

**Douglas County School District
Board of Trustees
Agenda for the Special ZOOM Board Meeting of
Wednesday, October 21, 2026
3:30 PM
Zoom
Virtual Meeting
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
Special ZOOM Board Meeting
Zoom
Virtual Meeting
Minden, NV 89423
Wednesday, October 21, 2026
3:30 PM

AGENDA

Please click the link below to join the webinar: <https://dcsd-k12.zoom.us/j/82290082993> Passcode: OCT212026 Or Telephone: +1 669 900 6833 US Webinar ID: 822 9008 2993 Telephone Passcode: 806929241

1. Call to Order

A. Adoption of the Agenda, as submitted (*For Possible Action*) (*Public Comment will be taken prior to any action*)

Please Note: The Board reserves the right to (1) take items in a different order, (2) combine two or more Agenda items for consideration, and (3) to remove an item from the Agenda or delay discussion relating to an item on the Agenda at any time, in order to accomplish the business on the Agenda in the most efficient manner.

B. Pledge of Allegiance

2. Public Comment (*For Discussion Only*)

Comments will be accepted in person, or through virtual participation via email; suptoffice@dcsd.k12.nv.us no later than 12:30 p.m. the day of the meeting. Email for public comment must include the submitting party's full name. Email for public comment will be posted as a supplemental document and copies will be provided to the board members. The names of those who have provided virtual public comment will be read during public comment and the emails will be included in the record, but the virtual public comment will not be read during the meeting. Comments may be made by members of the public on any matter within the authority of this Board. Please note that public comment will be taken on items marked "for possible action" before action is taken on such items, and members of the public are encouraged to comment on such items at the time they are being considered. Although members of the Board may respond to questions and discuss issues raised during public comment, no action may be taken on such a matter until the matter is placed on an agenda for action at a meeting of the Board. In making public comment, speakers are asked to come to the table or podium, sign in, speak into the microphone, and identify themselves for the record. Commenters are instructed to limit their comments to no more than three (3) minutes, and not simply repeat comments made by others.

3. DCSD Self-Insured Health Insurance Plan - Proposed Benefit Revisions for Plan Year 2027 (*For Discussion and Possible Action*) Presenter: Frankie Alvarado, Superintendent

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The Board will take action to approve and or modify the proposed health plan design changes and dependent premium tier adjustments, which will become effective beginning January 1, 2027. Detailed modifications to deductibles, out-of-pocket maximums, co-insurance, and co-pays are outlined in the motion by the Board. These plan design changes will not be charged to the general fund, as all generated revenues and savings accrue directly to the DCSD Self-Funded Health Insurance Fund. Board consideration for these plan design modifications is subject to employees paying for the increased cost.

4. PowerSchool Allovue Budget Suite Contract Approval (*For Discussion and Possible Action*) Presenter: Terri Willoughby, CFO

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The Board will take action to approve and or modify the proposed one-year Allovue Suite contract from October 16, 2026, through October 15, 2027, for no more than \$56,091.75, subject to funding, legal, procurement, and

technical checks and authorize the Superintendent or designee to execute the agreement after those checks are completed.

5. Adjournment

(*) Times are estimated. Items on the Agenda may be taken out of order. The Board of Trustees 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 Monday preceding a regular meeting of the Board. Please contact the District Office at 775-782-5134 or Suptoffice@dcasd.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 Board of Trustees 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>

Douglas County School District Board Agenda Item Memo

Date: October 15, 2026

To: DCSD Board of Trustees

From: Jeannie Dwyer, Executive Director of Human Resources

**Re: Approval of Proposed Health Insurance Plan Design Changes and
Premium Adjustment for January 1, 2027**

Requested Action:

To approve the proposed health insurance plan design changes and dependent premium tier adjustments for the PPO and HSA plans effective January 1, 2027, as recommended by the Health Advisory Committee.

Background Information:

As part of ongoing fiduciary management and plan cost-containment strategy for Douglas County School District's self-funded health insurance plan, the Health Advisory Committee and LP Insurance Services evaluated benefit design modifications and revenue enhancements for the upcoming 2027 plan year.

Due to rising claims trends and cost convergence within the self-funded plan, plan adjustments are necessary to maintain the financial stability of the health insurance fund while preserving competitive benefits for employees. The proposed changes modify deductibles, out-of-pocket maximums, co-insurance, office visit co-pays, pharmacy cost-sharing, and dependent premium contributions.

Budget Considerations and Impact:

The combined proposed plan design changes and revenue adjustments generate total projected savings/revenue of \$1,085,118 for the 2027 plan year:

1. Benefit Plan Design Changes (Estimated Savings: \$870,318)
 - PPO Plan Adjustments (\$659,183 Total Savings):

- Deductible (In/Out): Increase from \$1,000 / \$2,000 to \$2,000 / \$4,000 (*Savings: \$234,546*)

- Out-of-Pocket Maximum (In/Out): Increase from \$6,000 / \$12,000 to \$7,500 / \$15,000 (*Savings: \$115,585*)

- Co-Insurance (In/Out): Adjust from 80%/60% to 70%/50% (*Savings: \$179,007*)

- Primary Physician Co-pay: Increase from \$55 to \$60 (*Savings: \$66,158*)

- Specialist Office Visit Co-pay: Increase from \$60 to \$70 (*Savings: \$60,877*)

- Urgent Care Co-pay: Increase from \$55 to \$70 (*Savings: \$3,710*)

- HSA Plan Adjustments (\$47,436 Total Savings):

- Deductible (In/Out): Increase from \$2,425 / \$4,850 (Ind) & \$4,850 / \$9,700 (Fam) to \$3,000 / \$6,000 (Ind) & \$6,000 / \$12,000 (Fam)

- Out-of-Pocket Maximum (In/Out): Increase from \$7,210 / \$14,420 (Ind) & \$14,420 / \$28,820 (Fam) to \$8,000 / \$16,000 (Ind) & \$16,000 / \$32,000 (Fam) (*Combined HSA Savings: \$47,436*)

- Co-Insurance (In/Out): Adjust from 80%/60% to 70%/50%

- Pharmacy Changes (\$163,000 Total Savings):

- Greater of Copay vs. Coinsurance (In/Out): Adjust cost-share structure from 80%/60% to 70%/50% (*Savings: \$163,000*)

2. Dependent Tier Revenue Enhancement (\$214,800 Annual Revenue):

- Employee Only (534 Avg Enrollment): \$0 monthly increase
- Employee & Spouse (63 Avg Enrollment): +\$100/month (*Monthly: \$6,300*)
- Employee & Child (28 Avg Enrollment): +\$100/month (*Monthly: \$2,800*)

- Employee + 2 or More (88 Avg Enrollment): +\$100/month (*Monthly: \$8,800*)
- Total Monthly Increase: \$17,900 / Annual Total: \$214,800

All savings and revenues accrue directly to the DCSD Self-Funded Health Insurance Fund.

Recommendation:

The Health Advisory Committee recommends that the Board of Trustees approve the proposed 2027 plan design changes and tier rate adjustments as presented.

Discussed at Previous Meeting:

June 25, 2026 Board Meeting: Board review of the Self-Insured & Fully Insured Marketing Analysis and TPA selection presentation by LP Insurance.

April 7, 2026 Board Workshop: Initial Insurance Workshop with LP Insurance Services discussing long-term self-funded plan trends and preliminary cost-containment options.

Key issues for Board Discussion:

Fiscal Responsibility & Reserve Protection: Achieving \$1,085,118 in total plan savings and increased revenue directly mitigates rising medical/Rx claims trends and strengthens self-funded reserve levels for 2027.

Employee Impact & Equity: Maintaining a \$0 contribution increase for the "Employee Only" tier minimizes financial impact on individual employees (534 enrollees), while applying a modest \$100/month increase to dependent coverage tiers.

Alignment with Benefit Strategy: The shift in co-insurance (80%/60% to 70%/50%) and co-pays aligns employee cost-sharing with surrounding regional market benchmarks while maintaining essential benefit coverage.

Attachment(s):

DCSD 2027 Possible Plan Changes.pdf

Our mission is to ensure that all students achieve excellence in education, character and citizenship, in partnership with parents and community.



10315 Professional Circle, Reno NV 89521

DOUGLAS COUNTY SCHOOL DISTRICT MEDICAL, DENTAL, RX AND VISION PLAN

January 1, 2026

The Douglas County School District contributes **\$950.00** towards the employee-only premium for insurance eligible employees.

Employees who add dependents to their coverage pay the full monthly premium (listed below).

	\$1,000 Deductible Traditional PPO	\$2,425 Deductible QHDHP w/HSA
Employee Only	\$950.00	\$825.00 (\$125.00 to HSA)
One dependent – child	\$540.00	\$480.00
One dependent – spouse	\$595.00	\$530.00
Two or more dependents	\$1005.00	\$875.00

Medicare Eligible Retirees

Medicare Eligible - Former Employee	\$725.00
Medicare Eligible - One Dependent/Spouse	\$460.00

FOR DETAILED INFORMATION ABOUT YOUR COVERAGE, please refer to your Plan Summary Document which can be found on the DCSD Human Resources web site (paper copies are available upon request). If you need a new ID card or have any questions regarding claims and benefits you may contact Hometown Health.

Hometown Health's business hours are from 8:00 a.m. to 5:00 p.m. Monday through Friday.

CONTACTING HOMETOWN HEALTH

- ❖ Customer Service: (800) 336-0123 or (775) 982-5881
- ❖ Email 24 hours a day with a response within one business day:
Customer_Service@hometownhealth.com
- ❖ Web site: www.hometownhealth.com

Douglas County School District
Options: Plan Design Changes for January 1, 2027

Benefit	Current Plan Design	Plan Design Change	Est Total Med / Rx Savings
<u>PPO Plan</u>			
1 Deductible			Savings
Option 3 (In/Out)	\$1,000 / \$2,000	\$2,000/\$4,000	\$234,546
2 Out of Pocket Maximum			
Option 2 (In/Out)	\$6,000 / \$12,000	\$7,500 / \$15,000	\$115,585
3 Co-Insurance			
Option 1 (In/Out)	80% / 60%	70% / 50%	\$179,007
4 Primary Physician			
Option 2 (In/Out)	\$55 co-pay / 60%	\$60 co-pay / 60%	\$66,158
5 Specialist Office Visit			
Option 1 (In/Out)	\$60 co-pay / 60%	\$70 co-pay / 60%	\$60,877
6 Urgent Care			
Option 2 (In/Out)	\$55 co-pay / 60%	\$70 co-pay / 60%	\$3,710
<u>HSA Plan</u>			
1 Deductible			
Individual (In/Out)	\$2,425 / \$4,850	\$3,000 / \$6,000	
Family	\$4,850 / \$9,700	\$6,000 / \$12,000	
Out of Pocket Maximum			
Individual (In/Out)	\$7,210 / \$14,420	\$8,000 / \$16,000	\$47,436
Family	\$14,420 / \$28,820	\$16,000 / \$32,000	
Co-Insurance			
Co-Insurance (In/Out)	80% / 60%	70% / 50%	
<u>Pharmacy</u>			
1 Greater of Copay vs Coinsurance			
Option 1 (In/Out)	80% / 60%	70% / 50%	\$163,000

Estimated Savings From Benefit Changes	\$870,318
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Tier	12 Month Avg ENR	Additional \$100	Monthly Revenue INCR
Employee Only	534	\$0	\$0
Employee & Spouse	63	\$100	\$6,300
Employee & Child	28	\$100	\$2,800
Empl;oyee + 2	88	\$100	\$8,800
		Monthly	\$17,900
		Annual	\$214,800

Projected Benefit Savings	\$870,318
Increased Revenue	\$214,800
Total Savings	\$1,085,118

Douglas County School District
Options: Plan Design Changes for January 1, 2027

<i>Benefit</i>	<i>Current Plan Design</i>	<i>Plan Design Change</i>	<i>Est Percentage Savings</i>	<i>Est Total Med / Rx Savings</i>
PPO Plan				
1 Deductible			% Savings	Savings
Option 1 (In/Out)	\$1000 / \$2,000	\$1,250/\$2,500	1.73%	\$108,259
Option 2 (In/Out)	\$1000 / \$2,000	\$1,500/\$3,000	2.51%	\$156,582
Option 3 (In/Out)	\$1000 / \$2,000	\$2,000/\$4,000	3.76%	\$234,546
Option 4 (In/Out)	\$1000 / \$2,000	\$2,500/\$5,000	4.91%	\$306,354
Option 5 (In/Out)	\$1000 / \$2,000	\$3,000/\$6,000	5.60%	\$349,713
Option 6 (In/Out)	\$1000 / \$2,000	\$3,500/\$7,000	6.22%	\$388,260
2 Out of Pocket Maximum				
Option 1 (In/Out)	\$6,000 / \$12,000	\$7,000 / \$14,000	0.82%	\$72,391
Option 2 (In/Out)	\$6,000 / \$12,000	\$7,500 / \$15,000	1.31%	\$115,585
Option 3 (In/Out)	\$6,000 / \$12,000	\$8,000 / \$16,000	1.80%	\$158,778
3 Co-Insurance				
Option 1 (In/Out)	80% / 60%	70% / 50%	2.03%	\$179,007
4 Primary Physician				
Option 1 (In/Out)	\$55 co-pay / 55%	\$60 co-pay / 55%	0.12%	\$7,491
Option 2 (In/Out)	\$55 co-pay / 60%	\$60 co-pay / 60%	0.75%	\$66,158
5 Specialist Office Visit				
Option 1 (In/Out)	\$60 co-pay / 60%	\$70 co-pay / 60%	0.98%	\$60,877
Option 2 (In/Out)	\$60 co-pay / 60%	\$80 co-pay / 60%	1.18%	\$73,961
6 Urgent Care				
Option 1 (In/Out)	\$55 co-pay / 60%	\$60 co-pay / 60%	0.03%	\$1,855
Option 2 (In/Out)	\$55 co-pay / 60%	\$70 co-pay / 60%	0.06%	\$3,710
HSA Plan (Aggregate)				
1 Deductible			4.43%	\$31,695
Individual (In/Out)	\$2,425 / \$4,850	\$3,000 / \$6,000		
Family	\$4,850 / \$9,700	\$6,000 / \$12,000		
Out of Pocket Maximum				
Individual (In/Out)	\$7,210 / \$14,420	No Change		
Family	\$14,420 / \$28,820	No Change		
Co-Insurance				
Co-Insurance (In/Out)	80% / 60%	No Change		
1 Deductible			6.63%	\$47,436
Individual (In/Out)	\$2,425 / \$4,850	\$3,000 / \$6,000		
Family	\$4,850 / \$9,700	\$6,000 / \$12,000		
Out of Pocket Maximum				
Individual (In/Out)	\$7,210 / \$14,420	\$8,000 / \$16,000		
Family	\$14,420 / \$28,820	\$16,000 / \$32,000		
Co-Insurance				
Co-Insurance (In/Out)	80% / 60%	70% / 50%		
Pharmacy				
1 Greater of Copay vs Coinsurance		10		
Option 1 (In/Out)	80% / 60%	70% / 50%	10.00%	\$163,000

Health Fund Claims and Projected Net Position

To: Superintendent and Health Advisory Committee

From: Terri Willoughby, Chief Financial Officer

Date: October 16, 2026

Subject: FY 2026–27 claims expense and June 30, 2027 net position under current and proposed plans

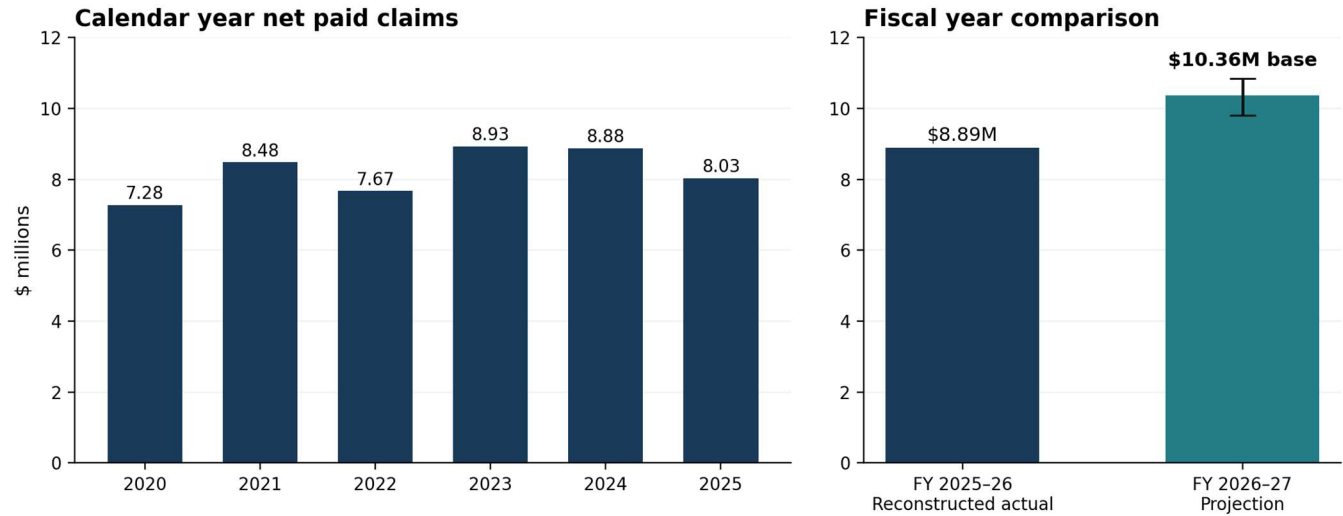
Executive Summary

The Health Fund's costs are projected to exceed its income by about \$988,000 during FY 2026–27. Its tentative beginning balance was approximately \$167,000 after accounting for its obligations. That cushion would be used up, leaving an estimated \$821,226 shortfall at June 30, 2027.

Claims are rising even though fewer people are enrolled. The forecast includes \$318,702 in confirmed stop-loss reimbursements, which help cover unusually large claims, and an estimated \$570,067 in pharmacy rebates. Those amounts reduce the projected cost but do not eliminate the shortfall.

Under the current plan, the three planning scenarios end with deficits ranging from approximately \$196,000 to \$1.37 million. A second scenario incorporating the proposed January 1, 2027 plan changes improves the base result by \$542,559 and reduces the projected June 30 shortfall to \$278,667. The changes improve the outlook but do not fully close the gap. These estimates include unpaid claims obligations; a separate cash-flow forecast is needed to determine when cash could run short.

Historical experience and projected claims



Graphic basis: medical, prescription, dental, and vision claims, net of recorded stop-loss reimbursements and before separately reported pharmacy rebates. Fiscal 2026–27 shows claims before the separately confirmed \$318,702 recovery. The black interval shows the \$9.80 million to \$10.85 million planning range. Calendar and fiscal years are displayed separately.

Claims trends

January–September 2026 claims totaled \$7.27 million, up 23.5% from the same months in 2025. Average covered employees declined from approximately 743 for calendar 2025 to 699 in the 2026 reporting period. September enrollment was 673 employees.

First-quarter FY 2026–27 claims were \$2.80 million, up 23.2% from July–September 2025. September alone totaled \$1.35 million, including \$757,852 of dependent medical claims. Large claims and reimbursement timing create substantial monthly volatility.

Scenario One With Current Plan Benefits

Amounts are in whole dollars. Parentheses indicate reductions or deficits. Base net position equals \$167,074 beginning balance plus \$9,820,000 revenue less \$10,808,300 net accrued expense, resulting in a projected \$821,226 deficit. Totals use unrounded calculations; displayed amounts may differ by \$1 due to rounding.

Measure	Lower	Base	Higher
Claims payments	\$9,801,881	\$10,362,194	\$10,852,467
Increase in unpaid claims liability	\$86,409	\$150,845	\$207,227
Accrued claims expense	\$9,888,291	\$10,513,039	\$11,059,694
Other operating costs	\$1,184,030	\$1,184,030	\$1,184,030
Estimated pharmacy rebates	(\$570,067)	(\$570,067)	(\$570,067)
Confirmed stop-loss recovery	(\$318,702)	(\$318,702)	(\$318,702)
Total accrued expense net of rebates and recovery	\$10,183,552	\$10,808,300	\$11,354,955
Budgeted revenue	\$9,820,000	\$9,820,000	\$9,820,000
Operating result	(\$363,552)	(\$988,300)	(\$1,534,955)
Tentative beginning net position	\$167,074	\$167,074	\$167,074
Projected ending net position	(\$196,478)	(\$821,226)	(\$1,367,881)

Method and assumptions

Claims payments equal \$2,797,975 of July–September actuals plus nine forecast months. The forecast uses the January–September 2026 average of \$808,276 per month, multiplied by 673/699 to reflect September enrollment. Additional increases of 0%, 8%, and 15% define the lower, base, and higher cases. These are judgmental planning scenarios; the model does not fit historical seasonality or individual large-claim trajectories.

Accrued expense adds ending unpaid claims less the \$1,040,807 beginning liability. Ending IBNR is provisionally estimated at 11.5% of projected annual claims, approximating September’s reserve ratio. This allowance must be replaced by the year-end lag-based estimate. The plan remains self-funded with stable benefits and enrollment near September levels.

Other costs use the \$1,184,030 budget after removing the incorrect \$80,000 claims line. Estimated rebates of \$570,067 include September receipts plus nine months at the 2026 year-to-date average. Revenue remains at the \$9.82 million budget and is assumed to exclude rebates and stop-loss recoveries. Transfers to the claims administrator are funding movements and are not added again to benefit claims.

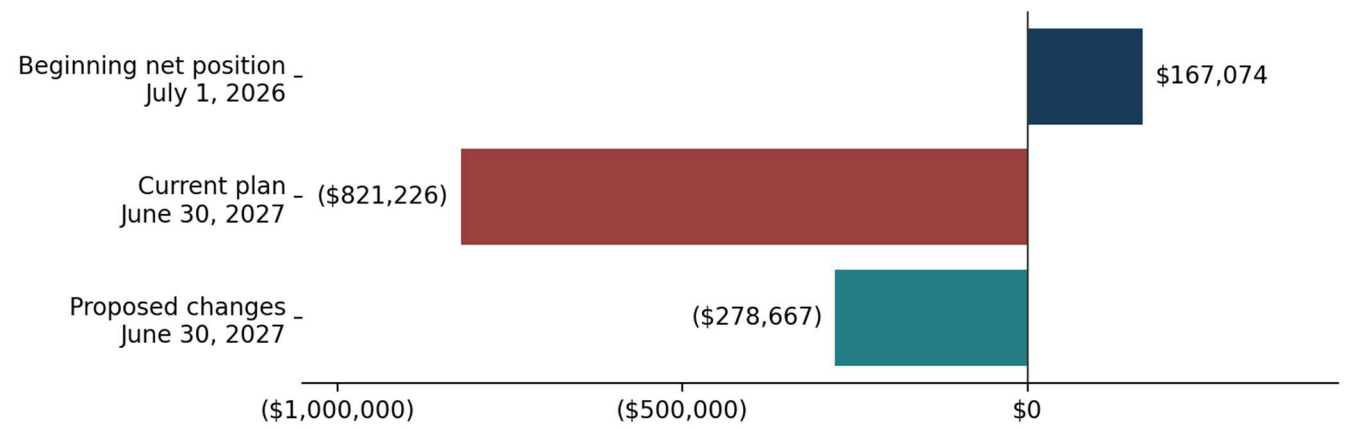
Financial implications and recommended follow up

The \$318,702 confirmed reimbursement is included as a recovery of current-year claims and is assumed not to be included in beginning net position. Confirm the accounting period when posting. The current-plan base case requires approximately \$821,226 of additional resources or equivalent improvement to reach zero ending net position. Under the proposed plan changes, that amount declines to \$278,667; restoring reserves would require more. Reconcile funding and receipts, validate contribution revenue, and update the forecast monthly.

Sources: L/P Insurance Services DCSD December reports for 2020–2025, paid-claims exhibits; September 2026 report, paid claims, plan costs, large claims, and IBNR exhibits; FY 2026–27 Health Insurance revenue and expenditure budgets; tentative FY 2025–26 Health Fund trial balance, Insurance tab; CFO confirmation of beginning IBNR, self-funded status, account classifications, and \$318,702 of outstanding stop-loss reimbursements confirmed October 16, 2026. Historical amounts are as supplied; some prior-year comparison columns differ from the standalone annual reports.

Scenario Two With Proposed January Plan Changes

Assuming January 1, 2027 implementation, six months of the broker’s estimated annual benefit savings provide \$435,159 in FY 2026–27 savings. Additional dependent contributions provide \$107,400, for a combined improvement of \$542,559. The projected operating loss declines to \$445,741 and ending net position improves to negative \$278,667. The broker’s savings period and combined benefit effects remain subject to confirmation.



Effect During FY 2026–27

Component	Annual estimate	Six months
Benefit claim savings	\$870,318	\$435,159
Additional dependent contributions	\$214,800	\$107,400
Total improvement	\$1,085,118	\$542,559

The proposal applies an additional \$100 per month to 179 dependent coverage units, yielding \$17,900 monthly and \$107,400 for January–June. Employee-only coverage has no increase. The estimate uses the proposal’s 12-month average enrollment and assumes no employer offset.

Comparison of Current and Proposed Plans

Whole dollars. Both scenarios include the confirmed \$318,702 stop-loss recovery and the same beginning net position. Totals use unrounded calculations.

Measure	Current plan	Proposed changes
Claims payments before recoveries and rebates	\$10,362,194	\$9,927,035
Increase in unpaid claims liability	\$150,845	\$150,845
Accrued claims expense	\$10,513,039	\$10,077,880
Other operating costs	\$1,184,030	\$1,184,030
Estimated pharmacy rebates	(\$570,067)	(\$570,067)
Confirmed stop-loss recovery	(\$318,702)	(\$318,702)
Total net accrued expense	\$10,808,300	\$10,373,141
Revenue including additional contributions	\$9,820,000	\$9,927,400
Projected operating result	(\$988,300)	(\$445,741)
Tentative beginning net position	\$167,074	\$167,074
Projected ending net position	(\$821,226)	(\$278,667)

Changes included in the scenario

The PPO changes increase the in-network/out-of-network deductible from \$1,000/\$2,000 to \$2,000/\$4,000; raise out-of-pocket maximums from \$6,000/\$12,000 to \$7,500/\$15,000; and reduce plan coinsurance from 80%/60% to 70%/50%. In-network primary care, specialist, and urgent care copays increase to \$60, \$70, and \$70, respectively.

The HSA changes increase individual and family deductibles and out-of-pocket maximums and reduce plan coinsurance to 70%/50%. The pharmacy proposal also lists a change from 80%/60% to 70%/50% under "Greater of Copay vs Coinsurance." The scenario uses the broker's combined savings estimate without independently pricing these benefits.

Assumptions and limitations

The analysis applies one-half of annual savings to FY 2026–27. For the claims-payment line, this assumes the full six-month savings affect payments by June 30; payment delays could reduce current-year cash savings. The accrued claims calculation uses the same \$1,191,652 ending IBNR allowance as the current-plan forecast, so no additional reserve-release benefit is assumed. A revised lag-based estimate may change that allowance.

The confirmed \$318,702 recovery, \$570,067 estimated rebates, \$1,184,030 other costs, and tentative \$167,074 beginning balance remain unchanged. The scenario assumes benefits savings do not duplicate reductions in rebates or stop-loss recoveries, no implementation fees, and no employer offset to the additional participant contributions. All proposed changes are modeled together; implementation and approval are not assumed to be complete.

Sources: L/P Insurance Services, DCSD Options Plan Design Changes for January 1, 2027, page 1; DCSD Health Fund Claims and Projected Net Position memo dated October 16, 2026, current-plan base scenario and underlying claims, budget, and tentative trial balance sources.



Douglas County School District

September-26

**Group Health Plan
Cost Analysis Report**

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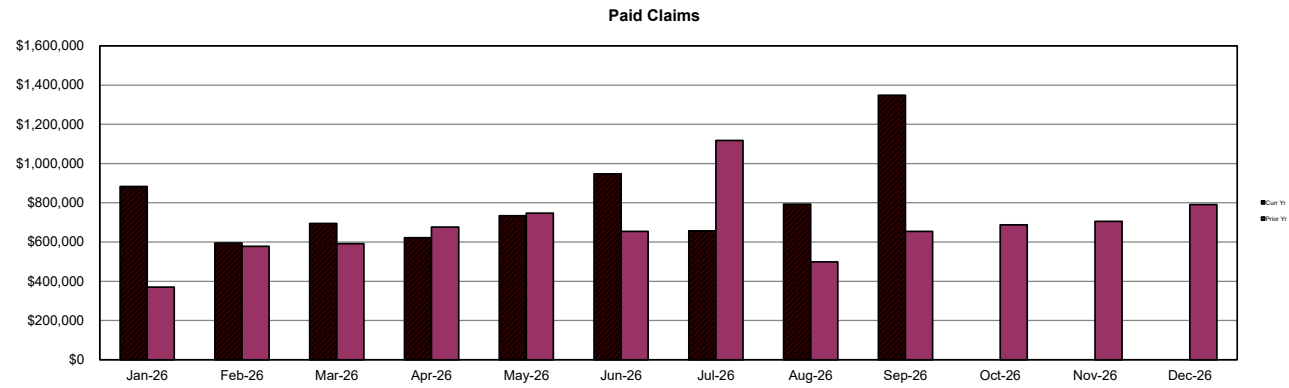
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Utilization Report
6	Top 20 Providers
7	Large Claim Data
8	Incurred But Not Reported Liability (IBNR)-Current
9	Incurred But Not Reported Liability (IBNR)-Previous Month



Douglas County School District
PAID CLAIMS

															Current Year	Prior Year	%
															Mo. Average	Mo. Average	Difference
Line #	ENROLLMENT	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			
1	Employees	725	718	711	709	707	703	695	652	673	0	0	0	6,293	699	743	-5.94%
2	Dependent Units	180	178	175	176	177	173	174	165	172	0	0	0	1,570	174	189	-7.46%
3	Total # of Dependents	321	317	315	316	314	314	317	303	312	0	0	0	2,829	314	349	-9.95%
EMPLOYEE CLAIMS																	
4	Medical	\$525,224	\$234,655	\$381,057	\$229,577	\$486,467	\$514,722	\$222,178	\$405,722	\$348,838	\$0	\$0	\$0	\$3,348,439	\$372,049	\$325,692	14.23%
5	Less Stop Loss Reimbursement	(\$1,688)	(\$967)	(\$7,382)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$10,038)	(\$1,115)	(\$4,859)	-77.05%
6	Net Medical Claims	\$523,536	\$233,688	\$373,674	\$229,577	\$486,467	\$514,722	\$222,178	\$405,722	\$348,838	\$0	\$0	\$0	\$3,338,402	\$370,934	\$320,832	15.62%
7	Prescription	\$123,157	\$101,732	\$121,868	\$103,877	\$135,203	\$131,380	\$95,067	\$102,315	\$152,686	\$0	\$0	\$0	\$1,067,284	\$118,587	\$105,642	12.25%
8	Dental	\$27,699	\$43,064	\$42,901	\$35,564	\$13,833	\$32,077	\$24,120	\$26,467	\$31,238	\$0	\$0	\$0	\$276,963	\$30,774	\$28,969	6.23%
9	Vision	\$4,497	\$5,231	\$3,800	\$3,220	\$2,648	\$3,840	\$4,455	\$5,494	\$2,383	\$0	\$0	\$0	\$35,570	\$3,952	\$3,726	6.08%
10	Total Employee	\$678,888	\$383,716	\$542,244	\$372,238	\$638,151	\$682,019	\$345,820	\$539,997	\$535,145	\$0	\$0	\$0	\$4,718,219	\$524,247	\$459,168	14.17%
11	Cost Per Employee	\$936.40	\$534.42	\$762.65	\$525.02	\$902.62	\$970.15	\$497.58	\$828.22	\$795.16	\$0.00	\$0.00	\$0.00	\$6,747.81	\$749.76	\$617.65	21.39%
DEPENDENT CLAIMS																	
12	Medical	\$203,904	\$192,585	\$155,609	\$203,793	\$53,272	\$214,535	\$255,847	\$203,121	\$757,852	\$0	\$0	\$0	\$2,240,517	\$248,946	\$168,143	48.06%
13	Less Stop Loss Reimbursement	(\$41,524)	(\$61,777)	(\$24,473)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$127,774)	(\$14,197)	(\$17,010)	-16.54%
14	Net Medical Claims	\$162,380	\$130,808	\$131,136	\$203,793	\$53,272	\$214,535	\$255,847	\$203,121	\$757,852	\$0	\$0	\$0	\$2,112,743	\$234,749	\$151,133	55.33%
15	Prescription	\$26,417	\$56,552	(\$7,287)	\$31,133	\$33,502	\$29,505	\$35,880	\$37,291	\$37,377	\$0	\$0	\$0	\$280,369	\$31,152	\$44,294	-29.67%
16	Dental	\$14,195	\$23,469	\$27,360	\$14,785	\$7,679	\$20,743	\$18,087	\$10,343	\$17,516	\$0	\$0	\$0	\$154,177	\$17,131	\$17,171	-0.23%
17	Vision	\$1,276	\$591	\$1,322	\$98	\$1,428	\$565	\$913	\$2,414	\$372	\$0	\$0	\$0	\$8,979	\$998	\$1,036	-3.72%
18	Total Dependent	\$204,268	\$211,420	\$152,532	\$249,808	\$95,881	\$265,346	\$310,727	\$253,170	\$813,116	\$0	\$0	\$0	\$2,556,268	\$284,030	\$213,634	32.95%
19	Cost Per Dependent Unit	\$1,134.82	\$1,187.75	\$871.61	\$1,419.36	\$541.70	\$1,533.79	\$1,785.79	\$1,534.36	\$4,727.42	\$0.00	\$0.00	\$0.00	\$14,653.77	\$1,628.20	\$1,133.34	43.66%
20	Cost Per Dependent	\$636.35	\$666.94	\$484.23	\$790.53	\$305.35	\$845.05	\$980.21	\$835.54	\$2,606.14	\$0.00	\$0.00	\$0.00	\$8,132.35	\$903.59	\$611.99	47.65%
EMPLOYEE + DEPENDENT																	
21	Medical	\$729,128	\$427,240	\$536,666	\$433,370	\$539,738	\$729,257	\$478,025	\$608,843	\$1,106,690	\$0	\$0	\$0	\$5,588,957	\$620,995	\$493,835	25.75%
22	Less Stop Loss Reimbursement	(\$43,212)	(\$62,744)	(\$31,856)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$137,811)	(\$15,312)	(\$21,869)	-29.98%
23	Net Medical Claims	\$685,916	\$364,497	\$504,810	\$433,370	\$539,738	\$729,257	\$478,025	\$608,843	\$1,106,690	\$0	\$0	\$0	\$5,451,145	\$605,683	\$471,965	28.33%
24	Prescription	\$149,573	\$158,284	\$114,582	\$135,009	\$168,704	\$160,885	\$130,947	\$139,606	\$190,063	\$0	\$0	\$0	\$1,347,653	\$149,739	\$149,935	-0.13%
25	Dental	\$41,894	\$66,533	\$70,261	\$50,349	\$21,512	\$52,820	\$42,207	\$36,810	\$48,753	\$0	\$0	\$0	\$431,140	\$47,904	\$46,139	3.83%
26	Vision	\$5,773	\$5,822	\$5,123	\$3,318	\$4,076	\$4,404	\$5,368	\$7,909	\$2,755	\$0	\$0	\$0	\$44,549	\$4,950	\$4,762	3.95%
27	Total Claims	\$883,156	\$595,136	\$694,777	\$622,046	\$734,032	\$947,365	\$656,547	\$793,167	\$1,348,261	\$0	\$0	\$0	\$7,274,488	\$808,276	\$672,802	20.14%
28	Composite Cost Per Employee	\$1,218.15	\$828.88	\$977.18	\$877.36	\$1,038.23	\$1,347.60	\$944.67	\$1,216.51	\$2,003.36	\$0.00	\$0.00	\$0.00	\$10,403.68	\$1,155.96	\$905.01	27.73%
29	Composite Cost Per Member	\$844.32	\$575.01	\$677.17	\$606.87	\$718.93	\$931.53	\$648.76	\$830.54	\$1,368.79	\$0.00	\$0.00	\$0.00	\$7,177.20	\$797.47	\$615.84	29.49%

Douglas County School District
PAID CLAIMS

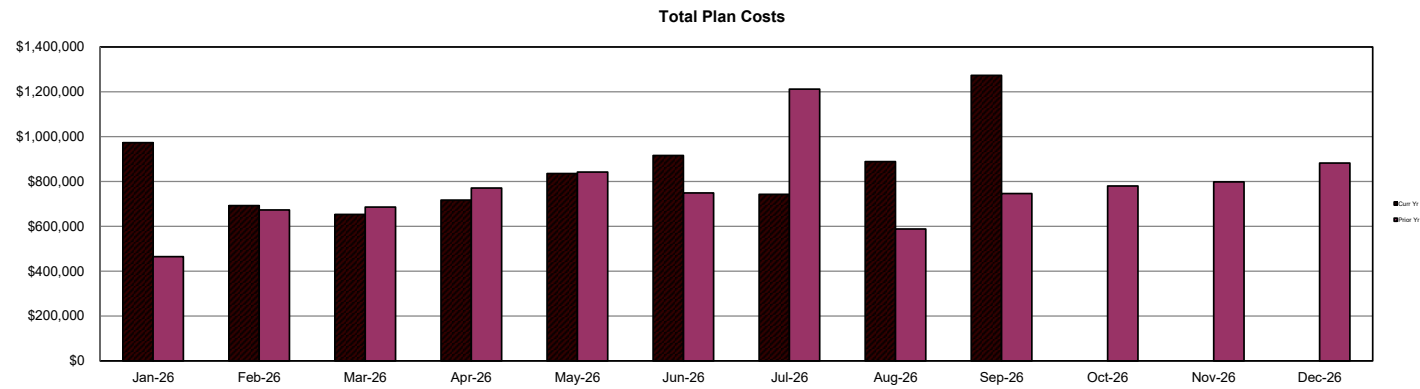


Douglas County School District
TOTAL PLAN COSTS

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	\$30.18	\$30.18	\$0.00	\$0.00	\$0.00	\$189,923	\$21,103	\$21,574	-2.19%
2	Specific Stop Loss	\$58.15	\$58.15	\$58.15	\$58.15	\$58.15	\$58.15	\$58.15	\$58.15	\$58.15	\$0.00	\$0.00	\$0.00	\$365,938	\$40,660	\$53,608	-24.15%
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	\$4,405	\$489	\$520	-5.94%
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	\$10,572	\$1,175	\$1,249	-5.94%
5	Consulting Fee (Estimated)	\$2.07	\$2.09	\$2.11	\$2.12	\$2.12	\$2.13	\$2.16	\$2.30	\$2.23	\$0.00	\$0.00	\$0.00	\$13,500	\$1,500	\$1,500	0.00%
6	Total Fixed	\$92.78	\$92.80	\$92.82	\$92.83	\$92.83	\$92.84	\$92.87	\$93.01	\$92.94	\$0.00	\$0.00	\$0.00	\$584,338	\$64,926	\$78,451	-17.24%
7	Exposures	725	718	711	709	707	703	695	652	673	0	0	0	6,293	699	743	-5.94%
8	Employee Fixed Costs	\$67,265	\$66,630	\$65,995	\$65,813	\$65,632	\$65,269	\$64,543	\$60,643	\$62,548	\$0	\$0	\$0	\$584,338	\$64,926	\$78,451	-17.24%
9	Total Gross Claims	\$680,577	\$384,683	\$549,627	\$372,238	\$638,151	\$682,019	\$345,820	\$539,997	\$535,145	\$0	\$0	\$0	\$4,728,257	\$525,362	\$464,028	13.22%
10	Gross Plan Costs	\$747,841	\$451,312	\$615,622	\$438,051	\$703,783	\$747,288	\$410,363	\$600,640	\$597,693	\$0	\$0	\$0	\$5,312,595	\$590,288	\$542,479	8.81%
11	Stop-Loss Reimbursements	(\$1,688)	(\$967)	(\$7,382)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$10,038)	(\$1,115)	(\$4,859)	-77.05%
12	Net Plan Costs	\$746,153	\$450,346	\$608,239	\$438,051	\$703,783	\$747,288	\$410,363	\$600,640	\$597,693	\$0	\$0	\$0	\$5,302,557	\$589,173	\$537,619	9.59%
13	Per Employee Gross Plan Costs	\$1,031.51	\$628.57	\$865.85	\$617.84	\$995.45	\$1,063.00	\$590.45	\$921.23	\$888.10	\$0.00	\$0.00	\$0.00	\$7,597.86	\$844.21	\$729.71	15.69%
14	Per Employee Net Plan Costs	\$1,029.18	\$627.22	\$855.47	\$617.84	\$995.45	\$1,063.00	\$590.45	\$921.23	\$888.10	\$0.00	\$0.00	\$0.00	\$7,583.51	\$842.61	\$723.17	16.52%
DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$0.00	\$0.00	\$0.00	\$91,308	\$10,145	\$7,174	41.42%
16	Specific Stop Loss (+ Fam.)	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$0.00	\$0.00	\$0.00	\$84,155	\$9,351	\$7,673	21.87%
17	Dependent Units (+ 1 Dep.)	91	90	89	92	93	92	94	87	89	0	0	0	817	91	91	-0.34%
18	Dependent Units (Fam.)	89	88	86	84	84	81	80	78	83	0	0	0	753	84	97	-14.11%
19	Dependent Fixed Costs	\$20,117	\$19,893	\$19,558	\$19,670	\$19,782	\$19,334	\$19,446	\$18,440	\$19,223	\$0	\$0	\$0	\$175,463	\$19,496	\$14,846	31.32%
20	Total Gross Claims	\$245,792	\$273,197	\$177,005	\$249,808	\$95,881	\$265,346	\$310,727	\$253,170	\$813,116	\$0	\$0	\$0	\$2,684,042	\$298,227	\$230,644	29.30%
21	Gross Plan Costs	\$265,909	\$293,090	\$196,563	\$269,478	\$115,662	\$284,681	\$330,173	\$271,610	\$832,338	\$0	\$0	\$0	\$2,859,506	\$317,723	\$245,490	29.42%
22	Stop-Loss Reimbursements	(\$41,524)	(\$61,777)	(\$24,473)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$127,774)	(\$14,197)	(\$17,010)	-16.54%
23	Net Plan Costs	\$224,385	\$231,314	\$172,090	\$269,478	\$115,662	\$284,681	\$330,173	\$271,610	\$832,338	\$0	\$0	\$0	\$2,731,732	\$303,526	\$228,480	32.85%
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	\$1,646.12	\$4,839.18	\$0.00	\$0.00	\$0.00	\$1,821.34	\$1,821.34	\$1,302.34	39.85%
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	\$1,646.12	\$4,839.18	\$0.00	\$0.00	\$0.00	\$1,739.96	\$1,739.96	\$1,212.10	43.55%
26	Per Dependent Net Plan Costs	\$699.02	\$729.70	\$546.32	\$852.78	\$368.35	\$906.63	\$1,041.56	\$896.40	\$2,667.75	\$0.00	\$0.00	\$0.00	\$8,708.50	\$967.61	\$654.21	47.91%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$90,052	\$97,387	\$80,980	\$95,052	\$101,540	\$89,384	\$86,248	\$95,597	\$88,479	\$0	\$0	\$0	\$824,718	\$91,635	\$93,297	-1.78%
28	Total Claims	\$926,369	\$657,880	\$726,632	\$622,046	\$734,032	\$947,365	\$656,547	\$793,167	\$1,348,261	\$0	\$0	\$0	\$7,412,299	\$823,589	\$694,672	18.56%
29	Gross Plan Costs	\$1,016,421	\$755,266	\$807,612	\$717,098	\$835,571	\$1,036,749	\$742,795	\$888,764	\$1,436,740	\$0	\$0	\$0	\$8,237,017	\$915,224	\$787,969	16.15%
30	Stop-Loss Reimbursements	(\$43,212)	(\$62,744)	(\$31,856)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$137,811)	(\$15,312)	(\$21,869)	-29.98%
31	Pharmacy Rebates	\$0	\$0	(\$122,540)	\$0	\$0	(\$120,723)	\$0	\$0	(\$163,402)	\$0	\$0	\$0	(\$406,665)	(\$45,185)	(\$34,452)	31.15%
32	Net Plan Costs	\$973,209	\$692,523	\$653,216	\$717,098	\$835,571	\$916,026	\$742,795	\$888,764	\$1,273,338	\$0	\$0	\$0	\$7,692,541	\$854,727	\$731,648	16.82%
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	\$1,363.14	\$2,134.83	\$0.00	\$0.00	\$0.00	\$11,780.26	\$1,308.92	\$1,059.93	23.49%
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	\$1,363.14	\$1,892.03	\$0.00	\$0.00	\$0.00	\$11,001.57	\$1,222.40	\$984.17	24.21%
35	Composite Net Plan Cost Per Member	\$930.41	\$669.10	\$636.66	\$699.61	\$818.39	\$900.71	\$733.99	\$930.64	\$1,292.73	\$0.00	\$0.00	\$0.00	\$843.30	\$843.30	\$669.70	25.92%

*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 9/1/2026

Plan Paid		Period										Percent of Medical	
Row Labels		01/01/26	02/01/26	03/01/26	04/01/26	05/01/26	06/01/26	07/01/26	08/01/26	09/01/26	Grand Total		
Dental													
Professional													
OFFICE		\$41,894	\$66,533	\$70,261	\$50,349	\$21,512	\$52,820	\$42,207	\$36,810	\$48,753	\$431,140	100.0%	
Professional Total		\$41,894	\$66,533	\$70,261	\$50,349	\$21,512	\$52,820	\$42,207	\$36,810	\$48,753	\$431,140	100.0%	
Dental Total		\$41,894	\$66,533	\$70,261	\$50,349	\$21,512	\$52,820	\$42,207	\$36,810	\$48,753	\$431,140	100.0%	
Medical													
Institutional													
INPATIENT HOSPITAL		\$152,583	\$135,808	\$101,704	\$57,352	\$235,851	\$134,587	\$217,802	\$83,679	\$242,408	\$1,361,776	24.4%	
ON CAMPUS - OUTPATIENT HOSPITAL		\$119,547	\$68,697	\$101,855	\$57,202	\$94,500	\$175,111	\$47,205	\$157,649	\$451,247	\$1,273,014	22.8%	
AMBULATORY SURGICAL CENTER		\$191,843	\$40,798	\$103,118	\$120,122	(\$11,007)	\$86,775	\$10,101	\$32,644	\$46,232	\$620,628	11.1%	
EMERGENCY ROOM - HOSPITAL		\$45,235	\$34,222	\$41,827	\$36,242	\$23,217	\$75,774	\$40,688	\$41,875	\$63,552	\$402,632	7.2%	
URGENT CARE FACILITY		\$64	\$192	\$1,074	\$274	\$39	\$648	\$1,847	\$791	\$1,197	\$6,126	0.1%	
INDEPENDENT LABORATORY									\$34		\$34	0.0%	
Institutional Total		\$509,273	\$279,717	\$349,579	\$271,192	\$342,602	\$472,896	\$317,642	\$316,673	\$804,637	\$3,664,210	65.6%	
Professional													
OFFICE		\$60,413	\$63,829	\$71,476	\$79,705	\$80,090	\$139,404	\$82,478	\$133,186	\$70,672	\$781,254	14.0%	
AMBULATORY SURGICAL CENTER		\$27,492	\$16,769	\$48,693	\$23,119	\$44,093	\$29,702	\$9,664	\$15,969	\$75,923	\$291,425	5.2%	
INPATIENT HOSPITAL		\$6,101	\$23,630	\$6,925	\$7,378	\$10,423	\$14,292	\$6,931	\$71,406	\$96,121	\$243,207	4.4%	
HOME		\$1,946	\$2,074	\$6,176	\$5,013	\$6,189	\$18,407	\$21,337	\$17,946	\$12,627	\$91,716	1.6%	
AMBULANCE - AIR OR WATER		\$76,518					\$0				\$76,518	1.4%	
EMERGENCY ROOM - HOSPITAL		\$7,620	\$5,488	\$10,131	\$9,486	\$10,430	\$8,750	\$5,099	\$8,876	\$4,344	\$70,224	1.3%	
INDEPENDENT LABORATORY		\$7,188	\$3,223	\$7,283	\$7,925	\$3,841	\$6,863	\$4,649	\$5,681	\$5,196	\$51,848	0.9%	
TELEHEALTH - PROVIDED IN PATIENT'S HOME		\$2,418	\$3,547	\$4,495	\$4,126	\$2,677	\$5,136	\$5,489	\$3,123	\$6,170	\$37,181	0.7%	
AMBULANCE - LAND		\$2,228	\$728		\$3,605	\$8,520	\$3,330	\$3,269	\$6,736		\$28,416	0.5%	
RURAL HEALTH CLINIC		\$2,464	\$2,006	\$3,344	\$949	\$2,360	\$2,791	\$1,724	\$5,653	\$1,899	\$23,190	0.4%	
URGENT CARE FACILITY		\$1,895	\$1,432	\$3,849	\$1,134	\$3,075	\$3,039	\$2,351	\$2,012	\$1,186	\$19,974	0.4%	
TELEHEALTH - PROVIDED OTHER THAN IN PATIENT'S HOME		\$1,370	\$1,774	\$1,376	\$1,600	\$1,512	\$2,079	\$2,431	\$2,131	\$1,357	\$15,629	0.3%	
OFF CAMPUS - OUTPATIENT HOSPITAL		\$0	\$220	\$212	\$353	\$216	\$498	\$40	\$540	\$768	\$2,847	0.1%	
PUBLIC HEALTH CLINIC		\$133	\$0	\$31	\$100	\$256	\$142		\$695	\$630	\$1,988	0.0%	
SKILLED NURSING FACILITY				\$122							\$122	0.0%	
FEDERALLY QUALIFIED HEALTH CENTER								\$107			\$107	0.0%	
INDEPENDENT CLINIC										\$0	\$0	0.0%	
COMMUNITY MENTAL HEALTH CENTER			\$0		\$0						\$0	0.0%	
MOBILE UNIT				\$0							\$0	0.0%	
END-STAGE RENAL DISEASE TREATMENT FACILITY				\$0							\$0	0.0%	
INPATIENT PSYCHIATRIC FACILITY								\$0			\$0	0.0%	
Professional Total		\$219,854	\$147,524	\$187,087	\$162,178	\$197,137	\$256,361	\$160,382	\$292,170	\$302,053	\$1,924,747	34.4%	
Medical Total		\$729,128	\$427,240	\$536,666	\$433,370	\$539,738	\$729,257	\$478,025	\$608,843	\$1,106,690	\$5,588,957		
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	\$645,653	\$1,155,443	\$6,020,408		

Douglas County School District

Top 20 Providers

Paid Claims Between

1/1/2026

thru

9/1/2026

Provider	Members	Claims	MemberPaid	PlanPaid
CARSON VALLEY MEDICAL CENTER	282	927	\$264,297	\$1,317,590
RENOWN REGIONAL MEDICAL CENTER	88	193	\$61,113	\$945,369
CARSON TAHOE REGIONAL HEALTHCARE	288	592	\$222,187	\$711,143
BARTON MEMORIAL HOSPITAL	39	102	\$57,224	\$373,806
SUNRISE HOSPITAL & MEDICAL CTR	1	2	\$2,461	\$236,726
RENO ORTHOPAEDIC SURGERY CENTER	16	32	\$21,218	\$160,946
REACH AIR MEDICAL SERVICES LLC	1	2	-\$15,296	\$76,518
WILLIAMS, COLT	5	17	\$3,017	\$58,580
LIM, PETER C	5	50	\$967	\$49,465
OPTION CARE ENTERPRISES INC - LAS VEGAS	1	21	\$3,385	\$43,681
MOUNTAIN WEST SURGICAL CENTER	1	1	\$4,702	\$40,761
RENOWN SOUTH MEADOWS MEDICAL CENTER	25	45	\$17,801	\$31,761
SINDEL, BRUCE D	1	11	\$0	\$29,450
HANSLICK, JENNIFER L	1	10	\$0	\$29,360
DOFELIZ, FRANCISCO L	3	20	\$4,226	\$26,778
EAST FORK FIRE & PARAMEDIC DISTRICTS	9	13	\$4,596	\$24,501
REDDY, VODUR SURESH	2	4	\$65	\$23,513
SCHREINER, CYNTHIA N	1	14	\$0	\$23,483
CVMC BEHAVIORAL HEALTH CLINIC	13	86	\$1,616	\$22,996
PERRY, REBECCA E	1	13	\$0	\$22,802

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	\$160,179	\$160,281	\$160,314	\$160,314	\$160,314	\$160,314	\$160,314			
2	Subscriber	\$0	\$0	\$0	\$0	\$247,340	\$249,894	\$249,969	\$251,733	\$253,621			
3	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$188,369	\$301,994	\$589,981			
4	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$152,587			
5	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$328,721			
6	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$230,922			
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	\$160,045	\$160,179	\$160,281	\$407,655	\$410,208	\$598,653	\$714,042	\$1,716,147	\$0	\$0	\$0	\$0
Increase Over Previous Month:		\$160,045	\$134	\$102	\$247,374	\$2,553	\$188,445	\$115,389	\$1,002,105	\$0	\$0	\$0	\$0

Claim # Amount Over Specific Stop-Loss (\$300,000)

1	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
3	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,994	\$289,981			
4	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
5	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,721			
6	Subscriber	\$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	\$0	\$1,994	\$318,702	\$0	\$0	\$0	\$0
Increase Over Previous Month:		\$0	\$0	\$0	\$0	\$0	\$0	\$1,994	\$316,707	\$0	\$0	\$0	\$0

Douglas County School District

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

Based on claims from October 01, 2025 through September 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 October 01, 2025 through September 30, 2026

Medical	\$ 6,983,058
Dental	\$ 535,741
Prescription Drugs	\$ 1,884,090
Vision	<u>\$ 55,925</u>
Total Claims	\$ 9,458,814

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 = 673 : 60 day lagged enrollment = 717

Current enrollment all Dental Plans = 673 : 60 day lagged enrollment = 717

Current enrollment all Rx Plans = 673 : 60 day lagged enrollment = 717

Current enrollment all Vision Plans = 673 : 60 day lagged enrollment = 717

Estimated IBNR Calculation

Medical	\$6,983,058 X (55/365) X (673/717) =	\$ 987,325	14.1%
+			
Dental	\$535,741 X (30/365) X (673/717) =	\$ 41,317	7.7%
+			
Rx	\$1,884,090 X (11/365) X (673/717) =	\$ 53,278	2.8%
+			
Vision	\$55,925 X (22/365) X (673/717) =	<u>\$ 3,163</u>	5.7%
=			
Total estimated IBNR as of September 30, 2026 =		\$ 1,085,082	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.

Douglas County School District

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

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

Medical	\$ 6,325,309
Dental	\$ 534,284
Prescription Drugs	\$ 1,848,863
Vision	<u>\$ 56,977</u>
Total Claims	\$ 8,765,432

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 = 652 : 60 day lagged enrollment = 722

Current enrollment all Dental Plans = 652 : 60 day lagged enrollment = 722

Current enrollment all Rx Plans = 652 : 60 day lagged enrollment = 722

Current enrollment all Vision Plans = 652 : 60 day lagged enrollment = 722

Estimated IBNR Calculation

Medical	\$6,325,309 X (55/365) X (652/722) =	\$ 860,820	13.6%
+			
Dental	\$534,284 X (30/365) X (652/722) =	\$ 39,661	7.4%
+			
Rx	\$1,848,863 X (11/365) X (652/722) =	\$ 50,323	2.7%
+			
Vision	\$56,977 X (22/365) X (652/722) =	<u>\$ 3,102</u>	5.4%
=			
Total estimated IBNR as of August 31, 2026 =		\$ 953,905	10.9%

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

December-25

**Group Health Plan
Cost Analysis Report**

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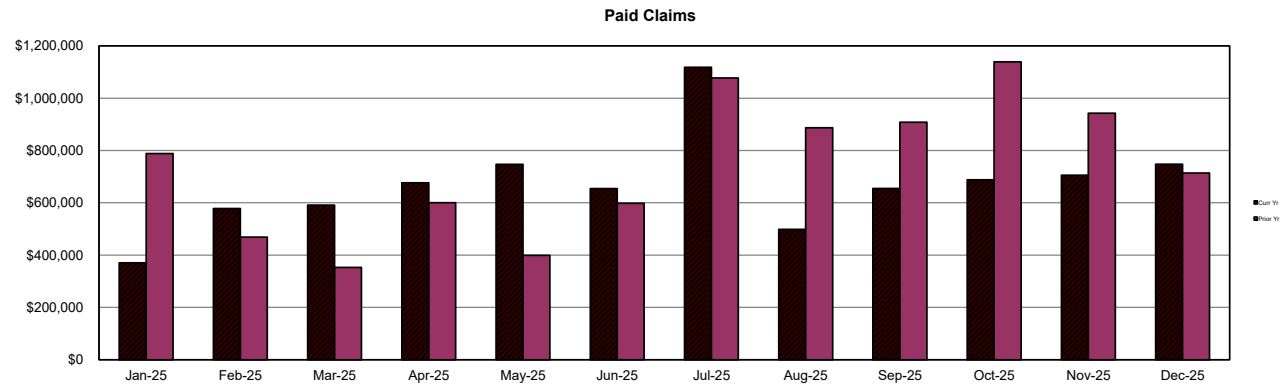
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Utilization Report
6	Top 20 Providers
7	Large Claim Data
8	Incurred But Not Reported Liability (IBNR)-Current
9	Incurred But Not Reported Liability (IBNR)-Previous Month



Douglas County School District
PAID CLAIMS

		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
Line #	ENROLLMENT																
1	Employees	748	756	757	757	758	755	751	710	727	729	739	734	8,921	743	771	-3.57%
2	Dependent Units	191	192	190	189	189	191	190	183	190	187	186	184	2,262	189	192	-2.04%
3	Total # of Dependents	354	352	352	350	354	352	352	344	350	346	343	340	4,189	349	362	-3.52%
EMPLOYEE CLAIMS																	
4	Medical	\$315,847	\$191,204	\$260,127	\$333,719	\$361,195	\$240,445	\$494,389	\$205,675	\$357,952	\$323,523	\$419,324	\$404,901	\$3,908,300	\$325,692	\$411,501	-20.85%
5	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$15,840)	(\$40,936)	(\$1,535)	(\$1,688)	(\$60,000)	(\$5,000)	(\$7,121)	-29.79%
6	Net Medical Claims	\$315,847	\$191,204	\$260,127	\$333,719	\$361,195	\$240,445	\$494,389	\$205,675	\$342,112	\$282,586	\$417,788	\$403,213	\$3,848,301	\$320,692	\$404,380	-20.70%
7	Prescription	\$81,434	\$92,214	\$78,421	\$86,892	\$110,033	\$100,357	\$77,782	\$94,227	\$105,518	\$185,930	\$133,270	\$121,622	\$1,267,700	\$105,642	\$124,554	-15.18%
8	Dental	\$19,644	\$9,765	\$58,705	\$31,453	\$18,571	\$32,532	\$49,595	\$39,160	\$32,680	\$19,000	\$14,516	\$22,003	\$347,623	\$28,969	\$27,984	3.52%
9	Vision	\$3,112	\$3,967	\$3,538	\$4,041	\$3,229	\$4,325	\$5,592	\$5,736	\$2,693	\$2,414	\$2,136	\$3,923	\$44,707	\$3,726	\$3,980	-6.38%
10	Total Employee	\$420,037	\$297,150	\$400,791	\$456,105	\$493,029	\$377,659	\$627,358	\$344,798	\$483,002	\$489,930	\$567,710	\$550,760	\$5,508,331	\$459,028	\$560,898	-18.16%
11	Cost Per Employee	\$561.55	\$393.06	\$529.45	\$602.52	\$650.43	\$500.21	\$835.36	\$485.63	\$664.38	\$672.06	\$768.21	\$750.35	\$7,409.48	\$617.46	\$727.57	-15.13%
DEPENDENT CLAIMS																	
12	Medical	\$52,049	\$207,620	\$108,955	\$164,902	\$167,124	\$210,322	\$447,697	\$83,623	\$106,829	\$140,409	\$147,440	\$180,750	\$2,017,719	\$168,143	\$150,120	12.01%
13	Less Stop Loss Reimbursement	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,961)	(\$41,524)	(\$245,646)	(\$20,471)	\$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	\$140,409	\$105,479	\$139,226	\$1,772,073	\$147,673	\$150,120	-1.63%
15	Prescription	\$47,664	\$60,559	\$49,132	\$44,964	\$72,108	\$46,816	\$21,714	\$43,633	\$49,318	\$42,045	\$22,392	\$31,178	\$531,524	\$44,294	\$15,553	184.79%
16	Dental	\$9,851	\$14,406	\$31,004	\$9,694	\$13,843	\$18,430	\$20,438	\$24,687	\$14,616	\$15,216	\$8,062	\$25,804	\$206,051	\$17,171	\$12,291	39.70%
17	Vision	\$1,085	\$534	\$1,360	\$844	\$872	\$1,109	\$798	\$1,815	\$1,115	\$405	\$1,881	\$617	\$12,435	\$1,036	\$888	16.74%
18	Total Dependent	(\$49,404)	\$281,012	\$190,451	\$220,404	\$253,947	\$276,677	\$490,647	\$153,758	\$171,877	\$198,075	\$137,813	\$196,825	\$2,522,083	\$210,174	\$178,851	17.51%
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	\$1,059.23	\$740.93	\$1,069.70	\$13,379.75	\$1,114.98	\$929.50	19.95%
20	Cost Per Dependent	(\$139.56)	\$798.33	\$541.05	\$629.73	\$717.37	\$786.01	\$1,393.88	\$446.97	\$491.08	\$572.47	\$401.79	\$578.90	\$7,224.87	\$602.07	\$494.29	21.81%
EMPLOYEE + DEPENDENT																	
21	Medical	\$367,896	\$398,825	\$369,082	\$498,621	\$528,319	\$450,766	\$942,085	\$289,298	\$464,780	\$463,931	\$566,763	\$585,651	\$5,926,019	\$493,835	\$561,621	-12.07%
22	Less Stop Loss Reimbursement	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	(\$15,840)	(\$40,936)	(\$43,496)	(\$43,212)	(\$305,646)	(\$25,470)	(\$7,121)	257.68%
23	Net Medical Claims	\$207,843	\$396,716	\$369,082	\$498,621	\$528,319	\$450,766	\$942,085	\$289,298	\$448,940	\$422,995	\$523,267	\$542,439	\$5,620,373	\$468,364	\$554,500	-15.53%
24	Prescription	\$129,098	\$152,773	\$127,553	\$131,857	\$182,141	\$147,174	\$99,496	\$137,860	\$154,835	\$227,976	\$155,661	\$152,800	\$1,799,224	\$149,935	\$140,107	7.01%
25	Dental	\$29,495	\$24,171	\$89,709	\$41,147	\$32,414	\$50,962	\$70,033	\$63,847	\$47,296	\$34,216	\$22,577	\$47,807	\$553,674	\$46,139	\$40,276	14.56%
26	Vision	\$4,197	\$4,501	\$4,898	\$4,885	\$4,102	\$5,434	\$6,390	\$7,551	\$3,807	\$2,819	\$4,017	\$4,540	\$57,143	\$4,762	\$4,867	-2.16%
27	Total Claims	\$370,633	\$578,162	\$591,242	\$676,509	\$746,977	\$654,336	\$1,118,005	\$498,556	\$654,879	\$688,006	\$705,523	\$747,586	\$8,030,414	\$669,201	\$739,749	-9.54%
	Composite Cost Per Employee	\$495.50	\$764.76	\$781.03	\$893.67	\$985.46	\$866.67	\$1,488.69	\$702.19	\$900.80	\$943.77	\$954.70	\$1,018.51	\$10,802.04	\$900.17	\$959.57	-6.19%
29	Composite Cost Per Member	\$336.33	\$521.81	\$533.13	\$611.12	\$671.74	\$591.09	\$1,013.60	\$473.01	\$608.06	\$640.01	\$652.05	\$696.08	\$7,350.49	\$612.54	\$653.06	-6.20%

Douglas County School District
PAID CLAIMS

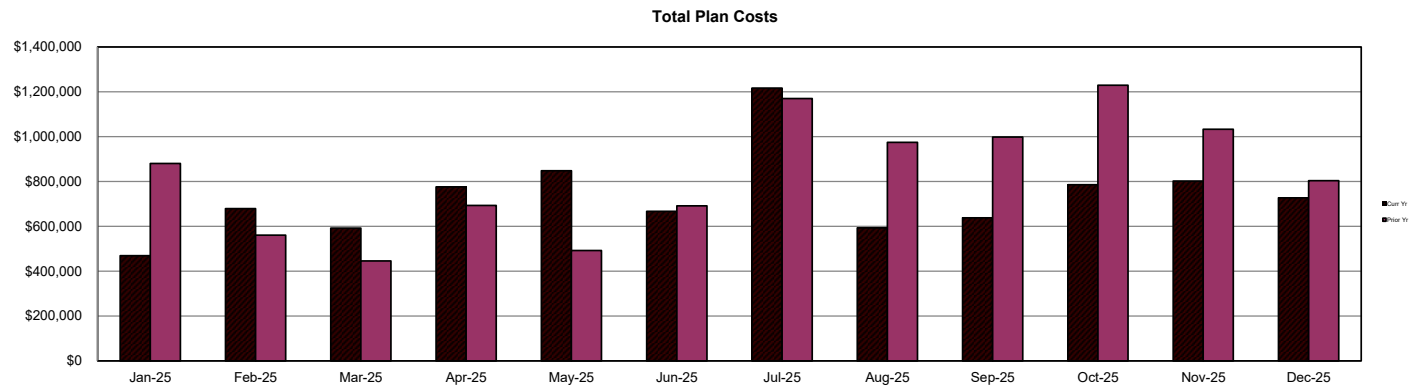


Douglas County School District
TOTAL PLAN COSTS

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	\$29.02	\$29.02	\$29.02	\$258,887	\$21,574	\$21,509	0.30%
2	Specific Stop Loss	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$643,293	\$53,608	\$52,253	2.59%
3	PPO Networks (Dental)	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$6,245	\$520	\$540	-3.57%
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$14,987	\$1,249	\$1,295	-3.57%
5	Consulting Fee (Estimated)	\$2.01	\$1.98	\$1.98	\$1.98	\$1.98	\$1.99	\$2.00	\$2.11	\$2.06	\$2.06	\$2.03	\$2.04	\$18,000	\$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	\$105.57	\$105.54	\$105.55	\$941,413	\$78,451	\$77,096	1.76%
7	Exposures	748	756	757	757	758	755	751	710	727	729	739	734	8,921	743	771	-3.57%
8	Employee Fixed Costs	\$78,925	\$79,754	\$79,857	\$79,857	\$79,961	\$79,650	\$79,236	\$74,992	\$76,752	\$76,959	\$77,994	\$77,476	\$941,413	\$78,451	\$77,096	1.76%
9	Total Gross Claims	\$420,037	\$297,150	\$400,791	\$456,105	\$493,029	\$377,659	\$627,358	\$344,798	\$498,842	\$530,867	\$569,245	\$552,449	\$5,568,330	\$464,028	\$568,019	-18.31%
10	Gross Plan Costs	\$498,963	\$376,904	\$480,648	\$535,962	\$572,990	\$457,309	\$706,594	\$419,790	\$575,594	\$607,825	\$647,239	\$629,925	\$6,509,743	\$542,479	\$645,115	-15.91%
11	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$15,840)	(\$40,936)	(\$1,535)	(\$1,688)	(\$60,000)	(\$5,000)	(\$7,121)	-29.79%
12	Net Plan Costs	\$498,963	\$376,904	\$480,648	\$535,962	\$572,990	\$457,309	\$706,594	\$419,790	\$559,754	\$566,889	\$645,704	\$628,237	\$6,449,743	\$537,479	\$637,994	-15.75%
13	Per Employee Gross Plan Costs	\$667.06	\$498.55	\$634.94	\$708.01	\$755.92	\$605.71	\$940.87	\$591.25	\$791.74	\$833.78	\$875.83	\$858.21	\$8,756.52	\$729.71	\$836.82	-12.80%
14	Per Employee Net Plan Costs	\$667.06	\$498.55	\$634.94	\$708.01	\$755.92	\$605.71	\$940.87	\$591.25	\$791.74	\$833.78	\$875.83	\$858.21	\$8,756.52	\$729.71	\$836.82	-12.80%
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	\$78.76	\$78.76	\$78.76	\$86,085	\$7,174	\$6,997	2.53%
16	Specific Stop Loss (+ Fam.)	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$92,070	\$7,673	\$7,250	5.83%
17	Dependent Units (+ 1 Dep.)	93	93	93	91	91	92	91	87	92	90	91	89	1,093	91	95	-3.62%
18	Dependent Units (Fam.)	98	99	97	98	98	99	99	96	98	97	95	95	1,169	97	98	-0.51%
19	Dependent Fixed Costs	\$15,043	\$15,122	\$14,964	\$14,886	\$14,886	\$15,043	\$14,964	\$14,413	\$14,964	\$14,728	\$14,649	\$14,492	\$178,155	\$14,846	\$14,247	4.21%
20	Total Gross Claims	\$110,649	\$283,120	\$190,451	\$220,404	\$253,947	\$276,677	\$490,647	\$153,758	\$171,877	\$198,075	\$179,774	\$238,349	\$2,767,729	\$230,644	\$178,851	28.96%
21	Gross Plan Costs	\$125,692	\$298,242	\$205,416	\$235,289	\$268,833	\$291,720	\$505,612	\$168,172	\$186,841	\$212,804	\$194,424	\$252,841	\$2,945,884	\$245,490	\$193,098	27.13%
22	Stop-Loss Reimbursements	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,961)	(\$41,524)	(\$245,646)	(\$20,471)	\$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	\$212,804	\$152,462	\$211,317	\$2,700,238	\$225,020	\$193,098	16.53%
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	\$1,137.99	\$1,045.29	\$1,374.14	\$15,608.06	\$1,300.67	\$1,003.54	29.61%
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	\$1,137.99	\$819.69	\$1,148.46	\$14,307.84	\$1,192.32	\$1,003.54	18.81%
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	\$615.04	\$444.50	\$621.52	\$7,728.37	\$644.03	\$530.13	21.49%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$98,579	\$100,940	\$98,319	\$99,304	\$101,011	\$98,031	\$98,630	\$94,380	\$94,970	\$97,667	\$96,473	\$98,169	\$1,176,473	\$98,039	\$91,343	7.33%
28	Total Claims	\$530,686	\$580,270	\$591,242	\$676,509	\$746,977	\$654,336	\$1,118,005	\$498,556	\$670,719	\$728,942	\$749,019	\$790,798	\$8,336,059	\$694,672	\$746,870	-6.99%
29	Gross Plan Costs	\$629,265	\$681,210	\$689,561	\$775,813	\$847,988	\$752,367	\$1,216,635	\$592,936	\$765,689	\$826,610	\$845,492	\$888,966	\$9,512,532	\$792,711	\$838,213	-5.43%
30	Stop-Loss Reimbursements	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	(\$15,840)	(\$40,936)	(\$43,496)	(\$43,212)	(\$305,646)	(\$25,470)	(\$7,121)	257.68%
31	Pharmacy Rebates	\$0	\$0	(\$97,430)	\$0	\$0	(\$85,376)	\$0	\$0	(\$111,876)	\$0	\$0	(\$118,740)	(\$413,422)	(\$34,452)	(\$38,008)	-9.36%
32	Net Plan Costs	\$469,213	\$679,102	\$592,131	\$775,813	\$847,988	\$666,991	\$1,216,635	\$592,936	\$637,974	\$785,673	\$801,996	\$727,014	\$8,793,465	\$732,789	\$793,084	-7.60%
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	\$1,133.90	\$1,144.10	\$1,211.13	\$12,795.69	\$1,066.31	\$1,087.29	-1.93%
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	\$877.54	\$1,077.74	\$1,085.24	\$990.48	\$11,828.45	\$985.70	\$1,028.75	-4.18%
35	Composite Net Plan Cost Per Member	\$425.78	\$612.91	\$533.93	\$700.82	\$762.58	\$602.52	\$1,103.02	\$562.56	\$592.36	\$730.86	\$741.22	\$676.92	\$7,956.09	\$663.01	\$733.69	-9.63%

*MAXOR Admin Fee Added to Employee & Dependent Fixed Costs

Douglas County School District
TOTAL PLAN COSTS



Douglas County School District

Top 20 Providers
Paid Claims Between

1/1/2025 thru 12/1/2025

Plan Paid	Period													Percent of Medical	
Row Labels	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	10/01/25	11/01/25	12/01/25	Grand Total		
Dental															
Professional															
OFFICE	\$29,451	\$24,171	\$89,520	\$41,147	\$32,414	\$50,962	\$70,033	\$63,847	\$47,296	\$34,216	\$22,577	\$47,807	\$553,441		
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	\$34,216	\$22,577	\$47,807	\$553,630		
Dental Total	\$29,451	\$24,171	\$89,709	\$41,147	\$32,414	\$50,962	\$70,033	\$63,847	\$47,296	\$34,216	\$22,577	\$47,807	\$553,630		
Medical															
Institutional															
ON CAMPUS - OUTPATIENT HOSPITAL	\$144,693	\$63,565	\$47,411	\$96,476	\$106,057	\$99,337	\$101,062	\$69,828	\$97,476	\$117,083	\$145,874	\$199,796	\$1,288,659	22%	
AMBULATORY SURGICAL CENTER	\$5,198	\$103,810	\$80,699	\$14,266	\$22,226	\$132,123	\$414,721	\$33,249	\$39,691	\$24,597	\$71,357	\$60,047	\$1,001,983	17%	
INPATIENT HOSPITAL	\$26,793	\$45,191	\$792	\$110,310	\$216,839	\$22,150	\$165,350	\$19,082	\$62,207	\$50,859	\$24,108	\$3,571	\$747,250	13%	
EMERGENCY ROOM - HOSPITAL	\$29,791	\$19,459	\$28,423	\$47,827	\$20,197	\$30,908	\$33,064	\$28,336	\$32,953	\$35,859	\$47,211	\$39,155	\$393,183	7%	
URGENT CARE FACILITY	\$986	\$120	\$178	\$321	\$260	\$119	\$179		\$131	\$933	\$453	\$177	\$3,856	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	\$229,330	\$289,002	\$302,746	\$3,435,448	58%	
Professional															
OFFICE	\$68,754	\$66,070	\$71,902	\$90,192	\$68,891	\$64,968	\$94,189	\$86,591	\$101,667	\$77,668	\$124,510	\$103,398	\$1,018,799	17%	
ON CAMPUS - OUTPATIENT HOSPITAL	\$15,279	\$27,021	\$18,460	\$10,999	\$18,409	\$29,952	\$64,778	\$14,753	\$21,184	\$20,362	\$28,318	\$39,535	\$309,050	5%	
EMERGENCY ROOM - HOSPITAL	\$6,253	\$7,106	\$12,263	\$14,650	\$10,908	\$12,221	\$9,688	\$7,320	\$41,235	\$10,367	\$8,983	\$11,536	\$152,531	3%	
INPATIENT HOSPITAL	(\$4,527)	\$11,543	\$15,712	\$5,651	\$4,924	\$6,208	\$9,783	\$1,336	\$4,794	\$57,402	\$8,037	\$29,458	\$150,323	2%	
HOME	\$4,273	\$4,005	\$4,382	\$8,508	\$6,441	\$10,796	\$12,275	\$5,536	\$11,185	\$7,044	\$6,639	\$10,981	\$92,066	3%	
INDEPENDENT LABORATORY	\$4,719	\$5,339	\$4,911	\$4,087	\$3,807	\$1,843	\$6,358	\$5,598	\$7,204	\$8,664	\$14,646	\$3,710	\$70,885	1%	
END-STAGE RENAL DISEASE TREATMENT FACILITY	\$15,512	\$11,527	\$12,829	\$8,944	\$0	\$0							\$48,811	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	\$3,708	\$4,393	\$3,225	\$47,917	1%	
RURAL HEALTH CLINIC	\$2,707	\$2,035	\$3,981	\$4,009	\$3,031	\$2,418	\$2,475	\$3,222	\$4,443	\$3,942	\$2,061	\$3,325	\$37,648	1%	
AMBULANCE - LAND	\$942	\$777	\$1,567	\$3,787	\$1,928	\$0	\$2,345	\$517	\$7,013	\$6,135	\$3,667	\$5,777	\$34,455	31%	
HOSPICE	\$4,929	\$3,059	\$3,339	\$3,697	\$994	\$4,452		\$2,022		\$0	\$3,776	\$4,134	\$30,402	0%	
URGENT CARE FACILITY	\$2,350	\$2,139	\$2,366	\$2,588	\$2,199	\$2,450	\$2,273	\$1,257	\$2,192	\$1,426	\$2,809	\$4,463	\$28,513	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	\$3,474	\$2,456	\$3,543	\$26,377	0%	
AMBULANCE - AIR OR WATER					\$17,476					\$4,395			\$21,871	1%	
OFF CAMPUS - OUTPATIENT HOSPITAL	\$116	\$73	\$1,282	\$273	\$286	\$724	\$367	\$256	\$931	\$427	\$808	\$101	\$5,645	0%	
SKILLED NURSING FACILITY				\$1,307	\$4,125							\$0	\$5,432	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		\$33			\$1,188	0%	
FEDERALLY QUALIFIED HEALTH CENTER	\$283	\$212		\$268								\$0	\$763	0%	
COMPREHENSIVE INPATIENT REHABILITATION FACILITY	\$26	\$146											\$172	0%	
INDEPENDENT CLINIC				\$109				\$0			\$0	\$0	\$109	0%	
OTHER PLACE OF SERVICE	\$0					\$0		\$94					\$94	0%	
RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY											\$0		\$0	0%	
COMMUNITY MENTAL HEALTH CENTER										\$0			\$0	0%	
MOBILE UNIT												\$0	\$0	42%	
Professional Total	\$159,757	\$166,680	\$212,797	\$229,422	\$162,740	\$166,129	\$227,602	\$138,804	\$232,322	\$234,601	\$277,761	\$282,905	\$2,491,520	100%	
Medical Total	\$367,626	\$398,825	\$370,300	\$498,621	\$528,319	\$450,766	\$942,086	\$289,298	\$464,780	\$463,931	\$566,763	\$585,651	\$5,926,968		
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	\$498,147	\$589,341	\$633,458	\$6,480,928		

Douglas County School District

Top 20 Providers

Paid Claims Between

1/1/2025

thru

12/1/2025

Provider	Members	Claims	MemberPaid	PlanPaid
CARSON VALLEY MEDICAL CENTER	331	1176	\$259,916	\$1,045,067
CARSON TAHOE REGIONAL HEALTHCARE	372	940	\$340,589	\$888,805
BARTON MEMORIAL HOSPITAL	37	119	\$88,645	\$421,798
RENOWN REGIONAL MEDICAL CENTER	105	240	\$59,012	\$399,494
STANFORD MEDICAL CENTER	5	14	\$8,757	\$255,735
RENO ORTHOPAEDIC SURGERY CENTER	16	26	\$34,690	\$224,162
UNIVERSITY OF UTAH HOSPITALS AND CLINICS	5	28	\$2,550	\$212,178
LUCILE SALTER PACKARD CHILDRENS HOSPITAL	1	1	\$5,795	\$119,714
UNIVERSITY OF NEW MEXICO HOSPITAL	1	19	\$3,581	\$59,162
ORD, CELINE B	2	26	\$56	\$50,297
OPTION CARE ENTERPRISES INC - LAS VEGAS	1	13	\$3,413	\$46,945
MAMMOTH HOSPITAL	1	1	\$4,260	\$42,296
DIALYSIS CLINIC INC - CARSON CITY	1	5	\$2,685	\$41,376
CARSON ENDOSCOPY CENTER	47	52	\$5,365	\$39,395
BUDD, DANIEL B	78	195	\$4,153	\$35,652
RENOWN SOUTH MEADOWS MEDICAL CENTER	36	49	\$16,365	\$33,730
1CARE,	1	12	\$4,215	\$30,402
PINTHER, TIMOTHY T	75	156	\$3,291	\$29,553
LABCORP PHOENIX	334	685	\$27,763	\$28,211
EAST FORK FIRE & PARAMEDIC DISTRICTS	18	26	\$11,297	\$27,838

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	\$398,900	\$460,677	\$485,151
2	Subscriber	\$0	\$0	\$0	\$0	\$251,502	\$255,108	\$257,466	\$263,114	\$264,864	\$269,192	\$270,569	\$272,320
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$290,379	\$291,361	\$292,896	\$294,584	\$295,551	\$302,934
4	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$160,018	\$162,501	\$163,155	\$163,826	\$168,314	\$172,448
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$206,119
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10		\$0	\$0	\$0	\$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	\$1,126,503	\$1,195,112	\$1,438,972
Increase Over Previous Month:		\$0	\$0	\$155,339	\$295,229	\$27,642	\$505,114	\$49,068	\$45,901	\$48,211	\$68,609	\$243,860

Claim #	<u>Amount Over Specific Stop-Loss (\$275,000)</u>												
1	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$461	\$40,415	\$82,377	\$123,900	\$185,677	\$210,151
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$15,379	\$16,361	\$17,896	\$19,584	\$20,551	\$27,934
4	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Total	\$0	\$0	\$0	\$0	\$0	\$0	\$15,840	\$56,776	\$100,273	\$143,485	\$206,229	\$238,084
Increase Over Previous Month:		\$0	\$0	\$0	\$0	\$0	\$15,840	\$40,936	\$43,496	\$43,212	\$62,744	\$31,855

Douglas County School District

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

Based on claims from January 01, 2025 through December 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 January 01, 2025 through December 31, 2025

Medical	\$ 5,620,373
Dental	\$ 553,674
Prescription Drugs	\$ 1,799,224
Vision	<u>\$ 57,143</u>
Total Claims	\$ 8,030,414

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 = 734 : 60 day lagged enrollment = 747

Current enrollment all Dental Plans = 734 : 60 day lagged enrollment = 747

Current enrollment all Rx Plans = 734 : 60 day lagged enrollment = 747

Current enrollment all Vision Plans = 734 : 60 day lagged enrollment = 747

Estimated IBNR Calculation

Medical	\$5,620,373 X (55/365) X (734/747) =	\$ 832,167	14.8%
+			
Dental	\$553,674 X (30/365) X (734/747) =	\$ 44,715	8.1%
+			
Rx	\$1,799,224 X (11/365) X (734/747) =	\$ 53,280	3.0%
+			
Vision	\$57,143 X (22/365) X (734/747) =	<u>\$ 3,384</u>	5.9%
=			
Total estimated IBNR as of December 31, 2025 =		\$ 933,546	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 November 30, 2025

Based on claims from December 01, 2024 through November 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 December 01, 2024 through November 30, 2025

Medical	\$ 5,598,387
Dental	\$ 573,072
Prescription Drugs	\$ 1,769,052
Vision	<u>\$ 55,995</u>
Total Claims	\$ 7,996,506

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 = 739 : 60 day lagged enrollment = 749

Current enrollment all Dental Plans = 739 : 60 day lagged enrollment = 749

Current enrollment all Rx Plans = 739 : 60 day lagged enrollment = 749

Current enrollment all Vision Plans = 739 : 60 day lagged enrollment = 749

Estimated IBNR Calculation

Medical	\$5,598,387 X (55/365) X (739/749) =	\$ 832,330	14.9%
+			
Dental	\$573,072 X (30/365) X (739/749) =	\$ 46,473	8.1%
+			
Rx	\$1,769,052 X (11/365) X (739/749) =	\$ 52,602	3.0%
+			
Vision	\$55,995 X (22/365) X (739/749) =	<u>\$ 3,330</u>	5.9%
=			
Total estimated IBNR as of November 30, 2025 =		\$ 934,735	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

December-24

**Group Health Plan
Cost Analysis Report**

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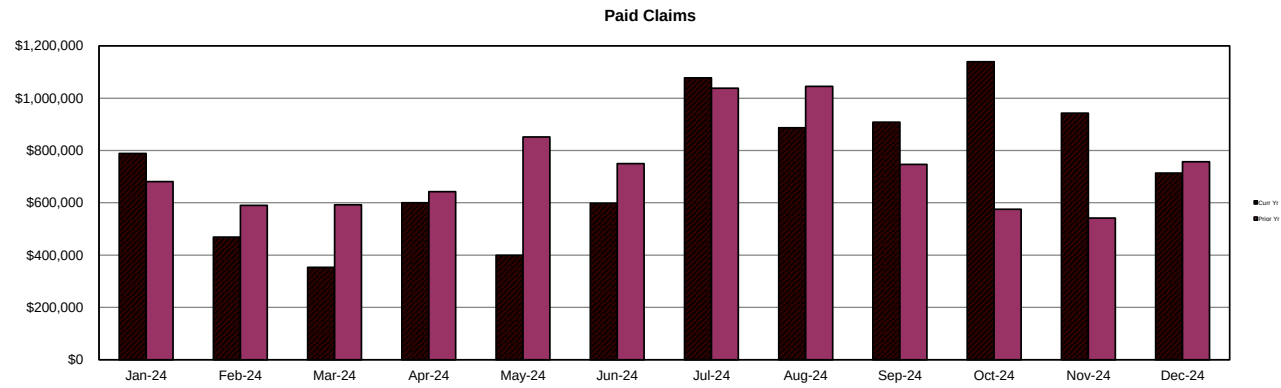
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Large Claim Data
6	Incurred But Not Reported Liability (IBNR)-Current
7	Incurred But Not Reported Liability (IBNR)-Previous Month



Douglas County School District
PAID CLAIMS

		Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
Line #	ENROLLMENT																
1	Employees	784	783	785	786	786	789	786	732	751	753	760	756	9,251	771	773	-0.22%
2	Dependent Units	187	187	187	190	191	190	193	195	199	198	196	196	2,309	192	197	-2.53%
3	Total # of Dependents	352	353	353	357	361	358	365	372	373	367	365	366	4,342	362	366	-1.14%
EMPLOYEE CLAIMS																	
4	Medical	\$582,264	\$221,551	\$189,748	\$373,337	\$205,198	\$320,199	\$730,798	\$442,251	\$595,727	\$463,610	\$400,625	\$412,704	\$4,938,013	\$411,501	\$454,204	-9.40%
5	Less Stop Loss Reimbursement	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$7,121)	(\$33,058)	-78.46%
6	Net Medical Claims	\$496,811	\$221,551	\$189,748	\$373,337	\$205,198	\$320,199	\$730,798	\$442,251	\$595,727	\$463,610	\$400,625	\$412,704	\$4,852,560	\$404,380	\$421,146	-3.98%
7	Prescription	\$113,540	\$129,718	\$118,934	\$105,863	\$126,607	\$122,296	\$126,408	\$116,359	\$154,802	\$152,730	\$116,787	\$110,607	\$1,494,649	\$124,554	\$109,316	13.94%
8	Dental	\$34,901	\$20,189	\$5,993	\$6,259	\$7,899	\$42,602	\$43,974	\$21,988	\$25,830	\$49,119	\$38,517	\$38,543	\$335,813	\$27,984	\$29,541	-5.27%
9	Vision	\$4,609	\$3,791	\$3,139	\$6,553	\$3,801	\$3,853	\$4,597	\$5,178	\$3,110	\$4,014	\$2,440	\$2,670	\$47,754	\$3,980	\$3,707	7.35%
10	Total Employee	\$649,862	\$375,248	\$317,813	\$492,012	\$343,504	\$488,950	\$905,777	\$585,776	\$779,468	\$669,472	\$558,369	\$564,524	\$6,730,775	\$560,898	\$563,710	-0.50%
11	Cost Per Employee	\$828.91	\$479.24	\$404.86	\$625.97	\$437.03	\$619.71	\$1,152.39	\$800.24	\$1,037.91	\$889.07	\$734.70	\$746.72	\$8,730.87	\$727.57	\$729.64	-0.28%
DEPENDENT CLAIMS																	
12	Medical	\$107,665	\$68,495	\$25,093	\$80,460	\$37,608	\$82,549	\$132,818	\$273,300	\$106,260	\$427,977	\$351,461	\$107,749	\$1,801,436	\$150,120	\$135,835	10.52%
13	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
14	Net Medical Claims	\$107,665	\$68,495	\$25,093	\$80,460	\$37,608	\$82,549	\$132,818	\$273,300	\$106,260	\$427,977	\$351,461	\$107,749	\$1,801,436	\$150,120	\$135,835	10.52%
15	Prescription	\$15,767	\$15,716	\$9,767	\$18,230	\$13,953	\$12,753	\$24,329	\$14,138	\$15,725	\$21,587	\$12,651	\$12,021	\$186,635	\$15,553	\$18,046	-13.82%
16	Dental	\$13,881	\$8,329	\$0	\$8,513	\$3,635	\$12,917	\$13,711	\$13,014	\$6,139	\$19,097	\$19,597	\$28,662	\$147,495	\$12,291	\$15,881	-22.60%
17	Vision	\$1,488	\$1,151	\$656	\$1,007	\$700	\$1,042	\$860	\$602	\$669	\$1,087	\$666	\$722	\$10,652	\$888	\$903	-1.66%
18	Total Dependent	\$138,801	\$93,690	\$35,516	\$108,210	\$55,896	\$109,261	\$171,718	\$301,054	\$128,792	\$469,749	\$384,375	\$149,155	\$2,146,217	\$178,851	\$170,665	4.80%
19	Cost Per Dependent Unit	\$742.25	\$501.02	\$189.92	\$569.53	\$292.65	\$575.06	\$889.73	\$1,543.87	\$647.20	\$2,372.47	\$1,961.10	\$760.99	\$11,154.01	\$929.50	\$864.49	7.52%
20	Cost Per Dependent	\$394.32	\$265.41	\$100.61	\$303.11	\$154.84	\$305.20	\$470.46	\$809.29	\$345.29	\$1,279.97	\$1,053.08	\$407.53	\$5,931.51	\$494.29	\$466.30	6.00%
EMPLOYEE + DEPENDENT																	
21	Medical	\$689,929	\$290,046	\$214,841	\$453,797	\$242,806	\$402,748	\$863,616	\$715,552	\$701,986	\$891,588	\$752,086	\$520,453	\$6,739,448	\$561,621	\$590,039	-4.82%
22	Less Stop Loss Reimbursement	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$7,121)	(\$33,058)	-78.46%
23	Net Medical Claims	\$604,476	\$290,046	\$214,841	\$453,797	\$242,806	\$402,748	\$863,616	\$715,552	\$701,986	\$891,588	\$752,086	\$520,453	\$6,653,995	\$554,500	\$556,981	-0.45%
24	Prescription	\$129,307	\$145,433	\$128,700	\$124,093	\$140,560	\$135,049	\$150,736	\$130,496	\$170,526	\$174,317	\$129,438	\$122,628	\$1,681,284	\$140,107	\$127,363	10.01%
25	Dental	\$48,782	\$28,517	\$5,993	\$14,772	\$11,534	\$55,519	\$57,684	\$35,002	\$31,969	\$68,216	\$58,114	\$67,205	\$483,307	\$40,276	\$45,422	-11.33%
26	Vision	\$6,097	\$4,942	\$3,795	\$7,561	\$4,501	\$4,895	\$5,458	\$5,780	\$3,779	\$5,101	\$3,106	\$3,392	\$58,406	\$4,867	\$4,609	5.59%
27	Total Claims	\$788,662	\$468,938	\$353,329	\$600,222	\$399,400	\$598,211	\$1,077,494	\$886,830	\$908,260	\$1,139,221	\$942,744	\$713,678	\$8,876,992	\$739,749	\$734,375	0.73%
	Composite Cost Per Employee	\$1,005.95	\$598.90	\$450.10	\$763.64	\$508.14	\$758.19	\$1,370.86	\$1,211.52	\$1,209.40	\$1,512.91	\$1,240.45	\$944.02	\$11,514.85	\$959.57	\$950.54	0.95%
29	Composite Cost Per Member	\$694.25	\$412.80	\$310.48	\$525.13	\$348.21	\$521.54	\$936.14	\$803.29	\$808.06	\$1,017.16	\$837.99	\$636.08	\$7,836.67	\$653.06	\$644.99	1.25%

Douglas County School District
PAID CLAIMS

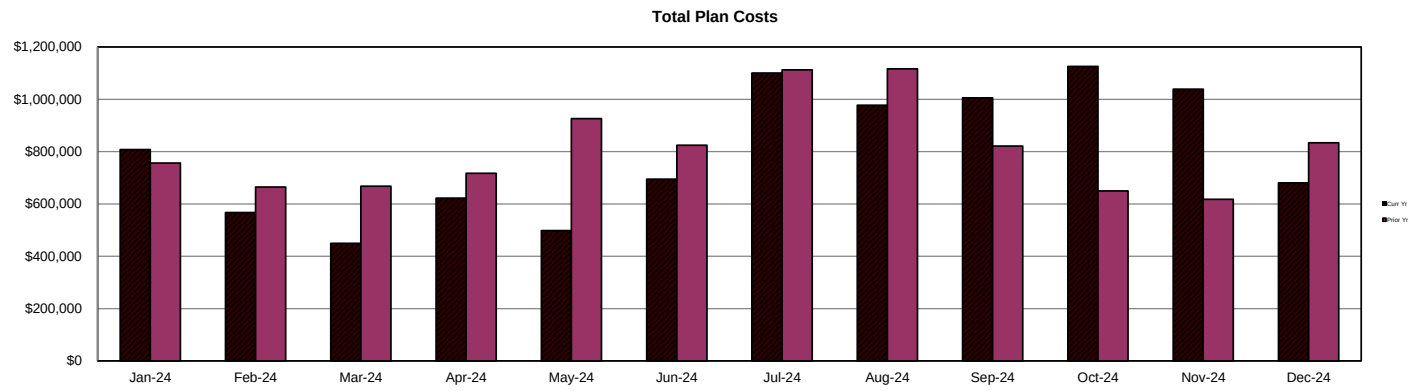


Douglas County School District
TOTAL PLAN COSTS

Line #		Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
EMPLOYEE																	
1	TPA / UTIL REVIEW / COBRA / TELE DOC	\$27.90	\$27.90	\$27.90	\$27.90	\$27.90	\$27.90	\$27.90	\$27.90	\$27.90	\$27.90	\$27.90	\$27.90	\$258,103	\$21,509	\$13,489	59.45%
2	Specific Stop Loss	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$67.78	\$627,033	\$52,253	\$45,127	15.79%
3	PPO Networks (Dental)	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$6,476	\$540	\$541	-0.22%
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$15,542	\$1,295	\$1,298	-0.22%
5	Consulting Fee (Estimated)	\$1.91	\$1.92	\$1.91	\$1.91	\$1.91	\$1.90	\$1.91	\$2.05	\$2.00	\$1.99	\$1.97	\$1.98	\$18,000	\$1,500	\$1,500	0.00%
6	Total Fixed	\$99.97	\$99.98	\$99.97	\$99.97	\$99.97	\$99.96	\$99.97	\$100.11	\$100.06	\$100.05	\$100.03	\$100.04	\$925,153	\$77,096	\$61,955	24.44%
7	Exposures	784	783	785	786	786	789	786	732	751	753	760	756	9,251	771	773	-0.22%
8	Employee Fixed Costs	\$78,379	\$78,281	\$78,477	\$78,575	\$78,575	\$78,869	\$78,575	\$73,280	\$75,143	\$75,339	\$76,026	\$75,633	\$925,153	\$77,096	\$61,955	24.44%
9	Total Gross Claims	\$735,315	\$375,248	\$317,813	\$492,012	\$343,504	\$488,950	\$905,777	\$585,776	\$779,468	\$669,472	\$558,369	\$564,524	\$6,816,228	\$568,019	\$596,769	-4.82%
10	Gross Plan Costs	\$813,694	\$453,529	\$396,290	\$570,587	\$422,079	\$567,819	\$984,352	\$659,056	\$854,611	\$744,811	\$634,395	\$640,157	\$7,741,381	\$645,115	\$658,723	-2.07%
11	Stop-Loss Reimbursements	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$7,121)	(\$33,058)	-78.46%
12	Net Plan Costs	\$728,241	\$453,529	\$396,290	\$570,587	\$422,079	\$567,819	\$984,352	\$659,056	\$854,611	\$744,811	\$634,395	\$640,157	\$7,655,928	\$637,994	\$625,665	1.97%
13	Per Employee Gross Plan Costs	\$1,037.87	\$579.22	\$504.83	\$725.94	\$537.00	\$719.67	\$1,252.36	\$900.35	\$1,137.96	\$989.13	\$834.73	\$846.77	\$10,041.79	\$836.82	\$852.62	-1.85%
14	Per Employee Net Plan Costs	\$928.88	\$579.22	\$504.83	\$725.94	\$537.00	\$719.67	\$1,252.36	\$900.35	\$1,137.96	\$989.13	\$834.73	\$846.77	\$9,930.94	\$827.58	\$809.83	2.19%
DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$83,961	\$6,997	\$6,518	7.34%
16	Specific Stop Loss (+ Fam.)	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$74.04	\$86,997	\$7,250	\$6,077	19.30%
17	Dependent Units (+ 1 Dep.)	91	91	92	96	95	94	95	97	99	95	94	95	1,134	95	102	-7.50%
18	Dependent Units (Fam.)	96	96	95	94	96	96	98	98	100	103	102	101	1,175	98	95	2.80%
19	Dependent Fixed Costs	\$13,845	\$13,845	\$13,845	\$14,068	\$14,142	\$14,068	\$14,290	\$14,438	\$14,734	\$14,660	\$14,512	\$14,512	\$170,958	\$14,247	\$12,595	13.11%
20	Total Gross Claims	\$138,801	\$93,690	\$35,516	\$108,210	\$55,896	\$109,261	\$171,718	\$301,054	\$128,792	\$469,749	\$384,375	\$149,155	\$2,146,217	\$178,851	\$170,665	4.80%
21	Gross Plan Costs	\$152,646	\$107,536	\$49,361	\$122,278	\$70,038	\$123,329	\$186,008	\$315,492	\$143,526	\$484,409	\$398,887	\$163,667	\$2,317,175	\$193,098	\$183,260	5.37%
22	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
23	Net Plan Costs	\$152,646	\$107,536	\$49,361	\$122,278	\$70,038	\$123,329	\$186,008	\$315,492	\$143,526	\$484,409	\$398,887	\$163,667	\$2,317,175	\$193,098	\$183,260	5.37%
24	<i>Per Dependent Unit Gross Plan Costs</i>	\$816.29	\$575.06	\$263.96	\$643.57	\$366.69	\$649.10	\$963.77	\$1,617.91	\$721.24	\$2,446.51	\$2,035.14	\$835.03	\$11,934.26	\$994.52	\$928.29	7.13%
25	<i>Per Dependent Unit Net Plan Costs</i>	\$816.29	\$575.06	\$263.96	\$643.57	\$366.69	\$649.10	\$963.77	\$1,617.91	\$721.24	\$2,446.51	\$2,035.14	\$835.03	\$11,934.26	\$994.52	\$928.29	7.13%
26	<i>Per Dependent Net Plan Costs</i>	\$433.65	\$304.63	\$139.83	\$342.51	\$194.01	\$344.49	\$509.61	\$848.10	\$384.79	\$1,319.92	\$1,092.84	\$447.18	\$6,361.57	\$530.13	\$501.91	5.62%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$95,374	\$98,182	\$96,121	\$95,435	\$98,722	\$96,516	\$97,564	\$90,467	\$96,966	\$91,117	\$96,014	\$93,640	\$1,146,118	\$95,510	\$74,550	28.12%
28	Total Claims	\$874,115	\$468,938	\$353,329	\$600,222	\$399,400	\$598,211	\$1,077,494	\$886,830	\$908,260	\$1,139,221	\$942,744	\$713,678	\$8,962,445	\$746,870	\$767,433	-2.68%
29	Gross Plan Costs	\$969,489	\$567,121	\$449,450	\$695,657	\$498,123	\$694,727	\$1,175,058	\$977,297	\$1,005,227	\$1,230,339	\$1,038,757	\$807,318	\$10,108,563	\$842,380	\$841,983	0.05%
30	Stop-Loss Reimbursements	(\$85,453)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$85,453)	(\$7,121)	(\$33,058)	-78.46%
31	Pharmacy Rebates	(\$76,216)	\$0	\$0	(\$73,444)	\$0	\$0	(\$74,629)	\$0	\$0	(\$104,647)	\$0	(\$127,166)	(\$456,101)	(\$38,008)	(\$27,705)	37.19%
32	Net Plan Costs	\$807,820	\$567,121	\$449,450	\$622,213	\$498,123	\$694,727	\$1,100,429	\$977,297	\$1,005,227	\$1,125,692	\$1,038,757	\$680,153	\$9,567,009	\$797,251	\$781,219	2.05%
33	Composite Gross Plan Cost Per Employee	\$1,236.59	\$724.29	\$572.55	\$885.06	\$633.74	\$880.52	\$1,494.99	\$1,335.11	\$1,338.52	\$1,633.92	\$1,366.79	\$1,067.88	\$13,112.39	\$1,092.70	\$1,089.83	0.26%
34	Composite Net Plan Cost Per Employee	\$1,030.38	\$724.29	\$572.55	\$791.62	\$633.74	\$880.52	\$1,400.04	\$1,335.11	\$1,338.52	\$1,494.94	\$1,366.79	\$899.67	\$12,409.91	\$1,034.16	\$1,011.18	2.27%
35	Composite Net Plan Cost Per Member	\$711.11	\$499.23	\$394.95	\$544.37	\$434.28	\$605.69	\$956.06	\$885.23	\$894.33	\$1,005.08	\$923.34	\$606.20	\$8,414.87	\$701.24	\$710.47	-1.30%

*MAXOR Admin Fee Added to Employee & Dependent Fixed Costs

Douglas County School District
TOTAL PLAN COSTS



Douglas County School District

MEDICAL CLAIMS ONLY IN EXCESS OF \$137,500 (Accumulative Paid Amounts Year to Date)

CLAIMANT		Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Claim #	<u>Total Amount of Claim Year to Date</u>												
1	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$144,702	\$146,913	\$147,759	\$148,551	\$148,589	\$148,589
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$158,818	\$173,383	\$191,738	\$207,327	\$226,637	\$248,277
3	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$212,343	\$214,949	\$260,068	\$334,286	\$334,286
4	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$172,666	\$191,787	\$205,461	\$224,572	\$244,175
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$139,643	\$139,643	\$140,854	\$140,854	\$140,854
6	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$152,868	\$167,630	\$182,392	\$213,638
7	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$140,204	\$193,874	\$227,718	\$248,439
8	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$196,958	\$200,508	\$200,591	\$200,591
9	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$182,514	\$375,767	\$377,875
10	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$155,119	\$158,737

Total	\$0	\$0	\$0	\$0	\$0	\$0	\$303,520	\$844,948	\$1,375,906	\$1,706,786	\$2,061,404	\$2,156,724
Increase Over Previous Month:		\$0	\$0	\$0	\$0	\$0	\$303,520	\$541,428	\$530,958	\$330,879	\$354,619	\$95,320

Claim # Amount Over Specific Stop-Loss (\$275,000)

1	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$59,286	\$59,286
4	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,767	\$102,875
10	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$160,053	\$162,161
Increase Over Previous Month:		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$160,053	\$2,108

Note: Unavailable from Hometown Health at this time.

Douglas County School District

Hometown Health self-funded health plan reserve as of December 31, 2024

Based on claims from January 01, 2024 through December 31, 2024

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 January 01, 2024 through December 31, 2024

Medical	\$ 6,653,995
Dental	\$ 483,307
Prescription Drugs	\$ 1,681,284
Vision	<u>\$ 58,406</u>
Total Claims	\$ 8,876,992

Average Estimated Lag Days

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

Number of employees covered:

Current enrollment all Medical Plans = 756 : 60 day lagged enrollment = 777

Current enrollment all Dental Plans = 756 : 60 day lagged enrollment = 777

Current enrollment all Rx Plans = 756 : 60 day lagged enrollment = 777

Current enrollment all Vision Plans = 756 : 60 day lagged enrollment = 777

Estimated IBNR Calculation

Medical	\$6,653,995 X (55/365) X (756/777) =	\$ 975,663	14.7%
+			
Dental	\$483,307 X (30/365) X (756/777) =	\$ 38,654	8.0%
+			
Rx	\$1,681,284 X (11/365) X (756/777) =	\$ 49,305	2.9%
+			
Vision	\$58,406 X (22/365) X (756/777) =	<u>\$ 3,426</u>	5.9%
=			
Total estimated IBNR as of December 31, 2024 =		\$ 1,067,047	12.0%

Note: Above reserve estimate excludes experience period claim(s) which have exceeded specific stop specific stop loss level. Any large ongoing claims or claim anomalies at termination may cause great fluctuations in actual runout numbers.

These reserve estimates are calculated based on claims for the period stated above.

Douglas County School District

Hometown Health self-funded health plan reserve as of November 30, 2024

Based on claims from December 01, 2023 through November 30, 2024

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 December 01, 2023 through November 30, 2024

Medical	\$ 6,718,590
Dental	\$ 452,320
Prescription Drugs	\$ 1,689,322
Vision	<u>\$ 60,132</u>
Total Claims	\$ 8,920,364

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 = 760 : 60 day lagged enrollment = 779

Current enrollment all Dental Plans = 760 : 60 day lagged enrollment = 779

Current enrollment all Rx Plans = 760 : 60 day lagged enrollment = 779

Current enrollment all Vision Plans = 760 : 60 day lagged enrollment = 779

Estimated IBNR Calculation

Medical	\$6,718,590 X (55/365) X (760/779) =	\$ 988,226	14.7%
+			
Dental	\$452,320 X (30/365) X (760/779) =	\$ 36,290	8.0%
+			
Rx	\$1,689,322 X (11/365) X (760/779) =	\$ 49,696	2.9%
+			
Vision	\$60,132 X (22/365) X (760/779) =	<u>\$ 3,538</u>	5.9%
=			
Total estimated IBNR as of November 30, 2024 =		\$ 1,077,750	12.1%

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

December-23

Group Health Plan Cost Analysis Report

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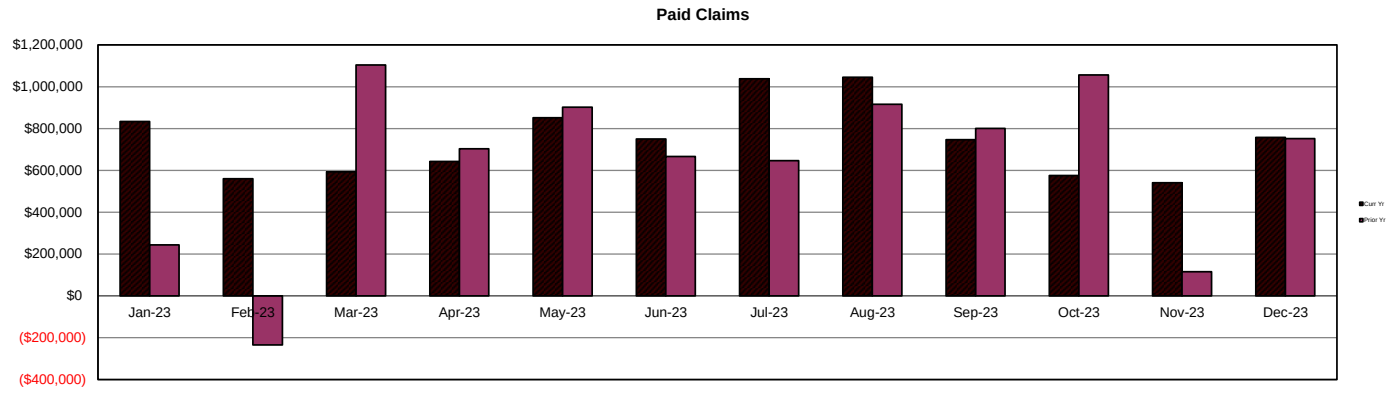
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Large Claim Data
6	Incurred But Not Reported Liability (IBNR)-Current
7	Incurred But Not Reported Liability (IBNR)-Previous Month



Douglas County School District
PAID CLAIMS

															Current Year	Prior Year	%
															Mo. Average	Mo. Average	Difference
Line #	ENROLLMENT	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Totals			
1	Employees	773	770	774	770	769	773	773	738	770	773	792	796	9,271	773	757	2.00%
2	Dependent Units	204	197	197	197	196	196	201	192	197	197	198	197	2,369	197	216	-8.39%
3	Total # of Dependents	378	364	361	360	359	361	368	358	369	371	370	373	4,392	366	435	-15.86%
EMPLOYEE CLAIMS																	
4	Medical	\$565,297	\$328,009	\$323,686	\$329,761	\$484,166	\$429,844	\$700,796	\$626,514	\$530,999	\$386,955	\$250,796	\$493,630	\$5,450,452	\$454,204	\$410,694	10.59%
5	Less Stop Loss Reimbursement	(\$23,860)	(\$100,450)	(\$17,554)	\$0	\$0	\$0	\$0	(\$13,977)	\$0	(\$112,114)	(\$6,813)	\$0	(\$274,768)	(\$22,897)	(\$59,929)	-61.79%
6	Net Medical Claims	\$541,437	\$227,558	\$306,132	\$329,761	\$484,166	\$429,844	\$700,796	\$612,537	\$530,999	\$274,841	\$243,982	\$493,630	\$5,175,683	\$431,307	\$350,765	22.96%
7	Prescription	\$76,441	\$123,522	\$90,951	\$131,001	\$114,396	\$113,569	\$140,931	\$83,215	\$89,635	\$114,967	\$116,803	\$116,365	\$1,311,797	\$109,316	\$96,305	13.51%
8	Dental	\$16,653	\$31,372	\$54,926	\$25,671	\$36,086	\$26,087	\$32,043	\$27,143	\$24,814	\$31,141	\$21,218	\$27,340	\$354,493	\$29,541	\$24,271	21.71%
9	Vision	\$3,645	\$4,554	\$4,681	\$3,593	\$3,904	\$3,395	\$3,103	\$5,459	\$1,808	\$2,637	\$3,526	\$4,177	\$44,483	\$3,707	\$3,487	6.31%
10	Total Employee	\$638,175	\$387,006	\$456,689	\$490,026	\$638,552	\$572,895	\$876,873	\$728,353	\$647,256	\$423,587	\$385,530	\$641,513	\$6,886,456	\$573,871	\$474,828	20.86%
11	Cost Per Employee	\$825.58	\$502.61	\$590.04	\$636.40	\$830.37	\$741.13	\$1,134.38	\$986.93	\$840.59	\$547.98	\$486.78	\$805.92	\$8,913.54	\$742.80	\$626.90	18.49%
DEPENDENT CLAIMS																	
12	Medical	\$159,845	\$135,490	\$90,749	\$123,484	\$180,613	\$137,474	\$123,233	\$271,243	\$71,802	\$119,416	\$124,695	\$91,976	\$1,630,022	\$135,835	\$180,105	-24.58%
13	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$52,548)	-100.00%
14	Net Medical Claims	\$159,845	\$135,490	\$90,749	\$123,484	\$180,613	\$137,474	\$123,233	\$271,243	\$71,802	\$119,416	\$124,695	\$91,976	\$1,630,022	\$135,835	\$127,556	456.49%
15	Prescription	\$19,462	\$18,434	\$15,026	\$18,228	\$10,918	\$24,505	\$22,482	\$23,422	\$19,080	\$14,779	\$15,914	\$14,301	\$216,553	\$18,046	\$20,923	-13.75%
16	Dental	\$14,601	\$18,087	\$29,032	\$9,901	\$20,971	\$14,267	\$14,411	\$21,349	\$7,932	\$16,847	\$14,292	\$8,877	\$190,568	\$15,881	\$15,021	5.73%
17	Vision	\$1,578	\$999	\$1,337	\$974	\$554	\$884	\$836	\$802	\$678	\$825	\$423	\$941	\$10,831	\$903	\$1,112	-18.83%
18	Total Dependent	\$195,486	\$173,011	\$136,144	\$152,588	\$213,057	\$177,130	\$160,962	\$316,817	\$99,493	\$151,868	\$155,323	\$116,096	\$2,047,974	\$170,665	\$164,612	3.68%
19	Cost Per Dependent Unit	\$958.27	\$878.23	\$691.09	\$774.56	\$1,087.02	\$903.72	\$800.81	\$1,650.09	\$505.04	\$770.90	\$784.46	\$589.32	\$10,373.87	\$864.49	\$763.86	13.17%
20	Cost Per Dependent	\$517.16	\$475.30	\$377.13	\$423.86	\$593.47	\$490.66	\$437.40	\$884.96	\$269.63	\$409.35	\$419.79	\$311.25	\$5,595.56	\$466.30	\$378.42	23.22%
EMPLOYEE + DEPENDENT																	
21	Medical	\$725,142	\$463,499	\$414,435	\$453,245	\$664,779	\$567,318	\$824,029	\$897,757	\$602,801	\$506,371	\$375,491	\$585,606	\$7,080,474	\$590,039	\$590,799	-0.13%
22	Less Stop Loss Reimbursement	(\$23,860)	(\$100,450)	(\$17,554)	\$0	\$0	\$0	\$0	(\$13,977)	\$0	(\$112,114)	(\$6,813)	\$0	(\$274,768)	(\$22,897)	(\$112,477)	-79.64%
23	Net Medical Claims	\$701,282	\$363,049	\$396,881	\$453,245	\$664,779	\$567,318	\$824,029	\$883,780	\$602,801	\$394,258	\$368,677	\$585,606	\$6,805,705	\$567,142	\$478,322	18.57%
24	Prescription	\$95,903	\$141,956	\$105,977	\$149,230	\$125,315	\$138,074	\$163,413	\$106,638	\$108,715	\$129,747	\$132,717	\$130,667	\$1,528,351	\$127,363	\$117,227	8.65%
25	Dental	\$31,253	\$49,459	\$83,958	\$35,572	\$57,057	\$40,354	\$46,453	\$48,492	\$32,746	\$47,988	\$35,510	\$36,218	\$545,060	\$45,422	\$39,291	15.60%
26	Vision	\$5,223	\$5,553	\$6,017	\$4,567	\$4,458	\$4,279	\$3,939	\$6,260	\$2,487	\$3,463	\$3,949	\$5,118	\$55,314	\$4,609	\$4,599	0.23%
27	Total Claims	\$833,662	\$560,017	\$592,833	\$642,614	\$851,608	\$750,025	\$1,037,835	\$1,045,170	\$746,749	\$575,455	\$540,853	\$757,609	\$8,934,430	\$744,536	\$639,439	16.44%
	Composite Cost Per Employee	\$1,078.48	\$727.30	\$765.93	\$834.56	\$1,107.42	\$970.28	\$1,342.61	\$1,416.22	\$969.80	\$744.44	\$682.90	\$951.77	\$11,564.36	\$963.70	\$844.24	14.15%
29	Composite Cost Per Member	\$724.29	\$493.84	\$522.32	\$568.69	\$754.97	\$661.40	\$909.58	\$953.62	\$655.62	\$503.02	\$465.45	\$648.08	\$7,846.97	\$653.91	\$536.25	21.94%

Douglas County School District
PAID CLAIMS

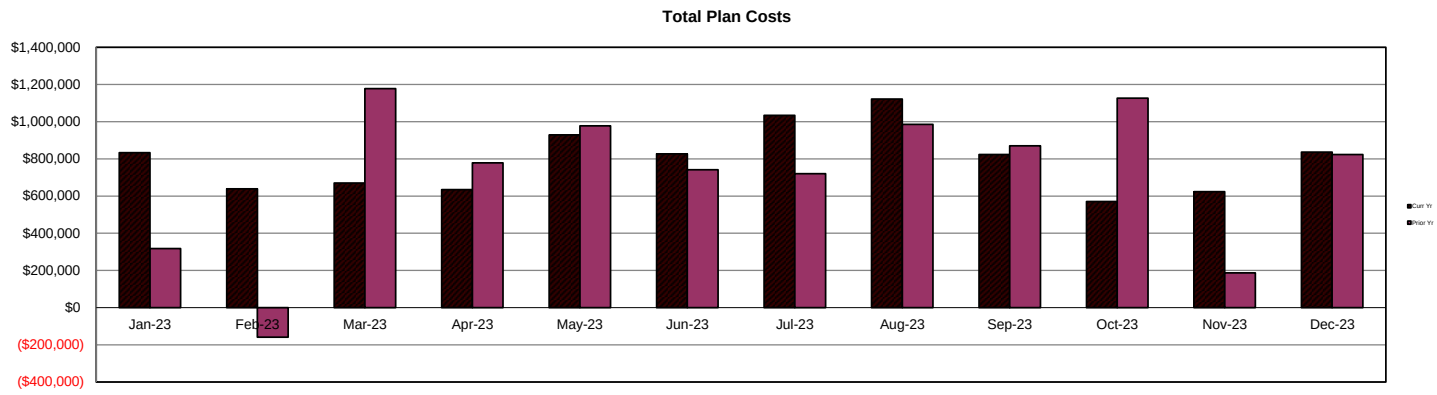


Douglas County School District
TOTAL PLAN COSTS

Line #		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
EMPLOYEE																	
1	TPA / UTIL REVIEW / COBRA / TELE DOC	\$17.46	\$17.46	\$17.46	\$17.46	\$17.46	\$17.46	\$17.46	\$17.46	\$17.46	\$17.46	\$17.46	\$17.46	\$161,872	\$13,489	\$15,432	-12.59%
2	Specific Stop Loss	\$58.41	\$58.41	\$58.41	\$58.41	\$58.41	\$58.41	\$58.41	\$58.41	\$58.41	\$58.41	\$58.41	\$58.41	\$541,519	\$45,127	\$41,355	9.12%
3	PPO Networks (Dental)	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$6,490	\$541	\$530	2.00%
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$15,575	\$1,298	\$1,272	2.00%
5	Consulting Fee (Estimated)	\$1.94	\$1.95	\$1.94	\$1.95	\$1.95	\$1.94	\$1.94	\$2.03	\$1.95	\$1.94	\$1.89	\$1.88	\$18,000	\$1,500	\$1,500	0.00%
6	Total Fixed	\$80.19	\$80.20	\$80.19	\$80.20	\$80.20	\$80.19	\$80.19	\$80.28	\$80.20	\$80.19	\$80.14	\$80.13	\$743,456	\$61,955	\$60,090	3.10%
7	Exposures	773	770	774	770	769	773	773	738	770	773	792	796	9,271	773	757	2.00%
8	Employee Fixed Costs	\$61,987	\$61,753	\$62,066	\$61,753	\$61,674	\$61,987	\$61,987	\$59,249	\$61,753	\$61,987	\$63,474	\$63,787	\$743,456	\$61,955	\$60,090	3.10%
9	Total Gross Claims	\$662,036	\$487,457	\$474,243	\$490,026	\$638,552	\$572,895	\$876,873	\$742,330	\$647,256	\$535,701	\$392,343	\$641,513	\$7,161,224	\$596,769	\$534,757	11.60%
10	Gross Plan Costs	\$724,023	\$549,209	\$536,309	\$551,778	\$700,226	\$634,883	\$938,860	\$801,579	\$709,009	\$597,688	\$455,817	\$705,300	\$7,904,680	\$658,723	\$594,846	10.74%
11	Stop-Loss Reimbursements	(\$23,860)	(\$100,450)	(\$17,554)	\$0	\$0	\$0	\$0	(\$13,977)	\$0	(\$112,114)	(\$6,813)	\$0	(\$274,768)	(\$22,897)	(\$59,929)	-61.79%
12	Net Plan Costs	\$700,163	\$448,759	\$518,755	\$551,778	\$700,226	\$634,883	\$938,860	\$787,602	\$709,009	\$485,574	\$449,004	\$705,300	\$7,629,912	\$635,826	\$534,917	18.86%
13	Per Employee Gross Plan Costs	\$936.64	\$713.26	\$692.91	\$716.60	\$910.57	\$821.32	\$1,214.57	\$1,086.15	\$920.79	\$773.21	\$575.53	\$886.05	\$10,231.49	\$852.62	\$785.36	8.56%
14	Per Employee Net Plan Costs	\$905.77	\$582.80	\$670.23	\$716.60	\$910.57	\$821.32	\$1,214.57	\$1,067.21	\$920.79	\$628.17	\$566.92	\$886.05	\$9,875.84	\$822.99	\$706.24	16.53%
DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$78,219	\$6,518	\$5,980	9.00%
16	Specific Stop Loss (+ Fam.)	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$63.80	\$72,923	\$6,077	\$6,875	-11.60%
17	Dependent Units (+ 1 Dep.)	107	103	104	103	104	103	108	99	99	98	100	98	1,226	102	100	1.91%
18	Dependent Units (Fam.)	97	94	93	94	92	93	93	98	99	99	98	99	1,143	95	115	-17.35%
19	Dependent Fixed Costs	\$13,015	\$12,569	\$12,569	\$12,569	\$12,505	\$12,505	\$12,824	\$12,250	\$12,569	\$12,569	\$12,632	\$12,569	\$151,142	\$12,595	\$12,855	-2.02%
20	Total Gross Claims	\$195,486	\$173,011	\$136,144	\$152,588	\$213,057	\$177,130	\$160,962	\$316,817	\$99,493	\$151,868	\$155,323	\$116,096	\$2,047,974	\$170,665	\$217,160	-21.41%
21	Gross Plan Costs	\$208,501	\$185,580	\$148,712	\$165,157	\$225,562	\$189,634	\$173,786	\$329,066	\$112,061	\$164,436	\$167,956	\$128,664	\$2,199,116	\$183,260	\$230,014	-20.33%
22	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$52,548)	-100.00%
23	Net Plan Costs	\$208,501	\$185,580	\$148,712	\$165,157	\$225,562	\$189,634	\$173,786	\$329,066	\$112,061	\$164,436	\$167,956	\$128,664	\$2,199,116	\$183,260	\$177,466	3.26%
24	Per Dependent Unit Gross Plan Costs	\$1,022.07	\$942.03	\$754.89	\$838.36	\$1,150.82	\$967.52	\$864.61	\$1,713.89	\$568.84	\$834.70	\$848.26	\$653.12	\$11,159.10	\$929.93	\$1,067.35	-12.88%
25	Per Dependent Unit Net Plan Costs	\$1,022.07	\$942.03	\$754.89	\$838.36	\$1,150.82	\$967.52	\$864.61	\$1,713.89	\$568.84	\$834.70	\$848.26	\$653.12	\$11,159.10	\$929.93	\$823.51	12.92%
26	Per Dependent Net Plan Costs	\$551.59	\$509.83	\$411.95	\$458.77	\$628.31	\$525.30	\$472.24	\$919.18	\$303.69	\$443.22	\$453.93	\$344.94	\$6,022.96	\$501.91	\$409.84	22.47%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$78,499	\$78,907	\$77,326	\$79,312	\$76,942	\$76,755	\$80,019	\$76,600	\$76,797	\$77,943	\$82,811	\$78,797	\$940,707	\$78,392	\$72,944	7.47%
28	Total Claims	\$857,522	\$660,468	\$610,387	\$642,614	\$851,608	\$750,025	\$1,037,835	\$1,059,147	\$746,749	\$687,569	\$547,666	\$757,609	\$9,209,198	\$767,433	\$751,916	2.06%
29	Gross Plan Costs	\$936,020	\$739,375	\$687,714	\$721,926	\$928,550	\$826,780	\$1,117,854	\$1,135,747	\$823,546	\$765,511	\$630,477	\$836,406	\$10,149,905	\$845,825	\$824,861	2.54%
30	Stop-Loss Reimbursements	(\$23,860)	(\$100,450)	(\$17,554)	\$0	\$0	\$0	\$0	(\$13,977)	\$0	(\$112,114)	(\$6,813)	\$0	(\$274,768)	(\$22,897)	(\$112,477)	-79.64%
31	Pharmacy Rebates	(\$78,776)	\$0	\$0	(\$87,222)	\$0	\$0	(\$83,750)	\$0	\$0	(\$82,715)	\$0	\$0	(\$332,464)	(\$27,705)	(\$26,003)	6.55%
32	Net Plan Costs	\$833,385	\$638,924	\$670,160	\$634,704	\$928,550	\$826,780	\$1,034,103	\$1,121,770	\$823,546	\$570,682	\$623,664	\$836,406	\$9,542,673	\$795,223	\$686,380	15.86%
33	Composite Gross Plan Cost Per Employee	\$1,210.89	\$960.23	\$888.52	\$937.57	\$1,207.48	\$1,069.57	\$1,446.12	\$1,538.95	\$1,069.54	\$990.31	\$796.06	\$1,050.76	\$13,137.62	\$1,094.80	\$1,089.04	0.53%
34	Composite Net Plan Cost Per Employee	\$1,078.12	\$829.77	\$865.84	\$824.29	\$1,207.48	\$1,069.57	\$1,337.78	\$1,520.01	\$1,069.54	\$738.27	\$787.45	\$1,050.76	\$12,351.64	\$1,029.30	\$906.21	13.58%
35	Composite Net Plan Cost Per Member	\$724.05	\$563.43	\$590.45	\$561.68	\$823.18	\$729.08	\$906.31	\$1,023.51	\$723.04	\$498.85	\$536.72	\$715.49	\$7,902.29	\$658.52	\$597.43	10.23%

*MAXOR Admin Fee Added to Employee & Dependent Fixed Costs

Douglas County School District
TOTAL PLAN COSTS



Douglas County School District

MEDICAL CLAIMS ONLY IN EXCESS OF \$125,000 (Accumulative Paid Amounts Year to Date)

CLAIMANT		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Claim #	<u>Total Amount of Claim Year to Date</u>												
1	Subscriber	\$0	\$0	\$143,273	\$184,532	\$213,889	\$243,379	\$263,977	\$303,121	\$309,361	\$349,120	\$368,674	\$389,217
2	Subscriber	\$0	\$0	\$0	\$171,087	\$209,889	\$210,072	\$210,361	\$322,969	\$322,985	\$323,543	\$329,006	\$329,140
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$126,612	\$132,424	\$137,737	\$138,841	\$138,995	\$139,860	\$142,335
4	Subscriber	\$0	\$0	\$0	\$0	\$0	\$144,079	\$145,305	\$145,331	\$145,659	\$146,154	\$146,190	\$146,206
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$131,313	\$146,642	\$171,051	\$205,590	\$221,437	\$223,226
6	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$241,001	\$241,212	\$241,212	\$241,212	\$241,212	\$241,212
7	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$143,721	\$152,016	\$188,502	\$197,491	\$213,008
8	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$144,186	\$147,412	\$147,542	\$147,542
9	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$227,367
10	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$145,937

Total	\$0	\$0	\$143,273	\$355,619	\$423,778	\$724,142	\$1,124,381	\$1,440,734	\$1,625,309	\$1,740,528	\$1,791,412	\$2,059,254
Increase Over Previous Month:		\$0	\$143,273	\$212,346	\$68,159	\$300,363	\$400,239	\$316,354	\$184,575	\$115,219	\$50,883	\$267,842

Claim #	<u>Amount Over Specific Stop-Loss (\$250,000)</u>												
1	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$13,977	\$53,121	\$59,361	\$99,120	\$118,674	\$139,217
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$72,969	\$72,985	\$73,543	\$79,006	\$79,140
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Total	\$0	\$0	\$0	\$0	\$0	\$0	\$13,977	\$126,091	\$132,345	\$172,663	\$197,680	\$218,357
Increase Over Previous Month:		\$0	\$0	\$0	\$0	\$0	\$13,977	\$112,114	\$6,255	\$40,318	\$25,016	\$20,677

Douglas County School District

Hometown Health self-funded health plan reserve as of December 31, 2023

Based on claims from January 01, 2023 through December 31, 2023

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 January 01, 2023 through December 31, 2023

Medical	\$ 6,805,705
Dental	\$ 545,060
Prescription Drugs	\$ 1,528,351
Vision	<u>\$ 55,314</u>
Total Claims	\$ 8,934,430

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 = 796 : 60 day lagged enrollment = 768

Current enrollment all Dental Plans = 796 : 60 day lagged enrollment = 768

Current enrollment all Rx Plans = 796 : 60 day lagged enrollment = 768

Current enrollment all Vision Plans = 796 : 60 day lagged enrollment = 768

Estimated IBNR Calculation

Medical	\$6,805,705 X (55/365) X (796/768) =	\$ 1,062,791	15.6%
+			
Dental	\$545,060 X (30/365) X (796/768) =	\$ 46,428	8.5%
+			
Rx	\$1,528,351 X (11/365) X (796/768) =	\$ 47,734	3.1%
+			
Vision	\$55,314 X (22/365) X (796/768) =	<u>\$ 3,455</u>	6.2%
=			
Total estimated IBNR as of December 31, 2023 =		\$ 1,160,407	13.0%

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

Douglas County School District

Hometown Health self-funded health plan reserve as of November 30, 2023

Based on claims from December 01, 2022 through November 30, 2023

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 December 01, 2022 through November 30, 2023

Medical	\$ 6,833,509
Dental	\$ 538,271
Prescription Drugs	\$ 1,503,661
Vision	<u>\$ 53,381</u>
Total Claims	\$ 8,928,821

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 = 792 : 60 day lagged enrollment = 766

Current enrollment all Dental Plans = 792 : 60 day lagged enrollment = 766

Current enrollment all Rx Plans = 792 : 60 day lagged enrollment = 766

Current enrollment all Vision Plans = 792 : 60 day lagged enrollment = 766

Estimated IBNR Calculation

Medical	\$6,833,509 X (55/365) X (792/766) =	\$ 1,064,889	15.6%
+			
Dental	\$538,271 X (30/365) X (792/766) =	\$ 45,753	8.5%
+			
Rx	\$1,503,661 X (11/365) X (792/766) =	\$ 46,864	3.1%
+			
Vision	\$53,381 X (22/365) X (792/766) =	<u>\$ 3,327</u>	6.2%
=			
Total estimated IBNR as of November 30, 2023 =		\$ 1,160,834	13.0%

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



Douglas County School District

December-22

Group Health Plan Cost Analysis Report

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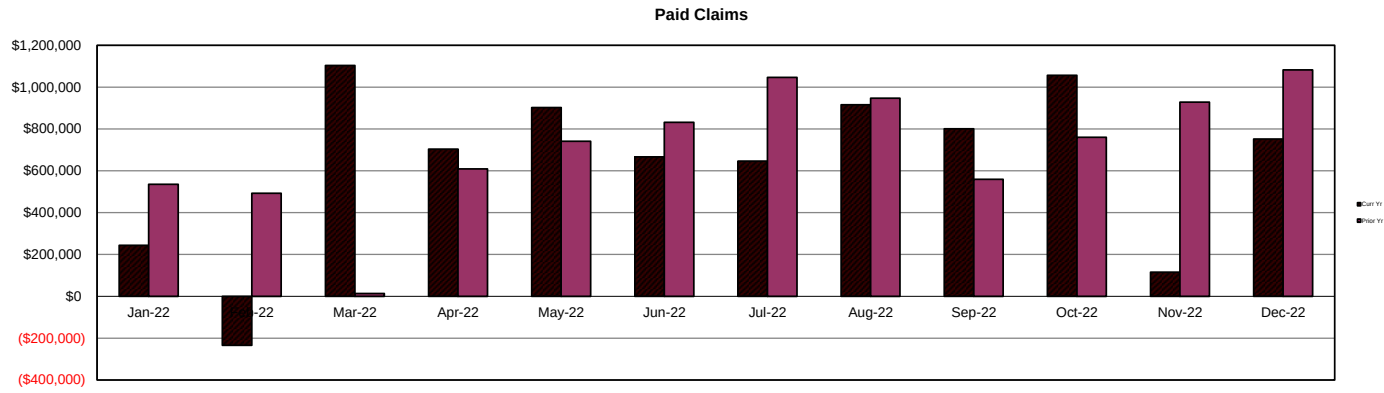
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Large Claim Data
6	Incurred But Not Reported Liability (IBNR)-Current
7	Incurred But Not Reported Liability (IBNR)-Previous Month



Douglas County School District
PAID CLAIMS

		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
Line #	ENROLLMENT																
1	Employees	753	765	763	771	769	774	762	705	747	746	765	769	9,089	757	778	-2.65%
2	Dependent Units	217	219	220	220	217	218	215	204	215	213	215	213	2,586	216	223	-3.25%
3	Total # of Dependents	429	446	450	445	443	443	438	418	429	422	428	429	5,220	435	448	-2.83%
EMPLOYEE CLAIMS																	
4	Medical	\$145,040	\$199,640	\$676,538	\$355,670	\$160,896	\$372,023	\$381,200	\$524,254	\$545,230	\$709,188	\$267,380	\$591,273	\$4,928,331	\$410,694	\$372,426	10.28%
5	Less Stop Loss Reimbursement	(\$59,151)	(\$8,547)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,044)	(\$447,378)	(\$163,026)	(\$719,147)	(\$59,929)	(\$45,562)	31.53%
6	Net Medical Claims	\$85,889	\$191,093	\$676,538	\$355,670	\$160,896	\$372,023	\$381,200	\$524,254	\$545,230	\$668,143	(\$179,998)	\$428,248	\$4,209,185	\$350,765	\$326,864	7.31%
7	Prescription	\$74,647	\$79,837	\$92,966	\$102,561	\$116,384	\$100,639	\$88,219	\$110,220	\$103,498	\$75,182	\$129,425	\$82,077	\$1,155,654	\$96,305	\$76,051	26.63%
8	Dental	\$0	\$4,888	\$48,518	\$26,795	\$6,900	\$33,407	\$25,586	\$45,919	\$26,447	\$27,495	\$25,992	\$19,304	\$291,250	\$24,271	\$30,167	-19.54%
9	Vision	\$4,537	\$3,044	\$3,776	\$4,908	\$2,625	\$3,737	\$3,848	\$5,032	\$2,639	\$2,781	\$2,532	\$2,385	\$41,844	\$3,487	\$3,614	-3.52%
10	Total Employee	\$165,073	\$278,862	\$821,798	\$489,933	\$286,805	\$509,805	\$498,853	\$685,424	\$677,814	\$773,601	(\$22,049)	\$532,014	\$5,697,933	\$474,828	\$436,697	8.73%
11	Cost Per Employee	\$219.22	\$364.53	\$1,077.06	\$635.45	\$372.96	\$658.66	\$654.66	\$972.23	\$907.38	\$1,037.00	(\$28.82)	\$691.83	\$7,522.85	\$626.90	\$561.31	11.69%
DEPENDENT CLAIMS																	
12	Medical	\$62,967	\$91,146	\$235,553	\$174,336	\$555,534	\$122,454	\$117,732	\$189,457	\$85,370	\$239,757	\$101,788	\$185,162	\$2,161,255	\$180,105	\$313,674	-42.58%
13	Less Stop Loss Reimbursement	\$0	(\$630,579)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$630,579)	(\$52,548)	(\$82,528)	5336.33%
14	Net Medical Claims	\$62,967	(\$539,434)	\$235,553	\$174,336	\$555,534	\$122,454	\$117,732	\$189,457	\$85,370	\$239,757	\$101,788	\$185,162	\$1,530,676	\$127,556	\$231,146	-44.82%
15	Prescription	\$14,450	\$21,287	\$17,566	\$24,089	\$21,519	\$13,246	\$22,518	\$18,895	\$21,961	\$28,758	\$22,884	\$23,900	\$251,073	\$20,923	\$26,376	-20.68%
16	Dental	\$0	\$3,845	\$27,936	\$13,895	\$37,672	\$19,913	\$6,075	\$21,217	\$14,561	\$13,053	\$11,955	\$10,124	\$180,246	\$15,021	\$17,034	-11.82%
17	Vision	\$1,408	\$1,325	\$806	\$1,452	\$918	\$975	\$1,308	\$817	\$1,190	\$1,427	\$916	\$800	\$13,343	\$1,112	\$1,155	-3.73%
18	Total Dependent	\$78,825	(\$512,977)	\$281,861	\$213,771	\$615,643	\$156,588	\$147,632	\$230,386	\$123,082	\$282,996	\$137,544	\$219,986	\$1,975,338	\$164,612	\$275,712	-40.30%
19	Cost Per Dependent Unit	\$363.25	(\$2,342.36)	\$1,281.19	\$971.69	\$2,837.07	\$718.29	\$686.66	\$1,129.34	\$572.47	\$1,328.62	\$639.74	\$1,032.80	\$9,166.30	\$763.86	\$1,237.76	-38.29%
20	Cost Per Dependent	\$183.74	(\$1,150.17)	\$626.36	\$480.38	\$1,389.71	\$353.47	\$337.06	\$551.16	\$286.90	\$670.61	\$321.36	\$512.79	\$4,541.01	\$378.42	\$615.89	-38.56%
EMPLOYEE + DEPENDENT																	
21	Medical	\$208,007	\$290,785	\$912,092	\$530,005	\$716,430	\$494,477	\$498,932	\$713,711	\$630,600	\$948,944	\$369,168	\$776,436	\$7,089,586	\$590,799	\$686,101	-13.89%
22	Less Stop Loss Reimbursement	(\$59,151)	(\$639,127)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,044)	(\$447,378)	(\$163,026)	(\$1,349,726)	(\$112,477)	(\$128,090)	-12.19%
23	Net Medical Claims	\$148,856	(\$348,341)	\$912,092	\$530,005	\$716,430	\$494,477	\$498,932	\$713,711	\$630,600	\$907,900	(\$78,210)	\$613,410	\$5,739,860	\$478,322	\$558,010	-14.28%
24	Prescription	\$89,097	\$101,124	\$110,532	\$126,650	\$137,903	\$113,885	\$110,737	\$129,115	\$125,459	\$103,940	\$152,310	\$105,977	\$1,406,728	\$117,227	\$102,427	14.45%
25	Dental	\$0	\$8,733	\$76,454	\$40,689	\$44,572	\$53,319	\$31,661	\$67,136	\$41,009	\$40,549	\$37,947	\$29,428	\$471,496	\$39,291	\$47,201	-16.76%
26	Vision	\$5,945	\$4,369	\$4,582	\$6,360	\$3,543	\$4,712	\$5,156	\$5,849	\$3,829	\$4,208	\$3,448	\$3,185	\$55,188	\$4,599	\$4,769	-3.57%
27	Total Claims	\$243,898	(\$234,115)	\$1,103,659	\$703,705	\$902,448	\$666,393	\$646,486	\$915,810	\$800,896	\$1,056,597	\$115,494	\$752,000	\$7,673,272	\$639,439	\$712,408	-10.24%
28	Composite Cost Per Employee	\$323.90	(\$306.03)	\$1,446.47	\$912.72	\$1,173.53	\$860.97	\$848.41	\$1,299.02	\$1,072.15	\$1,416.35	\$150.97	\$977.89	\$10,130.85	\$844.24	\$915.69	-7.80%
29	Composite Cost Per Member	\$206.34	-\$193.32	\$909.86	\$578.70	\$744.59	\$547.57	\$538.74	\$815.50	\$681.03	\$904.62	\$96.81	\$627.71	\$6,435.06	\$536.25	\$581.24	-7.74%

Douglas County School District
PAID CLAIMS



Douglas County School District
TOTAL PLAN COSTS

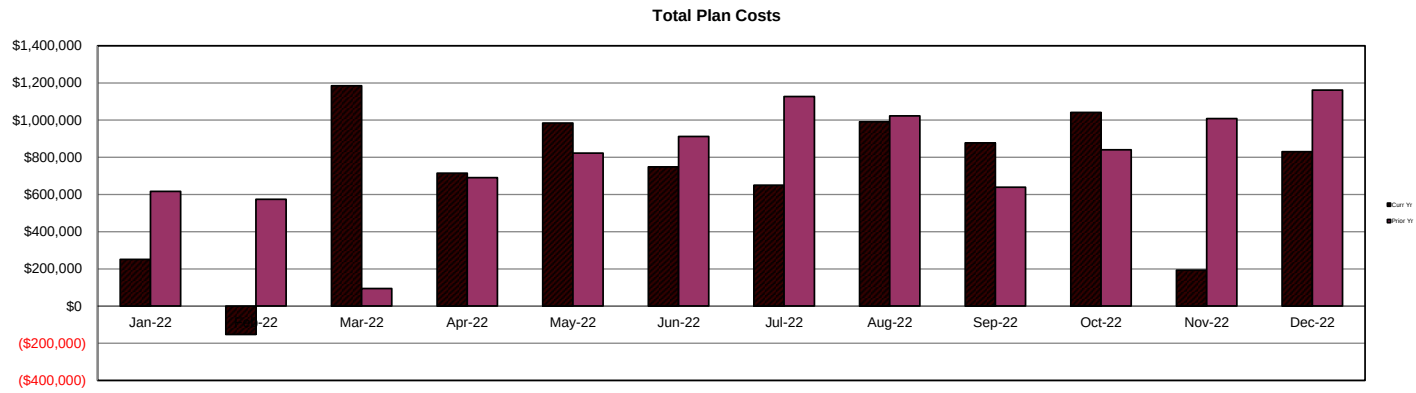
Line #		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
EMPLOYEE																	
1	TPA / UTIL REVIEW / COBRA / TELE DOC	\$21.83	\$21.83	\$21.83	\$21.83	\$21.83	\$21.83	\$21.83	\$21.83	\$17.46	\$17.46	\$17.46	\$17.46	\$185,185	\$15,432	\$15,482	-0.32%
2	Specific Stop Loss	\$54.60	\$54.60	\$54.60	\$54.60	\$54.60	\$54.60	\$54.60	\$54.60	\$54.60	\$54.60	\$54.60	\$54.60	\$496,259	\$41,355	\$42,074	-1.71%
3	PPO Networks (Medical & Dental)	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$51,807	\$4,317	\$4,435	-2.65%
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$15,270	\$1,272	\$1,307	-2.65%
5	Consulting Fee (Estimated)	\$1.99	\$1.96	\$1.97	\$1.95	\$1.95	\$1.94	\$1.97	\$2.13	\$2.01	\$2.01	\$1.96	\$1.95	\$18,000	\$1,500	\$1,500	0.00%
6	Total Fixed	\$85.80	\$85.77	\$85.78	\$85.76	\$85.76	\$85.75	\$85.78	\$85.94	\$81.45	\$81.45	\$81.40	\$81.39	\$766,521	\$63,877	\$64,798	-1.42%
7	Exposures	753	765	763	771	769	774	762	705	747	746	765	769	9,089	757	778	-2.65%
8	Employee Fixed Costs	\$64,609	\$65,615	\$65,447	\$66,118	\$65,950	\$66,369	\$65,363	\$60,586	\$60,842	\$60,762	\$62,272	\$62,589	\$766,521	\$63,877	\$64,798	-1.42%
9	Total Gross Claims	\$224,224	\$287,409	\$821,798	\$489,933	\$286,805	\$509,805	\$498,853	\$685,424	\$677,814	\$814,645	\$425,329	\$695,039	\$6,417,080	\$534,757	\$482,259	10.89%
10	Gross Plan Costs	\$288,833	\$353,023	\$887,245	\$556,051	\$352,755	\$576,174	\$564,217	\$746,010	\$738,656	\$875,408	\$487,601	\$757,629	\$7,183,601	\$598,633	\$547,057	9.43%
11	Stop-Loss Reimbursements	(\$59,151)	(\$8,547)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,044)	(\$447,378)	(\$163,026)	(\$719,147)	(\$59,929)	(\$45,562)	31.53%
12	Net Plan Costs	\$229,682	\$344,476	\$887,245	\$556,051	\$352,755	\$576,174	\$564,217	\$746,010	\$738,656	\$834,363	\$40,222	\$594,603	\$6,464,455	\$538,705	\$501,495	7.42%
13	Per Employee Gross Plan Costs	\$383.58	\$461.47	\$1,162.84	\$721.21	\$458.72	\$744.41	\$740.44	\$1,058.17	\$988.83	\$1,173.47	\$637.39	\$985.21	\$9,484.35	\$790.36	\$703.16	12.40%
14	Per Employee Net Plan Costs	\$305.02	\$450.30	\$1,162.84	\$721.21	\$458.72	\$744.41	\$740.44	\$1,058.17	\$988.83	\$1,118.45	\$52.58	\$773.22	\$8,534.87	\$711.24	\$644.59	10.34%

DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$71,759	\$5,980	\$7,439	-19.61%
16	Specific Stop Loss (+ Fam.)	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$59.65	\$82,496	\$6,875	\$8,035	551.44%
17	Dependent Units (+ 1 Dep.)	104	102	102	102	99	100	97	91	100	100	104	102	1,203	100	107	-6.38%
18	Dependent Units (Fam.)	113	117	118	118	118	118	118	113	115	113	111	111	1,383	115	116	-0.36%
19	Dependent Fixed Costs	\$12,944	\$13,063	\$13,123	\$13,123	\$12,944	\$13,004	\$12,825	\$12,169	\$12,825	\$12,705	\$12,825	\$12,705	\$154,255	\$12,855	\$15,474	-16.93%
20	Total Gross Claims	\$78,825	\$117,603	\$281,861	\$213,771	\$615,643	\$156,588	\$147,632	\$230,386	\$123,082	\$282,996	\$137,544	\$219,986	\$2,605,918	\$217,160	\$358,240	-39.38%
21	Gross Plan Costs	\$91,769	\$130,666	\$294,984	\$226,894	\$628,587	\$169,592	\$160,457	\$242,555	\$135,906	\$295,701	\$150,368	\$232,692	\$2,760,173	\$230,014	\$373,714	-38.45%
22	Stop-Loss Reimbursements	\$0	(\$630,579)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$630,579)	(\$52,548)	(\$82,528)	-36.33%
23	Net Plan Costs	\$91,769	(\$499,913)	\$294,984	\$226,894	\$628,587	\$169,592	\$160,457	\$242,555	\$135,906	\$295,701	\$150,368	\$232,692	\$2,129,593	\$177,466	\$291,186	-39.05%
24	Per Dependent Unit Gross Plan Costs	\$422.90	\$596.65	\$1,340.84	\$1,031.34	\$2,896.72	\$777.94	\$746.31	\$1,188.99	\$632.12	\$1,388.27	\$699.39	\$1,092.45	\$12,813.92	\$1,067.83	\$1,677.73	-36.35%
25	Per Dependent Unit Net Plan Costs	\$422.90	(\$2,282.71)	\$1,340.84	\$1,031.34	\$2,896.72	\$777.94	\$746.31	\$1,188.99	\$632.12	\$1,388.27	\$699.39	\$1,092.45	\$9,934.56	\$827.88	\$1,307.23	-36.67%
26	Per Dependent Net Plan Costs	\$213.91	(\$1,120.88)	\$655.52	\$509.87	\$1,418.93	\$382.83	\$366.34	\$580.27	\$316.80	\$700.71	\$351.33	\$542.41	\$4,918.05	\$409.84	\$652.54	-37.19%

EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$80,880	\$81,332	\$81,188	\$81,739	\$81,899	\$81,902	\$79,033	\$75,292	\$76,347	\$77,120	\$77,726	\$78,276	\$952,732	\$79,394	\$80,273	-1.09%
28	Total Claims	\$303,049	\$405,012	\$1,103,659	\$703,705	\$902,448	\$666,393	\$646,486	\$915,810	\$800,896	\$1,097,641	\$562,873	\$915,026	\$9,022,998	\$751,916	\$840,498	-10.54%
29	Gross Plan Costs	\$383,929	\$486,343	\$1,184,847	\$785,443	\$984,347	\$748,295	\$725,519	\$991,102	\$877,243	\$1,174,761	\$640,598	\$993,301	\$9,975,730	\$831,311	\$920,771	-9.72%
30	Stop-Loss Reimbursements	(\$59,151)	(\$639,127)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,044)	(\$447,378)	(\$163,026)	(\$1,349,726)	(\$112,477)	(\$128,090)	-12.19%
	Pharmacy Rebates	(\$73,731)	\$0	\$0	(\$70,708)	\$0	\$0	(\$75,336)	\$0	\$0	(\$92,265)	\$0	\$0	(\$312,040)	(\$26,003)	(\$15,072)	72.52%
31	Net Plan Costs	\$251,047	(\$152,783)	\$1,184,847	\$714,735	\$984,347	\$748,295	\$650,183	\$991,102	\$877,243	\$1,041,452	\$193,220	\$830,276	\$8,313,964	\$692,830	\$777,609	-10.90%
32	Composite Gross Plan Cost Per Employee	\$509.87	\$635.74	\$1,552.88	\$1,018.73	\$1,280.04	\$966.79	\$952.12	\$1,405.82	\$1,174.36	\$1,574.75	\$837.38	\$1,291.68	\$13,170.73	\$1,097.56	\$1,183.51	-7.26%
33	Composite Net Plan Cost Per Employee	\$333.40	(\$199.72)	\$1,552.88	\$927.02	\$1,280.04	\$966.79	\$853.26	\$1,405.82	\$1,174.36	\$1,396.05	\$252.58	\$1,079.68	\$10,976.74	\$914.73	\$999.50	-8.48%
34	Composite Net Plan Cost Per Member	\$212.39	-\$126.16	\$976.79	\$587.78	\$812.17	\$614.87	\$541.82	\$882.55	\$745.96	\$891.65	\$161.96	\$693.05	\$6,899.08	\$574.92	\$646.73	-11.10%

*MAXOR Admin Fee Added to Employee & Dependent Fixed Costs

Douglas County School District
TOTAL PLAN COSTS



Douglas County School District

MEDICAL CLAIMS ONLY IN EXCESS OF \$125,000 (Accumulative Paid Amounts Year to Date)

CLAIMANT		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Claim #	<u>Total Amount of Claim Year to Date</u>												
1	Subscriber	\$0	\$0	\$0	\$133,260	\$134,381	\$134,597	\$137,767	\$144,623	\$144,982	\$146,821	\$147,940	\$149,107
2	Subscriber	\$0	\$0	\$0	\$0	\$130,599	\$144,934	\$167,216	\$185,414	\$213,357	\$235,763	\$249,914	\$267,554
3	Subscriber	\$0	\$0	\$0	\$0	\$200,635	\$251,979	\$264,405	\$281,224	\$291,044	\$303,071	\$314,904	\$346,251
4	Subscriber	\$0	\$0	\$0	\$0	\$182,669	\$228,558	\$249,491	\$473,296	\$620,713	\$697,378	\$739,309	\$769,458
5	Subscriber	\$0	\$0	\$0	\$0	\$150,104	\$187,380	\$188,248	\$188,663	\$196,882	\$280,545	\$282,187	\$382,638
6	Dependent - Laser 500K	\$0	\$0	\$0	\$0	\$0	\$122,166	\$145,477	\$146,889	\$146,889	\$152,403	\$157,421	\$166,933
7	Dependent	\$0	\$0	\$0	\$0	\$0	\$123,851	\$124,828	\$126,703	\$164,530	\$165,204	\$166,427	\$166,886
8	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$382,481	\$387,691	\$399,345
9	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$131,337
Total		\$0	\$0	\$0	\$133,260	\$798,388	\$1,193,466	\$1,277,433	\$1,546,811	\$1,778,398	\$2,363,665	\$2,445,795	\$2,779,508
Increase Over Previous Month:			\$0	\$0	\$133,260	\$665,128	\$395,078	\$83,966	\$269,379	\$231,586	\$585,268	\$82,129	\$333,714

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Claim #	<u>Amount Over Specific Stop-Loss (\$250,000)</u>												
1	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,554
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$1,979	\$14,405	\$31,224	\$41,044	\$53,071	\$64,904	\$96,251
4	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$223,296	\$370,713	\$447,378	\$489,309	\$519,458
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,545	\$32,187	\$132,638
6	Dependent - Laser 500K	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$132,481	\$137,691	\$149,345
9	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total		\$0	\$0	\$0	\$0	\$0	\$1,979	\$14,405	\$254,520	\$411,757	\$663,475	\$724,092	\$915,245
Increase Over Previous Month:			\$0	\$0	\$0	\$0	\$1,979	\$12,426	\$240,115	\$157,237	\$251,718	\$60,617	\$191,154

Douglas County School District

Hometown Health self-funded health plan reserve as of December 31, 2022

Based on claims from January 01, 2022 through December 31, 2022

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 January 01, 2022 through December 31, 2022

Medical	\$ 5,739,860
Dental	\$ 471,496
Prescription Drugs	\$ 1,406,728
Vision	<u>\$ 55,188</u>
Total Claims	\$ 7,673,272

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 = 769 : 60 day lagged enrollment = 759

Current enrollment all Dental Plans = 769 : 60 day lagged enrollment = 759

Current enrollment all Rx Plans = 769 : 60 day lagged enrollment = 759

Current enrollment all Vision Plans = 769 : 60 day lagged enrollment = 759

Estimated IBNR Calculation

Medical	\$5,739,860 X (55/365) X (769/759) =	\$ 876,595	15.3%
+			
Dental	\$471,496 X (30/365) X (769/759) =	\$ 39,277	8.3%
+			
Rx	\$1,406,728 X (11/365) X (769/759) =	\$ 42,967	3.1%
+			
Vision	\$55,188 X (22/365) X (769/759) =	<u>\$ 3,371</u>	6.1%
=			
Total estimated IBNR as of December 31, 2022 =		\$ 962,210	12.5%

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.

Douglas County School District

Hometown Health self-funded health plan reserve as of November 30, 2022

Based on claims from December 01, 2021 through November 30, 2022

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 December 01, 2021 through November 30, 2022

Medical	\$ 6,048,186
Dental	\$ 484,287
Prescription Drugs	\$ 1,414,660
Vision	<u>\$ 56,220</u>
Total Claims	\$ 8,003,354

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 = 765 : 60 day lagged enrollment = 761

Current enrollment all Dental Plans = 765 : 60 day lagged enrollment = 761

Current enrollment all Rx Plans = 765 : 60 day lagged enrollment = 761

Current enrollment all Vision Plans = 765 : 60 day lagged enrollment = 761

Estimated IBNR Calculation

Medical	\$6,048,186 X (55/365) X (765/761) =	\$ 916,362	15.2%
+			
Dental	\$484,287 X (30/365) X (765/761) =	\$ 40,022	8.3%
+			
Rx	\$1,414,660 X (11/365) X (765/761) =	\$ 42,867	3.0%
+			
Vision	\$56,220 X (22/365) X (765/761) =	<u>\$ 3,407</u>	6.1%
=			
Total estimated IBNR as of November 30, 2022 =		\$ 1,002,658	12.5%

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.



Douglas County School District

December-21

Group Health Plan Cost Analysis Report

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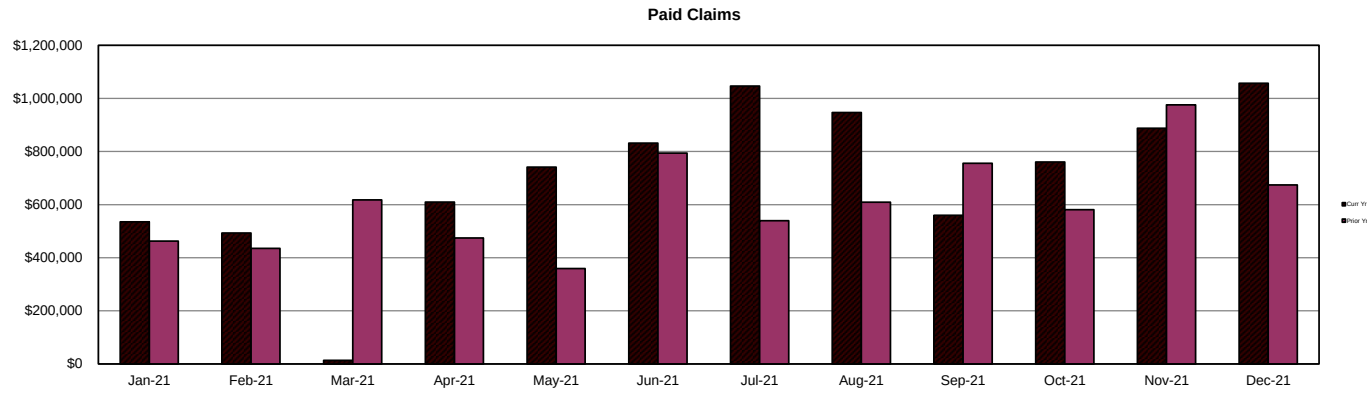
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Claim Utilization
6	Large Claim Data
7	Incurred But Not Reported Liability (IBNR)-Current
8	Incurred But Not Reported Liability (IBNR)-Previous Month



Douglas County School District
PAID CLAIMS

		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
Line #	ENROLLMENT																
1	Employees	797	789	788	787	787	783	779	735	770	771	776	774	9,336	778	795	-2.13%
2	Dependent Units	226	227	226	225	225	223	222	218	219	220	221	221	2,673	223	229	-2.66%
3	Total # of Dependents	457	454	450	452	447	444	447	439	444	445	447	446	5,372	448	454	-1.47%
EMPLOYEE CLAIMS																	
4	Medical	\$312,618	\$248,781	\$292,644	\$310,622	\$449,360	\$444,788	\$386,738	\$360,686	\$269,918	\$331,363	\$448,026	\$613,573	\$4,469,117	\$372,426	\$335,849	10.89%
5	Less Stop Loss Reimbursement	\$0	\$0	(\$546,746)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$546,746)	(\$45,562)	(\$2,355)	1834.53%
6	Net Medical Claims	\$312,618	\$248,781	(\$254,103)	\$310,622	\$449,360	\$444,788	\$386,738	\$360,686	\$269,918	\$331,363	\$448,026	\$613,573	\$3,922,370	\$326,864	\$333,494	-1.99%
7	Prescription	\$81,203	\$74,960	\$68,171	\$73,847	\$64,925	\$89,005	\$66,922	\$77,955	\$60,598	\$74,762	\$56,433	\$57,027	\$845,808	\$70,484	\$59,529	18.40%
8	Dental	\$29,665	\$29,849	\$35,771	\$33,191	\$26,018	\$34,879	\$37,032	\$41,287	\$17,104	\$21,532	\$33,198	\$22,476	\$362,002	\$30,167	\$28,616	5.42%
9	Vision	\$3,902	\$4,072	\$3,454	\$3,114	\$2,561	\$3,826	\$5,552	\$4,250	\$3,319	\$2,872	\$2,888	\$3,564	\$43,373	\$3,614	\$3,630	-0.44%
10	Total Employee	\$427,387	\$357,661	(\$146,707)	\$420,774	\$542,864	\$572,497	\$496,245	\$484,178	\$350,938	\$430,529	\$540,546	\$696,641	\$5,173,553	\$431,129	\$425,269	1.38%
11	Cost Per Employee	\$536.24	\$453.31	(\$186.18)	\$534.66	\$689.79	\$731.16	\$637.03	\$658.75	\$455.76	\$558.40	\$696.58	\$900.05	\$6,649.81	\$554.15	\$534.99	3.58%
DEPENDENT CLAIMS																	
12	Medical	\$69,142	\$96,680	\$118,659	\$138,422	\$157,912	\$203,633	\$513,622	\$411,824	\$160,024	\$678,907	\$306,897	\$908,368	\$3,764,091	\$313,674	\$177,615	76.60%
13	Less Stop Loss Reimbursement	\$0	\$0	(\$2,073)	\$0	\$0	\$0	\$0	\$0	\$0	(\$388,057)	\$0	(\$600,206)	(\$990,336)	(\$82,528)	(\$35,499)	612.48%
14	Net Medical Claims	\$69,142	\$96,680	\$116,586	\$138,422	\$157,912	\$203,633	\$513,622	\$411,824	\$160,024	\$290,850	\$306,897	\$308,163	\$2,773,755	\$231,146	\$142,116	62.65%
15	Prescription	\$25,682	\$21,087	\$24,017	\$25,956	\$29,660	\$32,472	\$17,881	\$28,656	\$31,742	\$26,672	\$21,791	\$31,932	\$317,549	\$26,462	\$21,413	23.58%
16	Dental	\$11,515	\$16,478	\$18,589	\$23,346	\$9,839	\$21,799	\$17,502	\$20,493	\$16,325	\$11,582	\$17,199	\$19,743	\$204,410	\$17,034	\$16,657	2.26%
17	Vision	\$1,442	\$1,230	\$1,099	\$1,118	\$994	\$1,266	\$1,288	\$1,733	\$846	\$933	\$1,258	\$654	\$13,860	\$1,155	\$1,120	3.11%
18	Total Dependent	\$107,782	\$135,474	\$160,291	\$188,841	\$198,405	\$259,170	\$550,293	\$462,707	\$208,938	\$330,036	\$347,145	\$360,491	\$3,309,575	\$275,798	\$181,306	52.12%
19	Cost Per Dependent Unit	\$476.91	\$596.80	\$709.25	\$839.29	\$881.80	\$1,162.20	\$2,478.80	\$2,122.51	\$954.05	\$1,500.17	\$1,570.79	\$1,631.18	\$14,857.80	\$1,238.15	\$792.31	56.27%
20	Cost Per Dependent	\$235.85	\$298.40	\$356.20	\$417.79	\$443.86	\$583.72	\$1,231.08	\$1,054.00	\$470.58	\$741.65	\$776.61	\$808.28	\$7,392.94	\$616.08	\$399.06	54.38%
EMPLOYEE + DEPENDENT																	
21	Medical	\$381,760	\$345,460	\$411,302	\$449,044	\$607,272	\$648,421	\$900,361	\$772,511	\$429,942	\$1,010,270	\$754,923	\$1,521,941	\$8,233,207	\$686,101	\$513,464	33.62%
22	Less Stop Loss Reimbursement	\$0	\$0	(\$548,819)	\$0	\$0	\$0	\$0	\$0	\$0	(\$388,057)	\$0	(\$600,206)	(\$1,537,082)	(\$128,090)	(\$37,854)	238.38%
23	Net Medical Claims	\$381,760	\$345,460	(\$137,517)	\$449,044	\$607,272	\$648,421	\$900,361	\$772,511	\$429,942	\$622,212	\$754,923	\$921,736	\$6,696,126	\$558,010	\$475,609	17.33%
24	* Prescription	\$106,885	\$96,047	\$92,188	\$99,803	\$94,585	\$121,478	\$84,803	\$106,611	\$92,340	\$101,434	\$78,225	\$88,959	\$1,163,357	\$96,946	\$80,942	19.77%
25	Dental	\$41,180	\$46,326	\$54,361	\$56,537	\$35,857	\$56,678	\$54,534	\$61,780	\$33,429	\$33,115	\$50,397	\$42,219	\$566,412	\$47,201	\$45,273	4.26%
26	Vision	\$5,344	\$5,302	\$4,552	\$4,231	\$3,555	\$5,091	\$6,840	\$5,983	\$4,165	\$3,805	\$4,146	\$4,218	\$57,233	\$4,769	\$4,751	0.40%
27	Total Claims	\$535,169	\$493,135	\$13,584	\$609,615	\$741,269	\$831,667	\$1,046,538	\$946,884	\$559,876	\$760,565	\$887,692	\$1,057,132	\$8,483,128	\$706,927	\$606,576	16.54%
28	Composite Cost Per Employee	\$671.48	\$625.01	\$17.24	\$774.61	\$941.89	\$1,062.16	\$1,343.44	\$1,288.28	\$727.11	\$986.47	\$1,143.93	\$1,365.80	\$10,903.76	\$908.65	\$763.07	19.08%
29	Composite Cost Per Member	\$426.77	\$396.73	\$10.97	\$492.02	\$600.70	\$677.81	\$853.62	\$806.55	\$461.18	\$625.47	\$725.83	\$866.50	\$6,921.24	\$576.77	\$485.55	18.79%

Douglas County School District
PAID CLAIMS

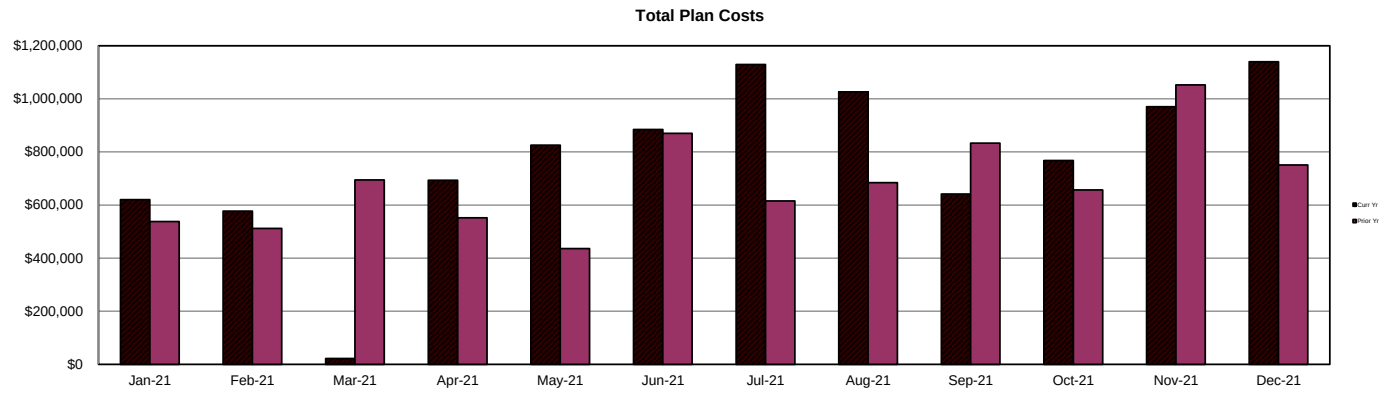


Douglas County School District
TOTAL PLAN COSTS

Line #		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
EMPLOYEE																	
1	Claims Admin (Hometown Health)	\$19.90	\$19.90	\$19.90	\$19.90	\$19.90	\$19.90	\$19.90	\$19.90	\$19.90	\$19.90	\$19.90	\$19.90	\$185,786	\$15,482	\$17,758	-12.82%
2	Specific Stop Loss	\$54.08	\$54.08	\$54.08	\$54.08	\$54.08	\$54.08	\$54.08	\$54.08	\$54.08	\$54.08	\$54.08	\$54.08	\$504,891	\$42,074	\$39,420	6.73%
3	PPO Networks (Medical & Dental)	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$5.70	\$53,215	\$4,435	\$1,693	161.91%
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$15,684	\$1,307	\$1,335	-2.13%
5	Consulting Fee (Estimated)	\$1.88	\$1.90	\$1.90	\$1.91	\$1.91	\$1.92	\$1.93	\$2.04	\$1.95	\$1.95	\$1.93	\$1.94	\$18,000	\$1,500	\$1,500	0.00%
6	Total Fixed	\$83.24	\$83.26	\$83.26	\$83.27	\$83.27	\$83.28	\$83.29	\$83.40	\$83.31	\$83.31	\$83.29	\$83.30	\$777,577	\$64,798	\$61,707	5.01%
7	Exposures	797	789	788	787	787	783	779	735	770	771	776	774	9,336	778	795	-2.13%
8	Employee Fixed Costs	\$66,344	\$65,693	\$65,612	\$65,530	\$65,530	\$65,205	\$64,879	\$61,300	\$64,147	\$64,229	\$64,635	\$64,473	\$777,577	\$64,798	\$61,707	5.01%
9	Total Gross Claims	\$427,387	\$357,661	\$400,039	\$420,774	\$542,864	\$572,497	\$496,245	\$484,178	\$350,938	\$430,529	\$540,546	\$696,641	\$5,720,299	\$476,692	\$427,625	11.47%
10	Gross Plan Costs	\$493,730	\$423,354	\$465,651	\$486,304	\$608,395	\$637,702	\$561,125	\$545,477	\$415,086	\$494,758	\$605,181	\$761,114	\$6,497,876	\$541,490	\$489,332	10.66%
11	Stop-Loss Reimbursements	\$0	\$0	(\$546,746)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$546,746)	(\$45,562)	(\$2,355)	1834.53%
12	Net Plan Costs	\$493,730	\$423,354	(\$81,095)	\$486,304	\$608,395	\$637,702	\$561,125	\$545,477	\$415,086	\$494,758	\$605,181	\$761,114	\$5,951,130	\$495,928	\$486,976	1.84%
13	Per Employee Gross Plan Costs	\$619.49	\$536.57	\$590.93	\$617.92	\$773.06	\$814.43	\$720.31	\$742.15	\$539.07	\$641.71	\$779.87	\$983.35	\$8,352.03	\$696.00	\$615.58	13.07%
14	Per Employee Net Plan Costs	\$619.49	\$536.57	(\$102.91)	\$617.92	\$773.06	\$814.43	\$720.31	\$742.15	\$539.07	\$641.71	\$779.87	\$983.35	\$7,649.27	\$637.44	\$612.61	4.05%
DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$89,269	\$7,439	\$7,248	2.64%
16	Specific Stop Loss (+ Fam.)	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$69.47	\$96,424	\$8,035	\$7,505	6.36%
17	Dependent Units (+ 1 Dep.)	108	109	109	108	111	110	107	105	104	104	105	105	1,285	107	112	-4.74%
18	Dependent Units (Fam.)	118	118	117	117	114	113	115	113	115	116	116	116	1,388	116	116	-0.64%
19	Dependent Fixed Costs	\$15,700	\$15,770	\$15,700	\$15,631	\$15,631	\$15,492	\$15,422	\$15,144	\$15,214	\$15,283	\$15,353	\$15,353	\$185,693	\$15,474	\$14,753	4.89%
20	Total Gross Claims	\$107,782	\$135,474	\$162,364	\$188,841	\$198,405	\$259,170	\$550,293	\$462,707	\$208,938	\$718,094	\$347,145	\$960,696	\$4,299,910	\$358,326	\$216,805	65.28%
21	Gross Plan Costs	\$123,482	\$151,244	\$178,064	\$204,472	\$214,036	\$274,662	\$565,716	\$477,851	\$224,152	\$733,377	\$362,498	\$976,049	\$4,485,604	\$373,800	\$231,558	61.43%
22	Stop-Loss Reimbursements	\$0	\$0	(\$2,073)	\$0	\$0	\$0	\$0	\$0	\$0	(\$388,057)	\$0	(\$600,206)	(\$990,336)	(\$82,528)	(\$35,499)	132.48%
23	Net Plan Costs	\$123,482	\$151,244	\$175,991	\$204,472	\$214,036	\$274,662	\$565,716	\$477,851	\$224,152	\$345,320	\$362,498	\$375,844	\$3,495,268	\$291,272	\$196,059	48.56%
24	Per Dependent Unit Gross Plan Costs	\$546.38	\$666.27	\$787.89	\$908.76	\$951.27	\$1,231.67	\$2,548.27	\$2,191.98	\$1,023.52	\$3,333.53	\$1,640.26	\$4,416.51	\$20,246.33	\$1,687.19	\$1,011.91	66.73%
25	Per Dependent Unit Net Plan Costs	\$546.38	\$666.27	\$778.72	\$908.76	\$951.27	\$1,231.67	\$2,548.27	\$2,191.98	\$1,023.52	\$1,569.64	\$1,640.26	\$1,700.65	\$15,757.40	\$1,313.12	\$856.78	53.26%
26	Per Dependent Net Plan Costs	\$270.20	\$333.14	\$391.09	\$452.37	\$478.83	\$618.61	\$1,265.58	\$1,088.50	\$504.85	\$776.00	\$810.96	\$842.70	\$7,832.82	\$652.74	\$432.22	51.02%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$85,287	\$84,131	\$83,976	\$83,873	\$84,389	\$83,118	\$82,858	\$79,529	\$81,746	\$82,672	\$82,715	\$82,648	\$996,942	\$83,078	\$76,460	8.66%
28	Total Claims	\$535,169	\$493,135	\$562,403	\$609,615	\$741,269	\$831,667	\$1,046,538	\$946,884	\$559,876	\$1,148,623	\$887,692	\$1,657,338	\$10,020,210	\$835,017	\$644,430	29.57%
29	Gross Plan Costs	\$620,456	\$577,266	\$646,379	\$693,488	\$825,658	\$914,786	\$1,129,396	\$1,026,413	\$641,622	\$1,231,295	\$970,407	\$1,739,985	\$11,017,151	\$918,096	\$720,890	27.36%
30	Stop-Loss Reimbursements	\$0	\$0	(\$548,819)	\$0	\$0	\$0	\$0	\$0	\$0	(\$388,057)	\$0	(\$600,206)	(\$1,537,082)	(\$128,090)	(\$37,854)	238.38%
	Pharmacy Rebates	\$0	\$0	(\$75,347)	\$0	\$0	(\$30,129)	\$0	\$0	\$0	(\$75,391)	\$0	\$0	(\$180,868)	(\$15,072)	(\$17,349)	-13.13%
31	Net Plan Costs	\$620,456	\$577,266	\$22,213	\$693,488	\$825,658	\$884,657	\$1,129,396	\$1,026,413	\$641,622	\$767,846	\$970,407	\$1,139,780	\$9,299,202	\$774,934	\$665,686	16.41%
32	Composite Gross Plan Cost Per Employee	\$778.49	\$731.64	\$820.28	\$881.18	\$1,049.12	\$1,168.31	\$1,449.80	\$1,396.48	\$833.28	\$1,597.01	\$1,250.52	\$2,248.04	\$14,160.86	\$1,180.07	\$906.87	30.13%
33	Composite Net Plan Cost Per Employee	\$778.49	\$731.64	\$28.19	\$881.18	\$1,049.12	\$1,129.83	\$1,449.80	\$1,396.48	\$833.28	\$995.91	\$1,250.52	\$1,472.58	\$11,952.70	\$996.06	\$837.43	18.94%
34	Composite Net Plan Cost Per Member	\$494.78	\$464.41	\$17.94	\$559.72	\$669.09	\$720.99	\$921.20	\$874.29	\$528.52	\$631.45	\$793.46	\$934.25	\$7,546.01	\$628.83	\$546.76	15.01%

*MAXOR Admin Fee Added to Employee & Dependent Fixed Costs

Douglas County School District
TOTAL PLAN COSTS



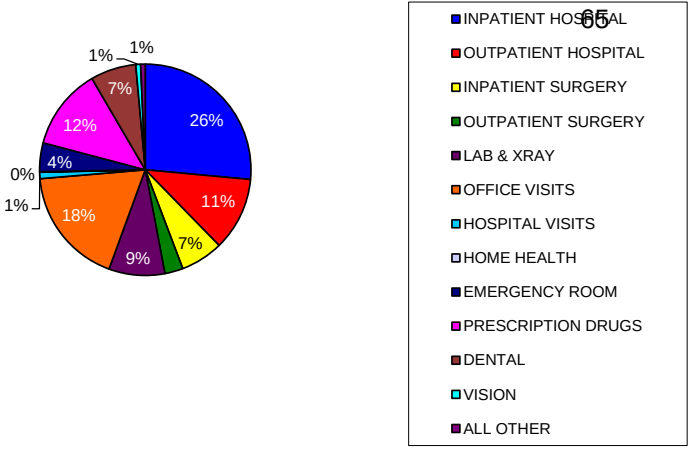
Claim Utilization

Line #		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total	Current Yr. Monthly Average	Current Year % of Total	Prior Yr. Monthly Average	Prior Year % of Total
1	HOSPITAL ADMITS	11	6	6	3	8	5	7	7	5	8	9	9	84	7.00		7.50	
2	HOSPITAL DAYS	85	16	18	8	35	15	39	30	26	45	28	112	457	38.08		32.75	
3	Average Length of Stay	7.73	2.67	3.00	2.67	4.38	3.00	5.57	4.29	5.20	5.63	3.11	12.44		5.44		4.37	
4	Cost Per Stay	\$4,495	\$2,520	\$6,127	\$12,519	\$13,769	\$18,522	\$54,878	\$39,976	\$12,894	\$82,150	\$18,853	\$80,875		\$31,248		\$22,908	
5	Cost Per Day	\$582	\$945	\$2,042	\$4,695	\$3,147	\$6,174	\$9,850	\$9,328	\$2,480	\$14,604	\$6,060	\$6,499		\$5,744		\$5,246	
6	INPATIENT HOSPITAL	\$49,447	\$15,122	\$36,764	\$37,558	\$110,149	\$92,611	\$384,146	\$279,830	\$64,469	\$657,201	\$169,673	\$727,879	\$2,624,850	\$218,737	26%	\$171,808	26%
7	OUTPATIENT HOSPITAL	\$72,561	\$96,956	\$67,739	\$120,911	\$193,081	\$178,622	\$65,672	\$117,071	\$119,478	\$92,659	\$184,925	\$162,958	\$1,472,634	\$122,720	15%	\$72,940	11%
8	INPATIENT SURGERY	\$47,295	\$36,523	\$27,846	\$44,906	\$50,871	\$30,946	\$30,688	\$49,757	\$47,615	\$19,597	\$40,748	\$72,163	\$498,953	\$41,579	5%	\$42,370	7%
9	OUTPATIENT SURGERY	\$22,224	\$20,766	\$11,290	\$24,692	\$17,618	\$26,680	\$20,170	\$18,077	\$6,345	\$20,359	\$9,550	\$18,304	\$216,075	\$18,006	2%	\$18,178	3%
10	LAB & XRAY	\$43,852	\$12,921	\$80,240	\$54,679	\$48,938	\$80,447	\$82,347	\$41,820	\$23,299	\$69,453	\$93,152	\$217,186	\$848,334	\$70,694	8%	\$55,553	9%
11	OFFICE VISITS	\$107,202	\$109,306	\$164,177	\$127,244	\$152,652	\$168,586	\$170,783	\$183,084	\$123,982	\$128,690	\$143,168	\$175,582	\$1,754,456	\$146,205	18%	\$117,291	18%
12	HOSPITAL VISITS	\$2,801	\$2,143	\$4,830	\$2,036	\$4,300	\$6,358	\$3,011	\$10,181	\$2,290	\$2,424	\$4,019	\$60,431	\$104,824	\$8,735	1%	\$6,346	1%
13	HOME HEALTH	\$618	\$0	\$395	\$1,606	\$618	\$0	\$0	\$1,340	\$985	\$1,967	\$3,941	\$1,203	\$12,670	\$1,056	0%	\$516	0%
14	EMERGENCY ROOM	\$34,675	\$44,635	\$11,202	\$26,401	\$14,267	\$48,670	\$55,056	\$54,855	\$8,942	\$5,798	\$42,854	\$55,236	\$402,591	\$33,549	4%	\$28,619	4%
15	PRESCRIPTION DRUGS	\$106,885	\$96,047	\$92,188	\$99,803	\$94,585	\$121,478	\$84,803	\$106,611	\$92,340	\$101,434	\$78,225	\$88,959	\$1,163,357	\$96,946	12%	\$80,942	12%
16	DENTAL	\$41,180	\$46,326	\$54,361	\$56,537	\$35,857	\$56,678	\$54,534	\$61,780	\$33,429	\$33,115	\$50,397	\$42,219	\$566,412	\$47,201	6%	\$45,273	7%
17	VISION	\$5,344	\$5,302	\$4,552	\$4,231	\$3,555	\$5,091	\$6,840	\$5,983	\$4,165	\$3,805	\$4,146	\$4,218	\$57,233	\$4,769	1%	\$4,751	1%
18	ALL OTHER	\$6,428	\$12,389	\$11,372	\$13,243	\$18,335	\$20,593	\$95,327	\$16,495	\$36,702	\$15,928	\$67,040	\$35,218	\$349,070	\$29,089	3%	\$4,594	1%
20	TOTAL CLAIM COST	\$535,169	\$493,135	\$562,403	\$609,615	\$741,269	\$831,667	\$1,046,538	\$940,902	\$559,876	\$1,148,623	\$887,692	\$1,657,338	\$10,014,227	\$834,519	100%	\$649,180	100%

Current PlanYear To Date



Prior Plan Year



Douglas County School District

MEDICAL & Rx CLAIMS ONLY IN EXCESS OF \$125,000 (Accumulative Paid Amounts Year to Date)

CLAIMANT		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Claim #	<u>Total Amount of Claim Year to Date</u>												
1	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$391,183	\$638,057	\$678,327	\$1,238,263	\$1,283,531	\$1,327,776
2	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$138,538	\$145,205	\$150,911	\$151,278	\$152,038	\$791,067
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$129,848	\$129,848	\$129,863	\$139,483	\$139,630
4	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$213,109	\$260,929	\$309,151	\$317,698
5	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$160,973	\$172,907
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$194,572
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$131,149
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$164,472
Total		\$0	\$0	\$0	\$0	\$0	\$0	\$529,720	\$913,110	\$1,172,195	\$1,780,333	\$2,045,176	\$2,943,650
Increase Over Previous Month:			\$0	\$0	\$0	\$0	\$0	\$529,720	\$383,390	\$259,085	\$608,138	\$264,843	\$898,474

Claim #	<u>Amount Over Specific Stop-Loss (\$250,000)</u>	66											
1	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$141,183	\$388,057	\$428,327	\$988,263	\$1,033,531	\$1,077,776
2	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$541,067
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,929	\$59,151	\$67,698
5	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total		\$0	\$0	\$0	\$0	\$0	\$0	\$141,183	\$388,057	\$428,327	\$999,192	\$1,092,683	\$1,686,541
Increase Over Previous Month:			\$0	\$0	\$0	\$0	\$0	\$141,183	\$246,874	\$40,270	\$570,865	\$93,490	\$593,858

Douglas County School District

Hometown Health self-funded health plan reserve as of December 31, 2021

Based on claims from January 01, 2021 through December 31, 2021

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 January 01, 2021 through December 31, 2021

Medical	\$ 6,696,126
Dental	\$ 566,412
Prescription Drugs	\$ 1,163,357
Vision	<u>\$ 57,233</u>
Total Claims	\$ 8,483,128

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 = 774 : 60 day lagged enrollment = 782

Current enrollment all Dental Plans = 774 : 60 day lagged enrollment = 782

Current enrollment all Rx Plans = 774 : 60 day lagged enrollment = 782

Current enrollment all Vision Plans = 774 : 60 day lagged enrollment = 782

Estimated IBNR Calculation

Medical	\$6,696,126 X (55/365) X (774/782) =	\$ 998,151	14.9%
+			
Dental	\$566,412 X (30/365) X (774/782) =	\$ 46,054	8.1%
+			
Rx	\$1,163,357 X (11/365) X (774/782) =	\$ 34,683	3.0%
+			
Vision	\$57,233 X (22/365) X (774/782) =	<u>\$ 3,413</u>	6.0%
=			
Total estimated IBNR as of December 31, 2021 =		\$ 1,082,300	12.8%

Note: Above reserve estimate excludes experience period claim(s) which have exceeded specific stop specific stop loss level. Any large ongoing claims or claim anomalies at termination may cause great fluctuations in actual runout numbers.

These reserve estimates are calculated based on claims for the period stated above.

Douglas County School District

Hometown Health self-funded health plan reserve as of November 30, 2021

Based on claims from December 01, 2020 through November 30, 2021

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 December 01, 2020 through November 30, 2021

Medical	\$ 6,313,499
Dental	\$ 566,412
Prescription Drugs	\$ 1,163,357
Vision	<u>\$ 56,617</u>
Total Claims	\$ 8,099,885

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 = 776 : 60 day lagged enrollment = 784

Current enrollment all Dental Plans = 776 : 60 day lagged enrollment = 784

Current enrollment all Rx Plans = 776 : 60 day lagged enrollment = 784

Current enrollment all Vision Plans = 776 : 60 day lagged enrollment = 784

Estimated IBNR Calculation

Medical	\$6,313,499 X (55/365) X (776/784) =	\$ 941,341	14.9%
+			
Dental	\$566,412 X (30/365) X (776/784) =	\$ 46,065	8.1%
+			
Rx	\$1,163,357 X (11/365) X (776/784) =	\$ 34,691	3.0%
+			
Vision	\$56,617 X (22/365) X (776/784) =	<u>\$ 3,377</u>	6.0%
=			
Total estimated IBNR as of November 30, 2021 =		\$ 1,025,474	12.7%

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

December-20

Group Health Plan Cost Analysis Report

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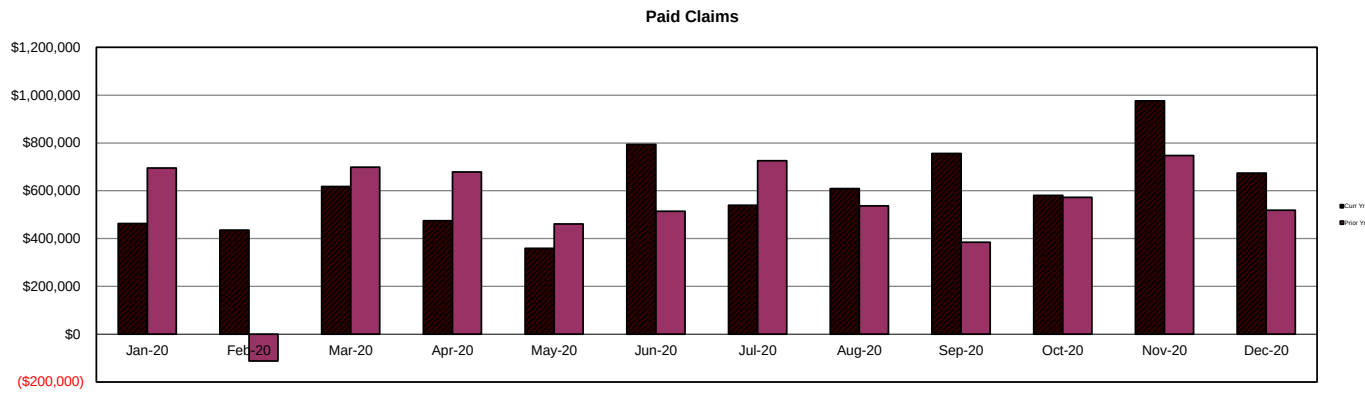
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Claim Utilization
6	Large Claim Data
7	Incurred But Not Reported Liability (IBNR)-Current
8	Incurred But Not Reported Liability (IBNR)-Previous Month



Douglas County School District
PAID CLAIMS

		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
Line #	ENROLLMENT																
1	Employees	783	792	795	803	801	797	792	782	798	793	799	804	9,539	795	769	3.36%
2	Dependent Units	221	229	230	229	230	227	230	228	235	232	228	227	2,746	229	211	8.45%
3	Total # of Dependents	443	455	453	456	453	450	454	453	463	463	454	455	5,452	454	423	7.30%
EMPLOYEE CLAIMS																	
4	Medical	\$230,786	\$168,977	\$266,313	\$221,682	\$173,255	\$289,387	\$273,474	\$320,711	\$609,810	\$314,967	\$819,379	\$341,446	\$4,030,187	\$335,849	\$338,851	-0.89%
5	Less Stop Loss Reimbursement	\$0	(\$9)	\$0	\$0	\$0	(\$28,253)	\$0	\$0	\$0	\$0	\$0	\$0	(\$28,263)	(\$2,355)	(\$48,691)	-95.16%
6	Net Medical Claims	\$230,786	\$168,968	\$266,313	\$221,682	\$173,255	\$261,133	\$273,474	\$320,711	\$609,810	\$314,967	\$819,379	\$341,446	\$4,001,924	\$333,494	\$290,160	14.93%
7	Prescription	\$52,722	\$50,557	\$58,365	\$64,845	\$50,953	\$74,971	\$63,773	\$62,319	\$59,494	\$62,888	\$56,433	\$57,027	\$714,347	\$59,529	\$54,328	9.57%
8	Dental	\$34,676	\$40,475	\$48,038	\$4,591	\$13,253	\$39,183	\$35,276	\$33,023	\$29,620	\$22,136	\$20,651	\$22,476	\$343,397	\$28,616	\$35,810	-20.09%
9	Vision	\$4,579	\$5,216	\$3,183	\$268	\$2,230	\$4,718	\$4,151	\$6,049	\$3,018	\$2,772	\$4,551	\$2,829	\$43,565	\$3,630	\$3,488	4.10%
10	Total Employee	\$322,762	\$265,216	\$375,899	\$291,386	\$239,692	\$380,005	\$376,674	\$422,101	\$701,941	\$402,763	\$901,015	\$423,780	\$5,103,233	\$425,269	\$383,786	10.81%
11	Cost Per Employee	\$412.21	\$334.87	\$472.83	\$362.87	\$299.24	\$476.79	\$475.60	\$539.77	\$879.63	\$507.90	\$1,127.68	\$527.09	\$6,419.83	\$534.99	\$499.02	7.21%
DEPENDENT CLAIMS																	
12	Medical	\$114,394	\$128,553	\$194,980	\$156,183	\$95,852	\$373,515	\$118,624	\$138,356	\$379,802	\$140,060	\$93,394	\$197,663	\$2,131,376	\$177,615	\$112,769	57.50%
13	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$370,231)	\$0	(\$55,756)	\$0	(\$425,987)	(\$35,499)	\$0	70.00%
14	Net Medical Claims	\$114,394	\$128,553	\$194,980	\$156,183	\$95,852	\$373,515	\$118,624	\$138,356	\$9,570	\$140,060	\$37,638	\$197,663	\$1,705,388	\$142,116	\$112,769	26.02%
15	Prescription	\$13,290	\$13,978	\$24,530	\$18,467	\$13,250	\$20,959	\$27,437	\$20,399	\$23,879	\$27,046	\$21,791	\$31,932	\$256,959	\$21,413	\$18,116	18.20%
16	Dental	\$10,416	\$26,064	\$21,752	\$8,364	\$10,004	\$18,136	\$16,099	\$25,561	\$18,858	\$9,913	\$14,973	\$19,743	\$199,884	\$16,657	\$19,070	-12.65%
17	Vision	\$2,114	\$1,692	\$600	\$279	\$382	\$1,192	\$634	\$2,645	\$1,717	\$887	\$527	\$773	\$13,442	\$1,120	\$1,221	-8.24%
18	Total Dependent	\$140,214	\$170,287	\$241,862	\$183,294	\$119,488	\$413,802	\$162,794	\$186,961	\$54,025	\$177,906	\$74,930	\$250,109	\$2,175,673	\$181,306	\$151,175	19.93%
19	Cost Per Dependent Unit	\$634.45	\$743.61	\$1,051.58	\$800.41	\$519.51	\$1,822.92	\$707.80	\$820.01	\$229.89	\$766.84	\$328.64	\$1,101.80	\$9,507.68	\$792.31	\$716.47	10.58%
20	Cost Per Dependent	\$316.51	\$374.26	\$533.91	\$401.96	\$263.77	\$919.56	\$358.58	\$412.72	\$116.68	\$384.25	\$165.04	\$549.69	\$4,788.72	\$399.06	\$357.04	11.77%
EMPLOYEE + DEPENDENT																	
21	Medical	\$345,180	\$297,530	\$461,293	\$377,865	\$269,106	\$662,902	\$392,099	\$459,067	\$989,611	\$455,026	\$912,773	\$539,109	\$6,161,562	\$513,464	\$451,620	13.69%
22	Less Stop Loss Reimbursement	\$0	(\$9)	\$0	\$0	\$0	(\$28,253)	\$0	\$0	(\$370,231)	\$0	(\$55,756)	\$0	(\$454,250)	(\$37,854)	(\$48,691)	-22.26%
23	Net Medical Claims	\$345,180	\$297,521	\$461,293	\$377,865	\$269,106	\$634,649	\$392,099	\$459,067	\$619,380	\$455,026	\$857,017	\$539,109	\$5,707,312	\$475,609	\$402,929	18.04%
24	* Prescription	\$66,012	\$64,535	\$82,894	\$83,313	\$64,204	\$95,930	\$91,209	\$82,718	\$83,373	\$89,934	\$78,225	\$88,959	\$971,306	\$80,942	\$72,444	11.73%
25	Dental	\$45,092	\$66,539	\$69,790	\$12,955	\$23,257	\$57,319	\$51,375	\$58,583	\$48,478	\$32,049	\$35,625	\$42,219	\$543,281	\$45,273	\$54,880	-17.51%
26	Vision	\$6,692	\$6,908	\$3,783	\$548	\$2,613	\$5,910	\$4,785	\$8,694	\$4,735	\$3,659	\$5,078	\$3,602	\$57,008	\$4,751	\$4,708	0.90%
27	Total Claims	\$462,977	\$435,503	\$617,761	\$474,680	\$359,180	\$793,807	\$539,468	\$609,062	\$755,966	\$580,669	\$975,945	\$673,889	\$7,278,906	\$606,576	\$534,962	13.39%
28	Composite Cost Per Employee	\$591.29	\$549.88	\$777.06	\$591.13	\$448.41	\$995.99	\$681.15	\$778.85	\$947.33	\$732.24	\$1,221.46	\$838.17	\$9,156.82	\$763.07	\$695.58	9.70%
29	Composite Cost Per Member	\$377.63	\$349.24	\$495.00	\$377.03	\$286.43	\$636.57	\$432.96	\$493.17	\$599.50	\$462.32	\$778.89	\$535.26	\$5,826.62	\$485.55	\$448.61	8.24%

Douglas County School District
PAID CLAIMS

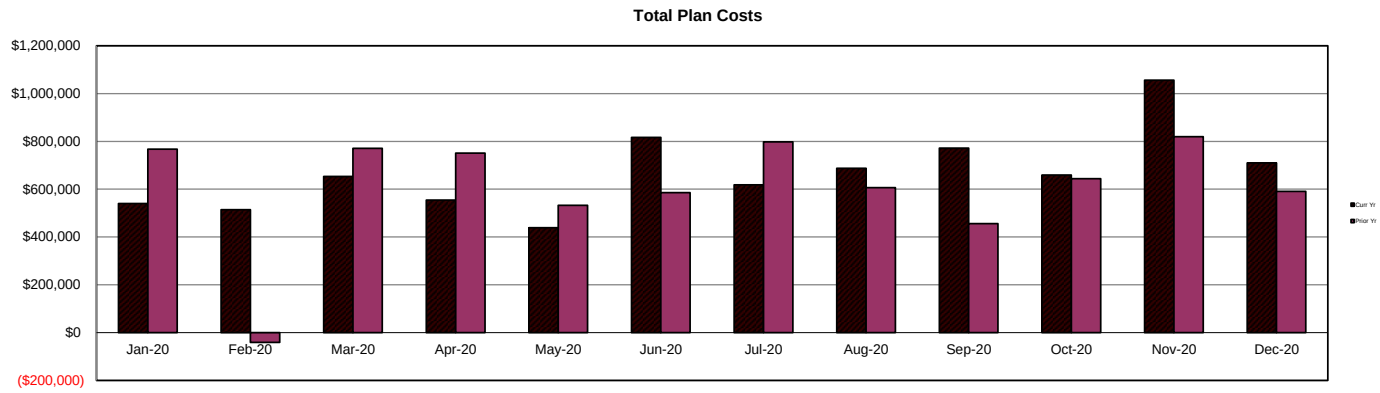


Douglas County School District
TOTAL PLAN COSTS

Line #		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
EMPLOYEE																	
1	Claims Admin (Hometown Health)	\$19.55	\$19.55	\$19.55	\$19.55	\$19.55	\$19.55	\$19.55	\$19.55	\$19.55	\$19.55	\$19.55	\$19.55	\$186,487	\$15,541	\$14,528	6.97%
2	Specific Stop Loss	\$49.59	\$49.59	\$49.59	\$49.59	\$49.59	\$49.59	\$49.59	\$49.59	\$49.59	\$49.59	\$49.59	\$49.59	\$473,039	\$39,420	\$37,554	4.97%
3	PPO Networks (Medical & Dental)	\$4.92	\$4.92	\$4.92	\$4.92	\$4.92	\$4.92	\$4.92	\$4.92	\$4.92	\$4.92	\$4.92	\$4.92	\$46,932	\$3,911	\$3,784	3.36%
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$16,026	\$1,335	\$0	0.00%
5	Consulting Fee (Estimated)	\$1.92	\$1.89	\$1.89	\$1.87	\$1.87	\$1.88	\$1.89	\$1.92	\$1.88	\$1.89	\$1.88	\$1.87	\$18,000	\$1,500	\$1,500	0.00%
6	Total Fixed	\$77.66	\$77.63	\$77.63	\$77.61	\$77.61	\$77.62	\$77.63	\$77.66	\$77.62	\$77.63	\$77.62	\$77.61	\$740,484	\$61,707	\$57,366	7.57%
7	Exposures	783	792	795	803	801	797	792	782	798	793	799	804	9,539	795	769	3.36%
8	Employee Fixed Costs	\$60,804	\$61,486	\$61,713	\$62,319	\$62,168	\$61,865	\$61,486	\$60,729	\$61,941	\$61,562	\$62,016	\$62,395	\$740,484	\$61,707	\$57,366	7.57%
9	Total Gross Claims	\$322,762	\$265,225	\$375,899	\$291,386	\$239,692	\$408,258	\$376,674	\$422,101	\$701,941	\$402,763	\$901,015	\$423,780	\$5,131,496	\$427,625	\$432,477	-1.12%
10	Gross Plan Costs	\$383,567	\$326,711	\$437,612	\$353,705	\$301,860	\$470,123	\$438,160	\$482,830	\$763,882	\$464,325	\$963,031	\$486,175	\$5,871,980	\$489,332	\$489,844	-0.10%
11	Stop-Loss Reimbursements	\$0	(\$9)	\$0	\$0	\$0	(\$28,253)	\$0	\$0	\$0	\$0	\$0	\$0	(\$28,263)	(\$2,355)	(\$48,691)	-95.16%
12	Net Plan Costs	\$383,567	\$326,702	\$437,612	\$353,705	\$301,860	\$441,869	\$438,160	\$482,830	\$763,882	\$464,325	\$963,031	\$486,175	\$5,843,717	\$486,976	\$441,152	10.39%
13	Per Employee Gross Plan Costs	\$489.87	\$412.51	\$550.46	\$440.48	\$376.85	\$589.87	\$553.23	\$617.43	\$957.25	\$585.53	\$1,205.30	\$604.69	\$7,386.91	\$615.58	\$636.92	-3.35%
14	Per Employee Net Plan Costs	\$489.87	\$412.50	\$550.46	\$440.48	\$376.85	\$554.42	\$553.23	\$617.43	\$957.25	\$585.53	\$1,205.30	\$604.69	\$7,351.36	\$612.61	\$573.61	6.80%
DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$86,970	\$7,248	\$7,053	2.76%
16	Specific Stop Loss (+ Fam.)	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$64.47	\$90,065	\$7,505	\$7,466	7.23%
17	Dependent Units (+ 1 Dep.)	107	113	115	112	114	111	113	114	116	113	112	109	1,349	112	103	9.67%
18	Dependent Units (Fam.)	114	116	115	117	116	116	117	114	119	119	116	118	1,397	116	109	7.30%
19	Dependent Fixed Costs	\$14,248	\$14,764	\$14,828	\$14,764	\$14,828	\$14,635	\$14,828	\$14,699	\$15,150	\$14,957	\$14,699	\$14,635	\$177,035	\$14,753	\$14,519	1.61%
20	Total Gross Claims	\$140,214	\$170,287	\$241,862	\$183,294	\$119,488	\$413,802	\$162,794	\$186,961	\$424,256	\$177,906	\$130,686	\$250,109	\$2,601,661	\$216,805	\$151,175	43.41%
21	Gross Plan Costs	\$154,462	\$185,051	\$256,690	\$198,058	\$134,316	\$428,437	\$177,622	\$201,660	\$439,407	\$192,863	\$145,385	\$264,744	\$2,778,695	\$231,558	\$165,694	39.75%
22	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$370,231)	\$0	(\$55,756)	\$0	(\$425,987)	(\$35,499)	\$0	0.00%
23	Net Plan Costs	\$154,462	\$185,051	\$256,690	\$198,058	\$134,316	\$428,437	\$177,622	\$201,660	\$69,176	\$192,863	\$89,629	\$264,744	\$2,352,708	\$196,059	\$165,694	18.33%
24	Per Dependent Unit Gross Plan Costs	\$698.92	\$808.08	\$1,116.05	\$864.88	\$583.98	\$1,887.39	\$772.27	\$884.48	\$1,869.82	\$831.31	\$637.65	\$1,166.27	\$12,121.10	\$1,010.09	\$785.28	28.63%
25	Per Dependent Unit Net Plan Costs	\$698.92	\$808.08	\$1,116.05	\$864.88	\$583.98	\$1,887.39	\$772.27	\$884.48	\$294.36	\$831.31	\$393.11	\$1,166.27	\$10,301.10	\$858.42	\$785.28	9.31%
26	Per Dependent Net Plan Costs	\$348.67	\$406.70	\$566.65	\$434.34	\$296.50	\$952.08	\$391.24	\$445.17	\$149.41	\$416.55	\$197.42	\$581.86	\$5,186.58	\$432.22	\$391.65	10.36%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$77,070	\$78,763	\$79,874	\$79,785	\$79,681	\$78,828	\$78,752	\$78,401	\$79,965	\$78,579	\$80,099	\$79,563	\$949,361	\$79,113	\$71,885	10.06%
28	Total Claims	\$462,977	\$435,512	\$617,761	\$474,680	\$359,180	\$822,060	\$539,468	\$609,062	\$1,126,198	\$580,669	\$1,031,701	\$673,889	\$7,733,156	\$644,430	\$583,653	10.41%
29	Gross Plan Costs	\$540,047	\$514,275	\$697,635	\$554,465	\$438,861	\$900,889	\$618,220	\$687,463	\$1,206,163	\$659,248	\$1,111,799	\$753,452	\$8,682,517	\$723,543	\$655,538	10.37%
30	Stop-Loss Reimbursements	\$0	(\$9)	\$0	\$0	\$0	(\$28,253)	\$0	\$0	(\$370,231)	\$0	(\$55,756)	\$0	(\$454,250)	(\$37,854)	(\$48,691)	-22.26%
	Pharmacy Rebates	\$0	\$0	(\$44,298)	\$0	\$0	(\$56,019)	\$0	\$0	(\$64,095)	\$0	\$0	(\$43,781)	(\$208,193)	(\$17,349)	(\$15,164)	14.41%
31	Net Plan Costs	\$540,047	\$514,266	\$653,337	\$554,465	\$438,861	\$816,616	\$618,220	\$687,463	\$771,837	\$659,248	\$1,056,043	\$709,671	\$8,020,074	\$668,339	\$591,683	12.96%
32	Composite Gross Plan Cost Per Employee	\$689.71	\$649.34	\$877.53	\$690.49	\$547.89	\$1,130.35	\$780.58	\$879.11	\$1,511.48	\$831.33	\$1,391.49	\$937.13	\$10,922.55	\$910.21	\$852.36	6.79%
33	Composite Net Plan Cost Per Employee	\$689.71	\$649.33	\$821.81	\$690.49	\$547.89	\$1,024.61	\$780.58	\$879.11	\$967.21	\$831.33	\$1,321.71	\$882.68	\$10,089.20	\$840.77	\$769.33	9.28%
34	Composite Net Plan Cost Per Member	\$440.49	\$412.40	\$523.51	\$440.40	\$349.97	\$654.86	\$496.16	\$556.65	\$612.08	\$524.88	\$842.81	\$563.68	\$6,582.82	\$548.57	\$508.89	7.80%

*MAXOR Admin Fee Added to Employee & Dependent Fixed Costs

Douglas County School District
TOTAL PLAN COSTS



Douglas County School District

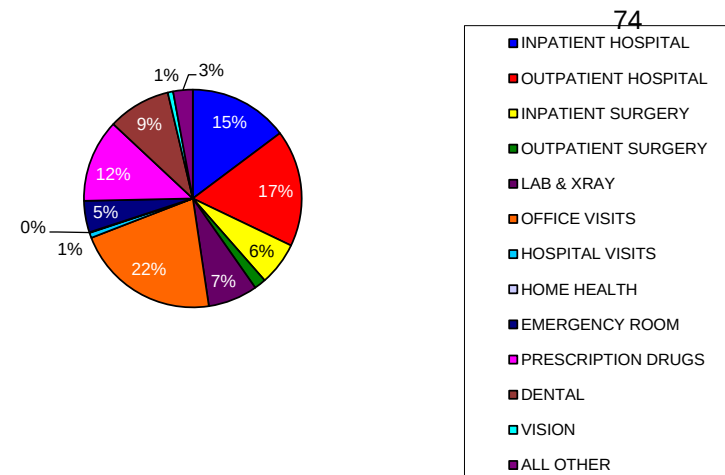
Claim Utilization

Line #		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total	Current Yr. Monthly Average	Current Year % of Total	Prior Yr. Monthly Average	Prior Year % of Total
1	HOSPITAL ADMITS	3	8	10	12	5	7	5	8	15	8	4	5	90	7.50		6.58	
2	HOSPITAL DAYS	8	23	24	36	45	56	20	21	99	18	19	24	393	32.75		26.83	
3	Average Length of Stay	2.67	2.88	2.40	3.00	9.00	8.00	4.00	2.63	6.60	2.25	4.75	4.80		4.37		4.08	
4	Cost Per Stay	\$11,265	\$8,454	\$10,873	\$10,918	\$10,701	\$39,885	\$15,186	\$6,146	\$28,778	\$7,752	\$161,202	\$24,848		\$22,908		\$13,197	
5	Cost Per Day	\$4,225	\$2,940	\$4,530	\$3,639	\$1,189	\$4,986	\$3,797	\$2,341	\$4,360	\$3,445	\$33,937	\$5,177		\$5,246		\$3,238	
6	INPATIENT HOSPITAL	\$33,796	\$67,629	\$108,726	\$131,021	\$53,504	\$279,196	\$75,932	\$49,171	\$431,665	\$62,013	\$644,807	\$124,239	\$2,061,699	\$171,808	27%	\$86,878	15%
7	OUTPATIENT HOSPITAL	\$51,899	\$39,035	\$101,548	\$40,072	\$28,074	\$52,408	\$79,975	\$111,473	\$179,381	\$10,169	\$66,961	\$114,289	\$875,282	\$72,940	11%	\$102,012	17%
8	INPATIENT SURGERY	\$20,950	\$22,999	\$51,920	\$28,603	\$40,961	\$110,489	\$47,493	\$40,608	\$45,713	\$47,317	\$22,254	\$29,140	\$508,446	\$42,370	7%	\$37,831	6%
9	OUTPATIENT SURGERY	\$34,418	\$5,791	\$17,674	\$10,135	\$12,702	\$51,600	\$7,750	\$21,396	\$16,128	\$10,103	\$22,378	\$8,056	\$218,130	\$18,178	3%	\$10,268	2%
10	LAB & XRAY	\$80,697	\$52,440	\$27,878	\$22,254	\$10,514	\$72,208	\$38,749	\$48,523	\$134,721	\$89,014	\$16,276	\$73,358	\$666,635	\$55,553	9%	\$43,326	7%
11	OFFICE VISITS	\$91,288	\$78,118	\$117,082	\$127,600	\$87,489	\$137,554	\$92,714	\$168,696	\$144,065	\$111,885	\$112,103	\$138,894	\$1,407,489	\$117,291	18%	\$126,340	21%
12	HOSPITAL VISITS	\$5,732	\$5,523	\$2,495	\$7,129	\$3,470	\$11,159	\$2,466	\$4,591	\$9,123	\$19,111	\$2,093	\$3,256	\$76,148	\$6,346	1%	\$4,536	1%
13	HOME HEALTH	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,359	\$1,054	\$1,845	\$1,933	\$6,191	\$516	0%	\$535	0%
14	EMERGENCY ROOM	\$23,631	\$16,286	\$30,848	\$8,763	\$27,225	\$12,452	\$46,697	\$13,190	\$24,310	\$75,918	\$22,660	\$41,447	\$343,429	\$28,619	4%	\$27,524	5%
15	PRESCRIPTION DRUGS	\$66,012	\$64,535	\$82,894	\$83,313	\$64,204	\$95,930	\$91,209	\$82,718	\$83,373	\$89,934	\$78,225	\$88,959	\$971,306	\$80,942	13%	\$72,444	12%
16	DENTAL	\$45,092	\$66,539	\$69,790	\$12,955	\$23,257	\$57,319	\$51,375	\$58,583	\$48,478	\$32,049	\$35,625	\$42,219	\$543,281	\$45,273	7%	\$54,880	9%
17	VISION	\$6,692	\$6,908	\$3,783	\$548	\$2,613	\$5,910	\$4,785	\$8,694	\$4,735	\$3,659	\$5,078	\$3,602	\$57,008	\$4,751	1%	\$4,708	1%
18	ALL OTHER	\$9,461	\$16,617	\$6,906	\$2,836	\$7,780	(\$58,256)	\$5,109	\$1,419	\$7,880	\$32,101	\$6,475	\$8,101	\$46,428	\$3,869	1%	\$17,077	3%
20	TOTAL CLAIM COST	\$462,977	\$435,512	\$617,761	\$474,680	\$359,180	\$822,060	\$539,468	\$600,368	\$1,126,198	\$580,669	\$1,031,701	\$673,889	\$7,724,462	\$643,705	100%	\$588,361	100%

Current PlanYear To Date



Prior Plan Year



Douglas County School District

MEDICAL & Rx CLAIMS ONLY IN EXCESS OF \$100,000 (Accumulative Paid Amounts Year to Date)

CLAIMANT		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Claim #	<u>Total Amount of Claim Year to Date</u>												
1	Dependent	\$0	\$146,395	\$197,465	\$209,718	\$238,846	\$534,420	\$570,591	\$590,735	\$623,963	\$626,117	\$628,301	\$630,374
2	Subscriber	\$0	\$0	\$0	\$102,873	\$105,787	\$138,827	\$138,967	\$139,438	\$140,034	\$142,826	\$142,826	\$142,763
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,697	\$124,549	\$124,549	\$124,549	\$124,549
4	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$191,764	\$191,906	\$192,828	\$193,055
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$124,405	\$124,405	\$204,985
6	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$131,129	\$739,036	\$741,761
7	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$100,932
8	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$114,001
Total		\$0	\$146,395	\$197,465	\$312,591	\$344,633	\$673,247	\$709,558	\$830,870	\$1,080,310	\$1,340,932	\$1,951,946	\$2,037,487
Increase Over Previous Month:			\$146,395	\$51,069	\$115,126	\$32,042	\$328,614	\$36,311	\$121,313	\$249,439	\$260,622	\$611,014	\$85,541

Claim #	<u>Amount Over Specific Stop-Loss (\$200,000)</u>	75											
1	Dependent	\$0	\$0	\$0	\$9,718	\$38,846	\$334,420	\$370,591	\$390,735	\$423,963	\$426,117	\$428,301	\$430,374
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,985
6	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$539,036	\$541,761
7	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total		\$0	\$0	\$0	\$9,718	\$38,846	\$334,420	\$370,591	\$390,735	\$423,963	\$426,117	\$967,337	\$977,120
Increase Over Previous Month:			\$0	\$0	\$9,718	\$29,128	\$295,574	\$36,171	\$20,144	\$33,228	\$2,154	\$541,221	\$9,783

Douglas County School District

Hometown Health self-funded health plan reserve as of December 31, 2020

Based on claims from January 01, 2020 through December 31, 2020

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 January 01, 2020 through December 31, 2020

Medical	\$ 5,707,312
Dental	\$ 543,281
Prescription Drugs	\$ 971,306
Vision	<u>\$ 57,008</u>
Total Claims	\$ 7,278,906

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 = 804 : 60 day lagged enrollment = 791

Current enrollment all Dental Plans = 804 : 60 day lagged enrollment = 791

Current enrollment all Rx Plans = 804 : 60 day lagged enrollment = 791

Current enrollment all Vision Plans = 804 : 60 day lagged enrollment = 791

Estimated IBNR Calculation

Medical	\$5,707,312 X (55/365) X (804/791) =	\$ 874,232	15.3%
+			
Dental	\$543,281 X (30/365) X (804/791) =	\$ 45,392	8.4%
+			
Rx	\$971,306 X (11/365) X (804/791) =	\$ 29,756	3.1%
+			
Vision	\$57,008 X (22/365) X (804/791) =	<u>\$ 3,493</u>	6.1%
=			
Total estimated IBNR as of December 31, 2020 =		\$ 952,873	13.1%

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 November 30, 2020

Based on claims from December 01, 2019 through November 30, 2020

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 December 01, 2019 through November 30, 2020

Medical	\$ 5,582,507
Dental	\$ 536,907
Prescription Drugs	\$ 946,446
Vision	<u>\$ 57,420</u>
Total Claims	\$ 7,123,280

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 = 799 : 60 day lagged enrollment = 789

Current enrollment all Dental Plans = 799 : 60 day lagged enrollment = 789

Current enrollment all Rx Plans = 799 : 60 day lagged enrollment = 789

Current enrollment all Vision Plans = 799 : 60 day lagged enrollment = 789

Estimated IBNR Calculation

Medical	\$5,582,507 X (55/365) X (799/789) =	\$ 852,311	15.3%
+			
Dental	\$536,907 X (30/365) X (799/789) =	\$ 44,712	8.3%
+			
Rx	\$946,446 X (11/365) X (799/789) =	\$ 28,900	3.1%
+			
Vision	\$57,420 X (22/365) X (799/789) =	<u>\$ 3,507</u>	6.1%
=			
Total estimated IBNR as of November 30, 2020 =		\$ 929,430	13.0%

Note: Above reserve estimate excludes experience period claim(s) which have exceeded specific stop specific stop loss level. Any large ongoing claims or claim anomalies at termination may cause great fluctuations in actual runout numbers.

These reserve estimates are calculated based on claims for the period stated above.

Douglas County School District

Board Agenda Item Memo

Date: October 15, 2026

To: DCSD Board of Trustees

From: Terri Willoughby, Chief Financial Officer

Re: PowerSchool Allovue Budget Suite contract approval

Requested Action:

Approve PowerSchool Group LLC quote Q-883499-1 for a one-year Allovue Budget Suite contract from October 16, 2026 through October 15, 2027, for no more than \$56,091.75, subject to the funding, legal, procurement, and technical checks described below. Authorize the Superintendent or designee to execute the agreement after those checks are completed.

Background Information:

DCSD needs consistent budget planning, staffing cost estimates and timely spending information during fiscal recovery. Allovue includes Allocate, Budget and Manage. PowerSchool describes collaborative planning with finance and HR data linked to district goals. Staff must validate these capabilities against DCSD processes and Tyler School ERP Pro data.

Budget Considerations and Impact:

First-year cost is \$56,091.75: Budget Suite \$20,292.75; yearly essential services \$1,440; comprehensive deployment \$29,328; strategic consulting \$2,535; and 20 hours of integrated staffing work \$2,496. Payments are scheduled for November 16, 2026 (\$29,400) and March 31, 2027 (\$26,691.75). Apply verified eligible Operational Efficiency Grant funds first and charge the eligible remainder to Capital Fund IT Related Software, account 300.098.0000.000.2580.735.03000.50.421. The exact split, grant conditions, appropriation, and accounting treatment must be documented before execution.

The estimated ongoing annual charge beginning October 16, 2027 is \$21,732.75, subject to annual uplift and enrollment changes. The quote automatically renews for successive 12-month periods unless DCSD gives written nonrenewal notice at least 60 days before term end. The quote expires October 19, 2026. The signed amount must remain within the Board-approved limit after any applicable taxes.

Recommendation:

Staff recommends approval to support shared budget planning and spending oversight. Results depend on accurate data, integration, training and position controls. Staff will track milestones, data acceptance, access controls and actual use.

Key issues for Board Discussion:

Before signing, confirm grant eligibility and available funds; verify capital account eligibility and procurement authority; review the incorporated PowerSchool master agreement and privacy, security, data ownership, termination and breach terms; and obtain written confirmation of Tyler integration, staffing data scope, timetable, acceptance criteria and any added costs.

The statement of work requires DCSD project, data and strategic leads, integration, training and approval of launch data. It provides 22 weekly implementation meetings, up to three one-hour user sessions per module and 30 days of post-launch access. Calendar renewal review and identify ongoing funding.

Attachment(s):

PowerSchool quote Q-883499-1 and attached statements of work; PowerSchool Allovue Budget Suite product information.



PowerSchool Group LLC
150 Parkshore Dr.
Folsom CA 95630

Quote #: Q-883499-1
Quote Expiration Date: 19-OCT-2026

Sales Quote - This Is Not An Invoice

Prepared By: Helene McMurphy

Customer Name: Douglas County School District

Enrollment: 4,665

Contract Term: 12 Months

Start Date: October 16, 2026

End Date: October 15, 2027

Payment Terms: Net 30

Customer Contact: Terri Willoughby

Title: CFO

Address: 1638 Mono Avenue

City: Minden

State/Province: Nevada

Zip Code: 89423-1888

Phone #: (775)782-5134

Pricing Vehicle Contract #:

Contract Term : October 16, 2026 to October 15, 2027

Quote Summary			
License and Subscription Period(s)	License and Subscription	Implementation/ Training	Total
Subscription Period 1: October 16, 2026 to October 15, 2027	USD 21,732.75	USD 34,359.00	USD 56,091.75
Total Contract : October 16, 2026 to October 15, 2027	USD 21,732.75	USD 34,359.00	USD 56,091.75

Period 1 : October 16, 2026 to October 15, 2027				
License and Subscription Fees				
Product Description	Quantity	Unit	Uplift %	Price
Allovue Budget Suite	4,665.00	Students		USD 20,292.75
Allovue Budget Book Add On	1.00	Each		USD 0.00
Allovue Budget Suite Yearly Services - Essential	1.00	Year		USD 1,440.00
License and Subscription Fees :				USD 20,292.75

Professional Services and Setup				
Product Description	Quantity	Unit	Uplift %	Price
Allovue Budget Suite Deployment - Comprehensive	1.00	Each		USD 29,328.00
Allovue Strategic Consulting Custom	1.00	Each		USD 2,535.00
Allovue Manage Integrated Staffing Add On	20.00	Hour		USD 2,496.00
Professional Services and Setup :				USD 34,359.00

Training Services : USD 0.00

Onsite Training travel expenses are included in cost

Term 1 Total Fees : USD 56,091.75

PowerSchool hereby agrees to invoice the Customer following the non-standard invoicing schedule for the first term of the Subscription:

Due Date	Payment Amount
16-NOV-2026	USD 29,400.00
31-MAR-2027	USD 26,691.75

Total Contract Amount : USD 56,091.75

Estimated Annual Ongoing Fees as of October 16, 2027 - Fees subject to an annual uplift, which will be reflected on a renewal quote

License and Subscription Fees

Product Description	Quantity	Unit	Price
Allovue Budget Suite	4,665.00	Students	USD 20,292.75
Allovue Budget Book Add On	1.00	Each	USD 0.00
Allovue Budget Suite Yearly Services - Essential	1.00	Year	USD 1,440.00
License and Subscription Fees :			USD 21,732.75

Subscription Start and End Dates shall be as set forth above. The Start Date may be delayed based upon the date that PowerSchool receives this executed quote or Customer's purchase order if one is needed. On-Going PowerSchool Subscription/Maintenance and Support Fees are invoiced at the then-current rates and enrollment per existing terms of the executed agreement between Customer and PowerSchool. Any applicable sales or other tax has not been added to this quote. If this quote includes promotional pricing, such promotional pricing may not be valid for the entire duration of this quote. All invoices shall be sent to Customer upon or promptly after execution of this quote, unless otherwise set forth in the applicable statement of work or executed agreement between the parties (e.g., services billed on time and material basis will be invoiced when such services are incurred).

All purchase orders must include the exact quote number of this quote. Customer agrees that purchase orders are for administrative purposes only and do not impact the terms or conditions of this quote or any agreement executed between the parties. Any credit provided by PowerSchool is nonrefundable and must be used within 12 months of issuance. Unused credits will expire after 12 months.

If Customer pays in advance for any professional services, all professional services must be scheduled and delivered within twelve (12) months of the applicable quote start date, unless otherwise agreed in writing by PowerSchool; any portion of any prepaid amount for professional services that has not been used within such twelve (12) month period will be forfeited.

This quote incorporates any statement of work attached hereto. By execution of this quote, or its incorporation, this and future purchases of subscriptions or services from PowerSchool are subject to and incorporate the terms and conditions found at: https://www.powerschool.com/MSA_2024

By either (i) executing this quote or (ii) accessing the services described on this quote, Customer agrees that after the contract term of this quote, the subscription for such services will continue for successive twelve (12) month subscription periods on the same terms and conditions as set forth herein, subject to a standard annual price uplift, unless Customer provides PowerSchool with a written notice of its intent not to renew at least sixty (60) days prior to the end of the applicable current contract term.

THE PARTIES BELOW ACKNOWLEDGE THAT THEY HAVE READ THE AGREEMENT, UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS.

POWERSCHOOL GROUP LLC
Signature:


Douglas County School District
Signature:

Printed Name: Jon Scrimshaw

Printed Name:

Title: Chief Accounting Officer

Title:

Date: 21-SEP-2026

Date:

*****Sales Quote - This Is Not an Invoice*****

PowerSchool Statement of Work

Purpose of Document

The purpose of this Statement of Work (“SOW”) between PowerSchool Group LLC (“PowerSchool”) and Customer (“You”, “Your”) is to outline the process, approach, and completion criteria for each step of the process to implement PowerSchool. This document covers the roles and responsibilities of the PowerSchool Project Manager, Subject Matter Experts, and Customer in each step of the PowerSchool implementation process, serving as an outline of services PowerSchool is expected to deliver. This SOW calls out specific functional areas of Your PowerSchool product(s) that are covered for implementation services and level of coverage.

This Statement of Work is subject to the terms and conditions of the current master agreement between the parties and any associated policies, pursuant to which PowerSchool has licensed the PowerSchool application to the Customer.

General Assumptions

1. Implementation services will be delivered remotely unless onsite services are purchased separately.
2. If travel is required, all travel-related expenses will be invoiced as incurred.
3. Implementation services are completed when delivered, and the deliverable acceptance procedure is complete.
4. Additional services are available and can be purchased for items out of the scope of implementation.
5. Customer must identify a designated Customer Project Lead before the start of the project. The Customer Project Lead will be responsible for delivering all sections of the “Customer Responsibilities” included in the SOW in a complete manner within the project timeline.
6. The designated Customer project lead should be an employee of the organization implementing PowerSchool. Customers that hire third-party organizations to act on the behalf of the Customer for implementation may be required to sign a waiver form provided by PowerSchool, indicating that the third-party organization is authorized to act on the Customer’s behalf when interacting with PowerSchool. The Customer will be responsible for maintaining proper communication channels with third party organizations hired by the Customer.
7. All approvals must be completed by an employee and designated signatory of the Customer. Third party entities engaged by the Customer are not acceptable signatories.
8. The product will be deployed “as is” based on available features and functions at the time of implementation.

Allovue Integrated Staffing

Overview

This Statement of Work (SOW) outlines the scope of work, roles and responsibilities, services phases, and other critical elements necessary for the successful addition of Inegrated Staffing for the following product:

- Allovue Manage

Your service project will follow a project plan that consists of milestones with meetings and activities for the product purchased. We will meet weekly or biweekly with your team to review the upcoming milestones and evaluate any tasks and requirements for milestone completion.

Services Roles and Responsibilities

Our service team will work alongside your team to configure Allovue Integrated Staffing to fit your unique processes and support your staff. This team consists of:

PowerSchool Resources

- **Implementation Consultant:** Serves as your strategic thought partner and primary point of contact.
- **Data Associate:** Establishes data integrations between your systems and PowerSchool products.

In addition to the resources needed on the PowerSchool side, we request a team of dedicated customer resources. This team consists of:

Customer Resources

- **Project Lead:** The overarching point of contact who will serve as the primary communication and decision-making team member.
- **Data Lead:** Ability to highlight/address any data concerns that may arise during the data collection process

Services Phases

This section will overview the PowerSchool responsibilities, customer responsibilities and the completion criteria for each phase of your services contract to clearly define all appropriate parameters.

Initiating

PowerSchool Responsibilities

Allovue Integrated Staffing

- Send Welcome Email and include the following:
 - Statement of Work
 - Tentative kick-off meeting options
 - Kick-off meeting agenda
 - Customer key contact requests
- Identify PowerSchool Project Team
 - Implementation Consultant
 - Data Associate

Customer Responsibilities

- Sign and return Statement of Work
- Select a kick-off meeting time
- Identify customer key contacts

Completion Criteria

This activity will be considered complete when:

- Customer returns a signed Statement of Work to PowerSchool
- Customer selects a kick-off meeting time
- Customer selects key contacts

Planning

PowerSchool Responsibilities

- Schedule and conduct kick-off meeting
- Schedule and conduct data introduction meeting
- Review the Integrated Staffing process
- Send data requirements documentation
- Update the project plan to include the Integrated Staffing timeline
- Schedule a weekly or biweekly meeting
- Send customer access to their project plan

Customer Responsibilities

- Attend kick-off meeting
- Attend data introduction meeting
- Select a weekly or biweekly meeting time slot and list of attendees
- Update the project plan to indicate customer tasks completed

Allovue Integrated Staffing

Completion Criteria

This activity will be considered complete when:

- Customer attends the kick-off meeting
- Customer attends the data introduction meeting
- Customer has access to their updated project plan
- PowerSchool schedules weekly or biweekly meeting

Executing

PowerSchool Responsibilities

- Enable Staffing in Manage
- Schedule and conduct an Integrated Staffing kick-off meeting
- Receive data via 1 of 2 options:
 - Establish a direct database connection between Manage and the customers ERP
 - Create an SFTP site for the customer to post nightly upload files
- Confirm the following Staffing components are ready:
 - Employees
 - Jobs
 - Positions
 - Position Funding
 - Assignments
 - Assignment Funding
 - Salaries
 - Benefits
- Upload the following Staffing Configuration data:
 - Employees
 - Jobs
 - Positions
 - Position Funding
 - Assignments
 - Assignment Funding
 - Salaries
 - Benefits

Customer Responsibilities

- Log into Manage

Allovue Integrated Staffing

- Attend Integrated Staffing kick-off meeting
- Send data via 1 of 2 options:
 - Direct database connection between Manage and the customer ERP
 - Nightly uploads sent to an SFTP site
- Review the following Manage Staffing configuration data:
 - Employees
 - Jobs
 - Positions
 - Position Funding
 - Assignments
 - Assignment Funding
 - Salaries
 - Benefits

Completion Criteria

This activity will be considered complete when:

- Manage Staffing has been installed and configured
- Data is received via Direct Database Access or SFTP
- Customer reviews data configuration

Monitoring

PowerSchool Responsibilities

- Verify customer has full access to begin data approval process
- Resolve any reported data and setup issues
- Set up recurring data updates

Customer Responsibilities

- Approve the following Integrated Staffing configuration data:
 - Employees
 - Jobs
 - Positions
 - Position Funding
 - Assignments
 - Assignment Funding
 - Salaries
 - Benefits

Allovue Integrated Staffing

- Report any data and setup issues to your services team

Completion Criteria

This activity will be considered complete when:

- Customer has approved data for launch in Manage

Closing

PowerSchool Responsibilities

- Schedule and conduct admin user training
- Schedule and conduct end user training
- Schedule and conduct a lessons learned meeting
- Introduce customer to support contact methods and PowerSchool Community
- Provide final project sign-off to customer

Customer Responsibilities

- Attend training sessions
- Attend lessons learned meeting
- Understand that PowerSchool Technical Support will become primary contact
- Complete final project sign-off
- Complete the Customer Satisfaction Survey

Completion Criteria

This activity will be considered complete when:

- Complete final project sign-off

Allovue Budget Suite Deployment - Comprehensive

Overview

This Statement of Work (SOW) outlines the scope of work, roles and responsibilities, implementation phases, and other critical elements necessary for the successful implementation of the following product:

- Allovue Budget Suite (Allocate, Budget, Manage)

Our implementation and deployment services are designed to help you maximize the value of your investment in PowerSchool. We believe that our partnership will help usher real change into your financial management practices.

Your implementation will follow a project plan that consists of milestones with meetings and activities for the product purchased. We will meet weekly with your team to review the upcoming milestones and evaluate any tasks and requirements for milestone completion.

Comprehensive Package Includes:

- Installation with login credentials provided
- 1 – 60min System admin training per module
- Configuration and upload walkthrough with PowerSchool taking the lead on ALL module data setup
- PowerSchool assistance on formatting data upload files for customer [**NO PDF data files accepted**]
- Up to 3 – 60 min end user training session per module
- 22 – 60min weekly meetings with you Services Implementation Team
- 30 days of access to your implementation team post-implementation via email and up to 3 – 60min meetings

Allocate Specific

- Assistance with configuring more complex funding models and formulas

Manage Specific

- Creation of SFTP site for nightly file storage OR Direct Database Access (DDA) to customer ERP for nightly data pull
- PowerSchool will assist with script creation OR direct database connection
- Two 1-time Staffing data uploads
- Revenue data included

Allovue Budget Suite Deployment - Comprehensive

Implementation Roles and Responsibilities

Our implementation team will work alongside your team to configure Allovue Budget to fit your unique processes and support your staff. This team consists of:

PowerSchool Resources

- **Implementation Consultant:** Serves as your strategic thought partner and primary point of contact during implementation.
- **Project Manager:** Assists with the management of the implementation project plan by making sure milestones stay on track and tasks are completed.
- **Technical Consultant:** Establishes data integrations between your systems and PowerSchool products.

In addition to the resources needed on the PowerSchool side, we request a team of dedicated customer resources. This team consists of:

Customer Resources

- **Project Lead:** The overarching point of contact who will serve as the primary communication and decision-making team member.
- **Data Lead:** Ability to highlight/address any data concerns that may arise during the data collection process.
- **Strategic Lead:** Responsible for thinking through any critical components to the setup of the tool, rollout date considerations, change management components, and user permissions.

Implementation Phases

This section will overview the PowerSchool responsibilities, customer responsibilities and the completion criteria for each phase of the implementation to clearly define all appropriate parameters.

Initiating

PowerSchool Responsibilities

- Send Statement of Work (SOW)
- Send Welcome Email and include the following:
 - Tentative kick-off meeting options

Allovue Budget Suite Deployment - Comprehensive

- Kick-off meeting agenda
 - Customer key contact requests
- Identify PowerSchool Project Team
 - Implementation Consultant
 - Project Manager
 - Data Associate
- Create a customer specific PowerPoint presentation for kick-off

Customer Responsibilities

- Sign and return Statement of Work
- Select a kick-off meeting time
- Identify customer key contacts

Completion Criteria

This activity will be considered complete when:

- Customer returns a signed Statement of Work to PowerSchool
- Customer selects a kick-off meeting time
- Customer selects key contacts

Planning

PowerSchool Responsibilities

- Schedule and conduct kick-off meeting
- Review the implementation process
- Send data requirements documentation
- Update the project plan to include the implementation timeline
- Schedule a weekly implementation meeting
- Provide customer access to:
 - Project plan in Smartsheet
 - Datto for secure file sharing

Customer Responsibilities

- Attend kick-off meeting
- Select a weekly implementation meeting time slot and list of attendees
- Send initial set of data for PowerSchool to begin reviewing

Allovue Budget Suite Deployment - Comprehensive

- Update the project plan to indicate customer tasks completed

Completion Criteria

This activity will be considered complete when:

- Customer attends the kick-off meeting
- Customer attends System Admin training sessions
- Customer has access to their updated project plan
- Customer has access to Datto
- Customer sends initial data requests
- PowerSchool schedules weekly meeting

Executing

PowerSchool Responsibilities

- Install allovue.app
- Provide login credentials to customer
- Schedule and conduct a module specific kick-off meeting depending on order of implementation
- Schedule and conduct System Admin Training ***[this package includes 1 – 60min admin training session per module]***

Allocate

- Review the customer Funding Model and Formula
- Upload and enter the following configuration data:
 - Organizations
 - Organization Characteristics
 - Historical Data
 - Job Types
 - Sub-Enrollments
 - Rule Groups
- Build out the customer Formula(s)
- Enter Enrollment Projections
- Create a baseline Scenario
- Complete an initial data quality assurance check

Manage

Allovue Budget Suite Deployment - Comprehensive

- Receive data from customer one of the following ways:
 - Nightly files sent to an SFTP site
 - Direct Database Access (DDA)
- Cross-check Account Balances report with Manage data
- Create the following Manage configuration data:
 - Roles
 - Buckets
 - Budgets
 - Users
 - User Configuration
- Create the following optional Manage configuration data (*if applicable*):
 - Strategies & Priorities
 - Rollup Widget Template
 - Account Types
 - Account Customer Attributes
 - FAQ's
- Set up recurring data updates for all financial data
- Create the following Manage Staffing configuration data
 - Employees
 - Jobs
 - Positions
 - Position Funding
 - Assignments
 - Assignment Funding
 - Salaries
 - Compensation Plans
 - Vacancy Pays
 - Benefits
 - Vacancy Benefits

Budget

- Carry over Adopted Scenario from Allocate
- Carry over Staffing data from Manage
- Create Approval Workflows
- Upload Vacancy Pay and Vacancy Benefit changes
- Upload Employee Pay changes and Benefit changes

Allovue Budget Suite Deployment - Comprehensive

- Add new segment codes required in Manage Segments *(if applicable)*

Customer Responsibilities

- Log into allovue.app
- Attend admin training sessions
- Review all data components

Manage

- Send data to PowerSchool one of the following ways:
 - Nightly files sent to an SFTP site
 - Direct Database Access (DDA)

Completion Criteria

This activity will be considered complete when:

- Allocate, Budget, and Manage have been installed and configured
- Data is received via SFTP site or DDA
- Customer reviews data components

Monitoring

PowerSchool Responsibilities

- Verify customer has full access to begin data approval process
- Resolve any data and setup reported issues

Customer Responsibilities

- Approve the following data:
 - All configuration data in Allocate
 - All configuration data in Manage
 - All configuration data in Budget
- Report any data and setup issues to your implementation team

Completion Criteria

This activity will be considered complete when:

- Customer has approved data for launch in allovue.app

Allovue Budget Suite Deployment - Comprehensive

Closing

PowerSchool Responsibilities

- Schedule and conduct end user training *[this package includes up to 3 - 60min end user training sessions per module]*
- Schedule and conduct a lessons learned meeting
- Introduce customer to support contact methods and PowerSchool Community
- Provide final project sign-off to customer

Customer Responsibilities

- Attend training sessions
- Attend lessons learned meeting
- Understand that PowerSchool Technical Support will become primary contact
- Complete final project sign-off
- Complete the Customer Satisfaction Survey

Completion Criteria

This activity will be considered complete when:

- Complete final project sign-off

Allovue Budget Suite Yearly Services - Essential

Overview

This Statement of Work (SOW) outlines the scope of work, roles and responsibilities, and other critical elements necessary for the successful yearly updates of the following product:

- Allovue Budget Suite

Our yearly services are designed to help you maximize the value of your investment in PowerSchool. We believe that our partnership will help usher real change into your financial management practices.

Essential Package Includes 12 months of:

- Data failure services
- Data fiscal year changeover

Yearly Services Roles and Responsibilities

Our services team will work alongside your team. This team consists of:

PowerSchool Resources

- **Technical Consultant:** Data contact for all data needs.

Service Phases

This section will overview the PowerSchool responsibilities, customer responsibilities and the completion criteria for each phase of the implementation to clearly define all appropriate parameters.

Initiating

PowerSchool Responsibilities

- Send Statement of Work (SOW)
- Send Welcome Email and include the following:
 - Customer key contact requests
- Identify PowerSchool Project Team
 - Technical Consultant

Customer Responsibilities

- Sign and return Statement of Work

Allovue Budget Suite Yearly Services - Essential

- Identify customer key contacts

Completion Criteria

This activity will be considered complete when:

- Customer returns a signed Statement of Work to PowerSchool
- Customer selects key contacts

Data Failure Services

PowerSchool Responsibilities

- Monitor Manage integration throughout the year for any connection failures
 - Failures covered include ERP/program changes on the customer side and/or PowerSchool changes
- Work with customer data contact as needed to correct failures and refresh data integration connection

Customer Responsibilities

- Work with PowerSchool services team to correct failures and refresh data

Completion Criteria

- Data integration successfully restored

Data Fiscal Year Changeover

PowerSchool Responsibilities

- Send email with customer responsibilities
- Work with customer to stop previous fiscal year data from updating in Allovue Manage
- Work with customer to begin integrating new fiscal year data into Allovue Manage
- Complete data quality assurance check against the Account Balances by Fund file provided by customer

Allovue Budget Suite Yearly Services - Essential

Customer Responsibilities

Provide the following information to your Services team

1. When does your district anticipate populating data into fiscal year 202_ as _ny data in your financial management system?
2. When do you expect Allovue to populate its system with new year's data for its users?
3. When do you anticipate rolling over the fiscal year, so that FY202_ is represented by current year's data?
4. Approximately when does your district anticipate closing Fiscal Year 202_? When this occurs, we would like to stop pulling and loading prior year data on an automated basis and will confirm the frozen data as accurate for the fiscal year closing. We can always load updated data from prior years on an as-needed basis.
5. Provide an export of Account Balances by Fund We will use the export to complete data quality assurance.

Completion Criteria

- PowerSchool has completed quality assurance check
- Customer confirms new fiscal year data is flowing into Allovue Manage and is accurate