***	***$1,897.55***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$1,423.81***	***$1,423.81***	***$1,302.34***	*9.33%*
25	***Per Dependent Unit Net Plan Costs***	***$1,246.58***	***$1,299.51***	***$983.37***	***$1,531.12***	***$653.46***	***$1,645.55***	***$1,897.55***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$1,320.18***	***$1,320.18***	***$1,212.10***	***8.92%***
26	***Per Dependent Net Plan Costs***	***$699.02***	***$729.70***	***$546.32***	***$852.78***	***$368.35***	***$906.63***	***$1,041.56***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$5,144.34***	***$734.91***	***$654.21***	***12.34%***
	EMPLOYEE + DEPENDENT																
27	*Fixed Costs	$90,052	$97,387	$80,980	$95,052	$101,540	$89,384	$86,248	$0	$0	$0	$0	$0	$640,642	$91,520	$93,297	-1.90%
28	Total Claims	$926,369	$657,880	$726,632	$622,046	$734,032	$947,365	$656,547	$0	$0	$0	$0	$0	$5,270,870	$752,981	$694,672	8.39%
29	Gross Plan Costs	$1,016,421	$755,266	$807,612	$717,098	$835,571	$1,036,749	$742,795	$0	$0	$0	$0	$0	$5,911,512	$844,502	$787,969	7.17%
30	Stop-Loss Reimbursements	($43,212)	($62,744)	($31,856)	$0	$0	$0	$0	$0	$0	$0	$0	$0	($137,811)	($19,687)	($21,869)	-9.98%
31	Pharmacy Rebates	$0	$0	($122,540)	$0	$0	($120,723)	$0	$0	$0	$0	$0	$0	($243,263)	($34,752)	($34,452)	0.87%
32	Net Plan Costs	$973,209	$692,523	$653,216	$717,098	$835,571	$916,026	$742,795	$0	$0	$0	$0	$0	$5,530,438	$790,063	$731,648	7.98%
33	Composite Gross Plan Cost Per Employee	**$1,401.96**	**$1,051.90**	**$1,135.88**	**$1,011.42**	**$1,181.85**	**$1,474.75**	**$1,068.77**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$8,329.43**	**$1,189.92**	**$1,059.93**	12.26%
34	Composite Net Plan Cost Per Employee	***$1,342.36***	***$964.52***	***$918.73***	***$1,011.42***	***$1,181.85***	***$1,303.02***	***$1,068.77***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$7,792.48***	***$1,113.21***	***$984.17***	***13.11%***
35	Composite Net Plan Cost Per Member	***$930.41***	***$669.10***	***$636.66***	***$699.61***	***$818.39***	***$900.71***	***$733.99***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$0.00***	***$770.04***	***$770.04***	***$669.70***	***14.98%***

*MAXOR Admim 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 7/1/2026

Plan Paid Row Labels	Period 01/01/26	02/01/26	03/01/26	04/01/26	05/01/26	06/01/26	07/01/26	Grand Total	Percent of Medical
Dental									
Professional									
OFFICE	$41,894	$66,533	$70,261	$50,349	$21,512	$52,820	$42,207	$345,577	100.0%
Professional Total	**$41,894**	**$66,533**	**$70,261**	**$50,349**	**$21,512**	**$52,820**	**$42,207**	**$345,577**	**100.0%**
Dental Total	**$41,894**	**$66,533**	**$70,261**	**$50,349**	**$21,512**	**$52,820**	**$42,207**	**$345,577**	**100.0%**
Medical									
Institutional									
INPATIENT HOSPITAL	$152,583	$135,808	$101,704	$57,352	$235,851	$134,587	$217,802	$1,035,688	26.7%
ON CAMPUS - OUTPATIENT HOSPITAL	$119,547	$68,697	$101,855	$57,202	$94,500	$175,111	$47,205	$664,118	17.1%
AMBULATORY SURGICAL CENTER	$191,843	$40,798	$103,118	$120,122	($11,007)	$86,775	$10,101	$541,751	14.0%
EMERGENCY ROOM - HOSPITAL	$45,235	$34,222	$41,827	$36,242	$23,217	$75,774	$40,688	$297,204	7.7%
URGENT CARE FACILITY	$64	$192	$1,074	$274	$39	$648	$1,847	$4,138	0.1%
Institutional Total	**$509,273**	**$279,717**	**$349,579**	**$271,192**	**$342,602**	**$472,896**	**$317,642**	**$2,542,900**	**65.6%**
Professional									
OFFICE	$60,413	$63,829	$71,476	$79,705	$80,090	$139,404	$82,478	$577,395	14.9%
AMBULATORY SURGICAL CENTER	$27,492	$16,769	$48,693	$23,119	$44,093	$29,702	$9,664	$199,533	5.2%
ON CAMPUS - OUTPATIENT HOSPITAL	$22,069	$22,803	$22,975	$17,685	$23,454	$21,930	$14,813	$145,728	3.8%
AMBULANCE - AIR OR WATER	$76,518					$0		$76,518	2.0%
HOME	$1,946	$2,074	$6,176	$5,013	$6,189	$18,407	$21,337	$61,143	1.6%
EMERGENCY ROOM - HOSPITAL	$7,620	$5,488	$10,131	$9,486	$10,430	$8,750	$5,099	$57,003	1.5%
INDEPENDENT LABORATORY	$7,188	$3,223	$7,283	$7,925	$3,841	$6,863	$4,649	$40,972	1.1%
TELEHEALTH - PROVIDED IN PATIENT'S HOME	$2,418	$3,547	$4,495	$4,126	$2,677	$5,136	$5,489	$27,888	0.7%
AMBULANCE - LAND	$2,228	$728		$3,605	$8,520	$3,330	$3,269	$21,680	0.6%
URGENT CARE FACILITY	$1,895	$1,432	$3,849	$1,134	$3,075	$3,039	$2,351	$16,776	0.4%
RURAL HEALTH CLINIC	$2,464	$2,006	$3,344	$949	$2,360	$2,791	$1,724	$15,638	0.4%
TELEHEALTH - PROVIDED OTHER THAN IN PATIENT'S HOME	$1,370	$1,774	$1,376	$1,600	$1,512	$2,079	$2,431	$12,141	0.3%
OFF CAMPUS - OUTPATIENT HOSPITAL	$0	$220	$212	$353	$216	$498	$40	$1,539	0.0%
PUBLIC HEALTH CLINIC	$133	$0	$31	$100	$256	$142		$662	0.0%
SKILLED NURSING FACILITY			$122					$122	0.0%
FEDERALLY QUALIFIED HEALTH CENTER							$107	$107	0.0%
END-STAGE RENAL DISEASE TREATMENT FACILITY			$0					$0	0.0%
COMMUNITY MENTAL HEALTH CENTER		$0		$0				$0	0.0%
INPATIENT PSYCHIATRIC FACILITY							$0	$0	0.0%
MOBILE UNIT			$0					$0	0.0%
Professional Total	**$219,854**	**$147,524**	**$187,087**	**$162,178**	**$197,137**	**$256,361**	**$160,382**	**$1,330,524**	**34.4%**
Medical Total	**$729,128**	**$427,240**	**$536,666**	**$433,370**	**$539,738**	**$729,257**	**$478,025**	**$3,873,424**	
Vision									
Professional									
OFFICE						$211	$99	$311	**100.0%**
Professional Total						**$211**	**$99**	**$311**	**100.0%**
Vision Total						**$211**	**$99**	**$311**	**100.0%**
Grand Total	**$771,022**	**$493,773**	**$606,927**	**$483,719**	**$561,251**	**$782,288**	**$520,331**	**$4,219,312**	

CONFIDENTIAL

L/P Insurance Services, Inc.

Douglas County School District

Top 20 Providers

Paid Claims Between 1/1/2026 thru 7/1/2026

Provider	Members	Claims	MemberPaid	PlanPaid
CARSON VALLEY MEDICAL CENTER	247	704	$235,802	$662,397
RENOWN REGIONAL MEDICAL CENTER	74	152	$54,197	$638,815
CARSON TAHOE REGIONAL HEALTHCARE	226	431	$182,978	$579,282
BARTON MEMORIAL HOSPITAL	36	81	$49,581	$354,705
SUNRISE HOSPITAL & MEDICAL CTR	1	2	$2,461	$236,726
RENO ORTHOPAEDIC SURGERY CENTER	14	28	$21,218	$131,258
REACH AIR MEDICAL SERVICES LLC	1	2	-$15,296	$76,518
LIM, PETER C	4	45	$902	$46,381
RENOWN SOUTH MEADOWS MEDICAL CENTER	24	34	$19,343	$35,847
WILLIAMS, COLT	5	13	$3,017	$30,789
OPTION CARE ENTERPRISES INC - LAS VEGAS	1	17	$3,385	$29,101
DOFELIZ, FRANCISCO L	2	15	$3,972	$19,966
CVMC BEHAVIORAL HEALTH CLINIC	11	74	$1,396	$19,531
GAHN, GREGGORY M	1	6	$4,948	$18,400
UNRUH, THOMAS C	40	61	$3,383	$18,178
EAST FORK FIRE & PARAMEDIC DISTRICTS	7	9	$2,462	$17,765
CARSON ENDOSCOPY CENTER	21	21	$1,758	$17,752
WILDMAN, PAYDEN T	50	93	$1,694	$16,272
RASCHILLA, FRANK L	39	79	$2,224	$15,806
BUDD, DANIEL B	53	87	$1,774	$15,603

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)

Claim #	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
	Total Amount of Claim Year to Date												
1	Dependent	$0	$160,045	$160,179	$160,281	$160,314	$160,314	$160,314					
2	Subscriber	$0	$0	$0	$0	$247,340	$249,894	$249,969					
3	Dependent	$0	$0	$0	$0	$0	$0	$188,369					
4		$0	$0	$0	$0	$0	$0	$0					
5		$0	$0	$0	$0	$0	$0	$0					
6		$0	$0	$0	$0	$0	$0	$0					
7		$0	$0	$0	$0	$0	$0	$0					
8		$0	$0	$0	$0	$0	$0	$0					
9		$0	$0	$0	$0	$0	$0	$0					
10		$0	$0	$0	$0	$0	$0	$0					
	Total	***$0***	***$160,045***	***$160,179***	***$160,281***	***$407,655***	***$410,208***	***$598,653***	***$0***	***$0***	***$0***	***$0***	***$0***
	Increase Over Previous Month:		***$160,045***	***$134***	***$102***	***$247,374***	***$2,553***	***$188,445***	***$0***	***$0***	***$0***	***$0***	***$0***

Claim #	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
	Amount Over Specific Stop-Loss ($300,000)												
1	Dependent	$0	$0	$0	$0	$0	$0	$0					
2	Subscriber	$0	$0	$0	$0	$0	$0	$0					
3	Dependent	$0	$0	$0	$0	$0	$0	$0					
4		$0	$0	$0	$0	$0	$0	$0					
5		$0	$0	$0	$0	$0	$0	$0					
6		$0	$0	$0	$0	$0	$0	$0					
7		$0	$0	$0	$0	$0	$0	$0					
8		$0	$0	$0	$0	$0	$0	$0					
9		$0	$0	$0	$0	$0	$0	$0					
10		$0	$0	$0	$0	$0	$0	$0					
	Total	***$0***	***$0***	***$0***	***$0***	***$0***	***$0***	***$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 July 31, 2026

Based on claims from August 01, 2025 through July 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 August 01, 2025 through July 31, 2026

Medical	$ 6,005,764
Dental	$ 561,321
Prescription Drugs	$ 1,847,117
Vision	$ 56,619
Total Claims	$ 8,470,821

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 = 695 : 60 day lagged enrollment = 726
Current enrollment all Dental Plans = 695 : 60 day lagged enrollment = 726
Current enrollment all Rx Plans = 695 : 60 day lagged enrollment = 726
Current enrollment all Vision Plans = 695 : 60 day lagged enrollment = 726

Estimated IBNR Calculation

Medical	$6,005,764 X (55/365) X (695/726) =	$ 866,038	14.4%
+			
Dental	$561,321 X (30/365) X (695/726) =	$ 44,151	7.9%
+			
Rx	$1,847,117 X (11/365) X (695/726) =	$ 53,271	2.9%
+			
Vision	$56,619 X (22/365) X (695/726) =	$ 3,266	5.8%
=			
	Total estimated IBNR as of July 31, 2026 =	**$ 966,725**	11.4%

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

Douglas County School District

Hometown Health self-funded health plan reserve as of June 30, 2026

Based on claims from July 01, 2025 through June 30, 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 July 01, 2025 through June 30, 2026

Medical	$ 6,469,825
Dental	$ 589,147
Prescription Drugs	$ 1,815,667
Vision	$ 57,641
Total Claims	$ 8,932,279

Average Estimated Lag Days

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

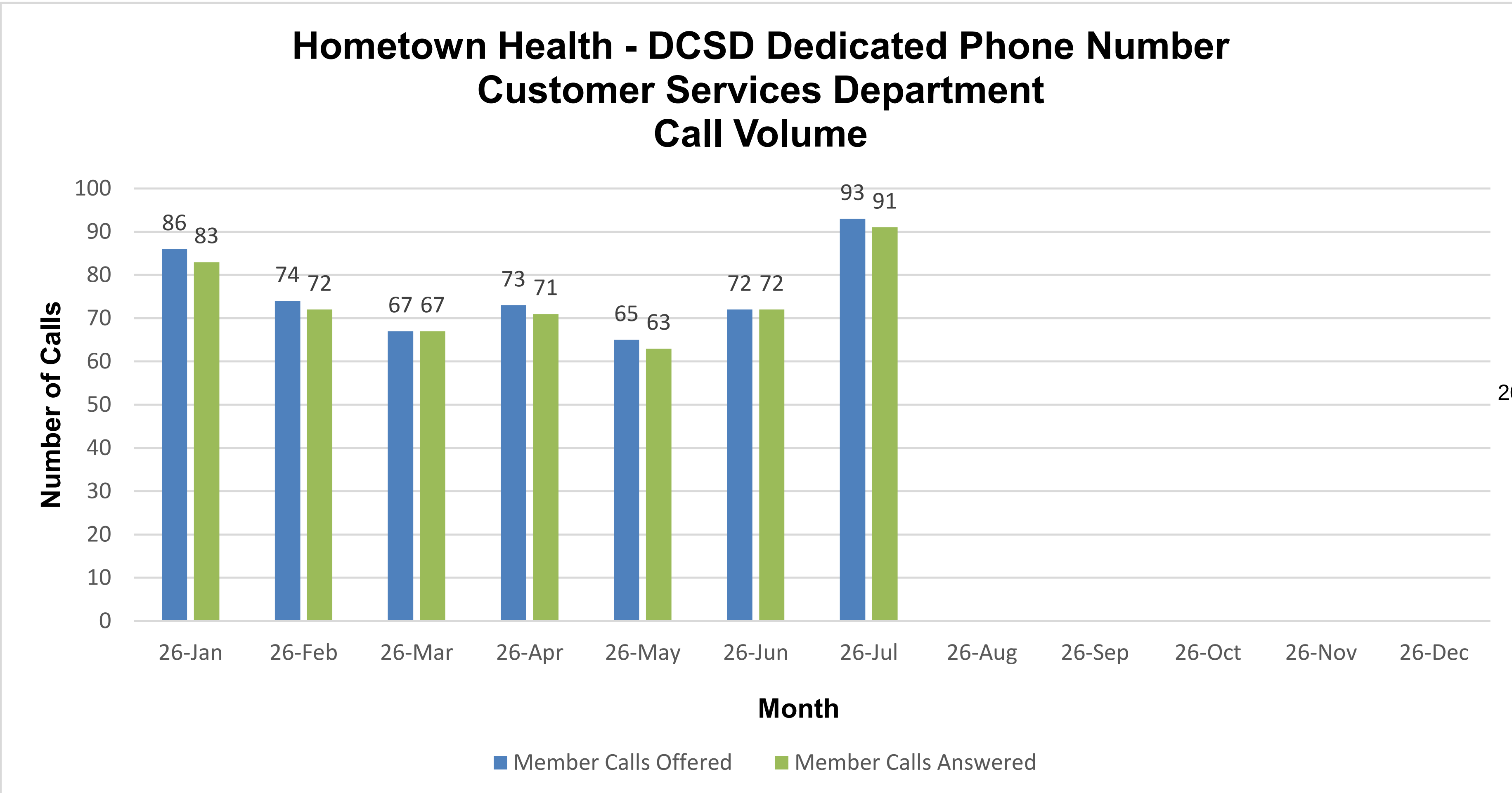
Number of employees covered:

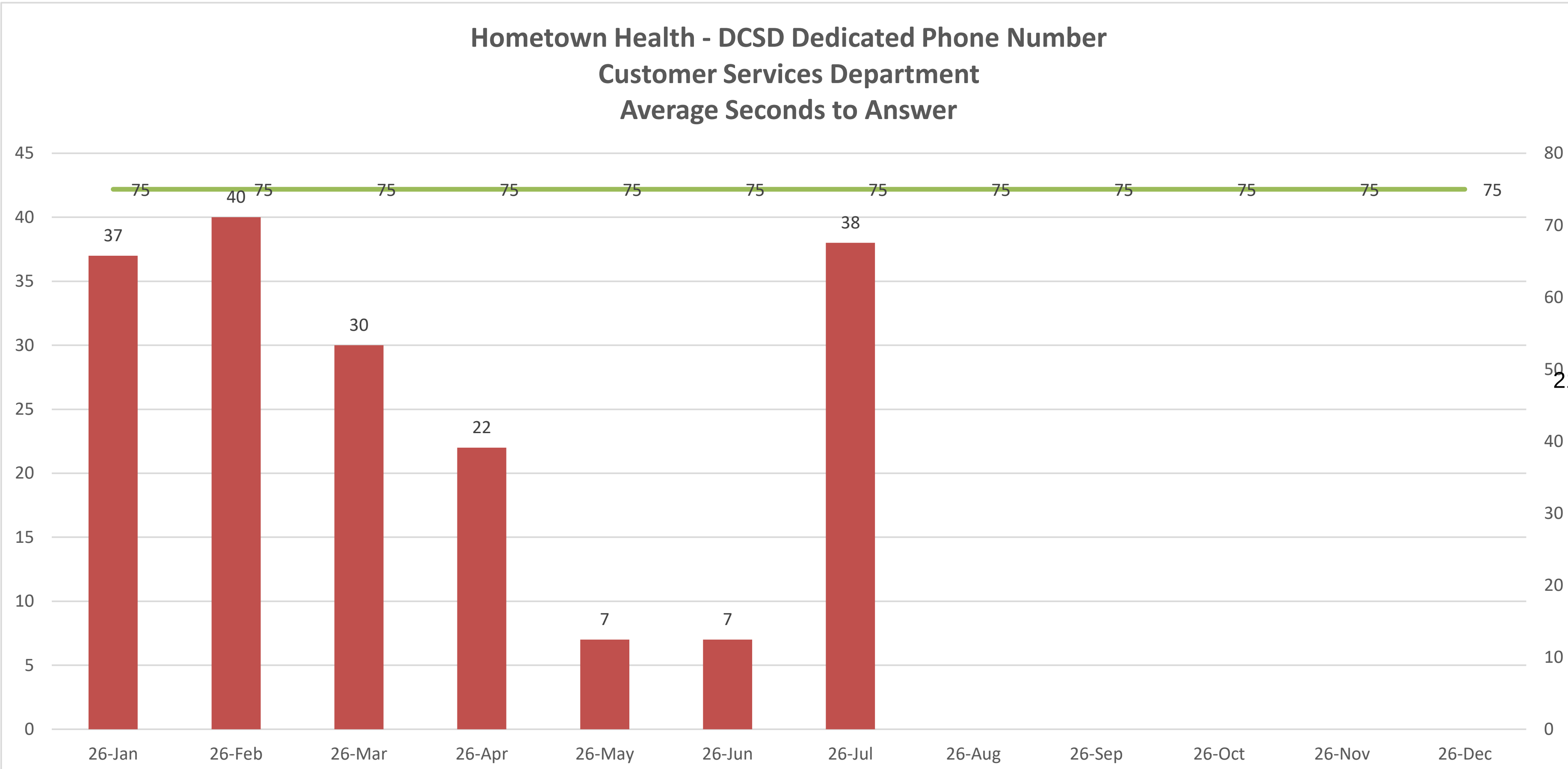
Current enrollment all Medical Plans = 703 : 60 day lagged enrollment = 731
Current enrollment all Dental Plans = 703 : 60 day lagged enrollment = 731
Current enrollment all Rx Plans = 703 : 60 day lagged enrollment = 731
Current enrollment all Vision Plans = 703 : 60 day lagged enrollment = 731

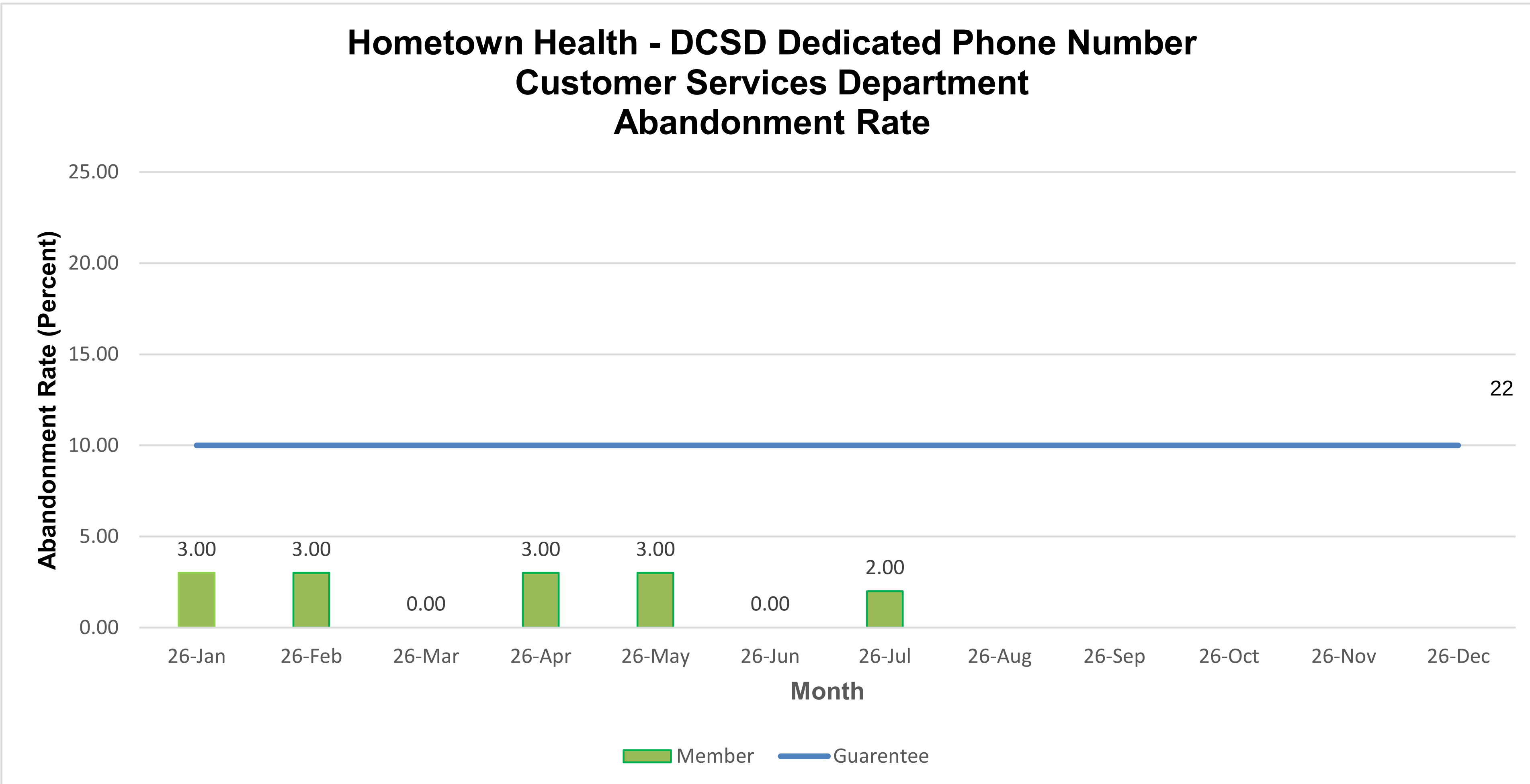
Estimated IBNR Calculation

Medical	$6,469,825 X (55/365) X (703/731) =	$ 938,204	14.5%
+			
Dental	$589,147 X (30/365) X (703/731) =	$ 46,600	7.9%
+			
Rx	$1,815,667 X (11/365) X (703/731) =	$ 52,659	2.9%
+			
Vision	$57,641 X (22/365) X (703/731) =	$ 3,343	5.8%
=			
	Total estimated IBNR as of June 30, 2026 =	**$ 1,040,807**	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
Number of Calls
100
90
80
70
60
50
40
30
20
10
0
86
83
74
72
67
67
73
71
65
63
72
72
93
91
26-Jan
26-Feb
26-Mar
26-Apr
26-May
26-Jun
26-Jul
26-Aug
26-Sep
26-Oct
26-Nov
26-Dec
Month
Member Calls Offered
Member Calls Answered


Hometown Health - DCSD Dedicated Phone Number
Customer Services Department
Average Seconds to Answer
45
40
35
30
25
20
15
10
5
0
80
70
60
50
40
30
20
10
0
37
40
30
22
7
7
38
75
26-Jan
26-Feb
26-Mar
26-Apr
26-May
26-Jun
26-Jul
26-Aug
26-Sep
26-Oct
26-Nov
26-Dec


Hometown Health - DCSD Dedicated Phone Number
Customer Services Department
Abandonment Rate
Abandonment Rate (Percent)
25.00
20.00
15.00
10.00
5.00
0.00
3.00
3.00
0.00
3.00
3.00
0.00
2.00
26-Jan
26-Feb
26-Mar
26-Apr
26-May
26-Jun
26-Jul
26-Aug
26-Sep
26-Oct
26-Nov
26-Dec
Month
Member
Guarentee
22

Claims Turnaround Time

Excludes Non-Business Days

332 - DOUGLAS COUNTY SCHOOL DISTRICT

	2026	January	February	March	April	May	June	July
Total								
Total Claims Received During Month	1,473	1,281	1,547	1,502	1,329	1,562	1,579	1,514
Total Claims Paid During Month	1,490	1,354	1,684	1,673	1,600	1,463	1,266	1,392
Claims Open at End of Month	438	363	383	486	444	437	474	481
Percentage of Claims Paid Within 30 Days	96.1%	97.4%	94.8%	95.8%	97.7%	97.7%	94.1%	95.3%
Number of Claims Paid Over 30 Days	58	35	88	70	37	33	75	66

	2026	January	February	March	April	May	June	July
Medical								
Total Claims Received During Month	1,282	1,030	1,321	1,310	1,125	1,392	1,383	1,415
Total Claims Paid During Month	1,280	1,140	1,414	1,420	1,400	1,296	1,098	1,193
Claims Open at End of Month	122	74	78	175	125	117	146	139
Percentage of Claims Paid Within 30 Days	98.4%	99.4%	99.0%	99.1%	98.4%	98.1%	97.2%	97.2%
Number of Claims Paid Over 30 Days	21	7	14	13	23	24	31	34

	2026	January	February	March	April	May	June	July
Dental								
Total Claims Received During Month	191	251	226	192	204	170	195	99
Total Claims Paid During Month	210	214	270	253	200	167	167	197
Claims Open at End of Month	243	216	232	238	246	247	255	269
Percentage of Claims Paid Within 30 Days	82.4%	86.9%	72.6%	77.5%	93.0%	94.6%	73.7%	83.8%
Number of Claims Paid Over 30 Days	37	28	74	57	14	9	44	32

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	$660,946	November	$762,560.00	($98,569.28)	($660,945.97)	$3,044.75
$606,620	$1,754,598	$919,954	$689,212	$630,192	$1,024,689	December	$815,683.67	($100,428.51)	($1,024,689.00)	($309,433.84)
$508,567	$211,099	$520,765	$685,625	$509,134	$945,229	January	$821,586.00	($93,610.73)	($945,229.06)	($217,253.79)
$454,486	-$155,452	$553,752	$624,971	$430,184	$690,609	February	$890,187.68	($100,491.70)	($690,608.62)	$99,087.36
-$63,850	$1,124,963	$642,894	$352,799	$590,875	$522,953	March	$902,953.20	($93,840.08)	($522,953.00)	$286,160.12
$581,293	$116,358	$561,828	$491,344	$699,843	$820,056	April	$784,840.39	($98,939.48)	($820,056.35)	($134,155.44)
$735,299	$610,376	$872,626	$507,389	$710,831	$798,267	May	$791,926.54	($92,202.82)	($798,266.74)	($98,543.02)
$833,568	$997,886	$728,608	$598,594	$623,455	$742,366	June	$763,138.51	($92,623.29)	($742,365.93)	($71,850.71)
$7,260,167	**$8,796,176**	**$8,136,736**	**$7,969,530**	**$9,072,926**	**$9,002,945**	**TOTAL CLAIMS**	**$9,520,637.21**	**($1,174,456.62)**	**($9,002,944.86)**	**($656,764.27)**

$605,013.95	$733,014.69	$678,061.33	$664,127.54	$756,077.17	$750,245.41	
11.53%	21.16%	(7.50%)	(2.05%)	13.85%	(0.77%)	
5.05%	(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	$ 7,911	
ACTUAL	**ACTUAL**	**ACTUAL**	**ACTUAL**	**DEC AMEND**	**DEC AMEND**	
$ 3,055,107	**$ 1,713,523**	**$ 659,909**	**$ 322,101**	**$ 962,908**	**$ 609,406**	**Fund Balance - 6/30:**
$7,564,729	$8,007,604	$7,888,920	$8,328,096	$8,810,000	$9,810,000	Premium Pmts
	$1,000,000	$1,000,000	$1,000,000	$1,000,000	$0	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)	($8,450,000)	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**	**$715,376**	**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 2025 are reflected above.

Breakdown by month for insurance revenue & expense 25-26												
REVENUE	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**
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	682,583.00	675,428.00	684,833.00	656,508.50
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	28,351.61	35,370.60	32,621.61	32,621.61
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	68,479.19	72,519.19	72,519.19	71,924.19
Interest	2,623.63	2,232.22	0.00	4,951.67	2,545.33	2,556.25	1,627.97	1,621.62	999.35	1,522.60	1,952.74	2,084.21
Rx Rebates	0.00	0.00	0.00	0.00	0.00	119,102.66	0.00	0.00	122,540.05	0.00	0.00	0.00
Transfers in	0.00	0.00	0.00	0.00	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**	**902,953.20**	**784,840.39**	**791,926.54**	**763,138.51**
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	417,468.83	657,205.57	628,496.93	603,700.24
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	136,188.65	162,849.02	169,759.25	138,442.44
Rx Fees	0.00	0.00	0.00	0.00	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	1,151.02	1.76	10.56	223.25
Stop-loss Reimb.	0.00	0.00	-15,840.05	-111,875.57	-43,496.30	0.00	-43,212.12	-102,698.10	-31,855.50	0.00	0.00	0.00
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	7,366.37	10,881.71	4,763.54	5,462.13
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	86,473.71	88,057.77	87,439.28	87,161.16
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**	**616,793.08**	**918,995.83**	**890,469.56**	**834,989.22**