Douglas County School District
Board of Trustees
Agenda for the Special Board Meeting of
Thursday, November 5, 2026
4:00 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

Heather Jackson, Legislative Representative

David Brady, Member

Erinn Miller, 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 Board Meeting
Zoom
Virtual Meeting
Minden, NV 89423
Thursday, November 5, 2026
4:00 PM

AGENDA

Please click the link below to join the webinar: https://dcsd-k12.zoom.us/j/84162044383 Passcode: NOV526 Or Telephone: +1 669 900 6833 US Webinar ID: 841 6204 4383 Telephone Passcode: 842348

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 Health Insurance Plan - Proposed Benefit Revisions for Plan Year 2027 *(For Discussion and Possible Action)*** Presenter: Frankie Alvarado, Superintendent and Terri Willoughby, CFO **5**
The Board may take action to approve, reject, 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 subject to being outlined in any motion by the Board. A fully insured plan option will be provided to the Board for consideration. These plan design changes are not proposed to 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 as proposed would be subject to employees paying for the increased cost.

4. **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@dcsd.k12.nv.us.

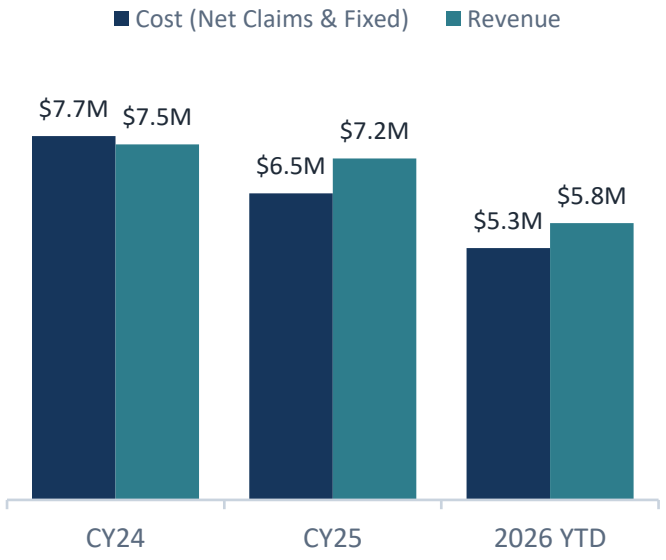
Notice to Individuals with Disabilities: Members of the public who require special assistance or accommodations are asked to notify the District Administration at 1638 Mono Avenue, Minden, Nevada, 89423, or by calling 782-5134, so that such notification is received at least twenty-four (24) hours prior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

Cost vs. Revenue: Employees vs. Dependents

Employee coverage roughly pays for itself; dependent coverage costs $1.6–2.4 for every $1 of premium collected.

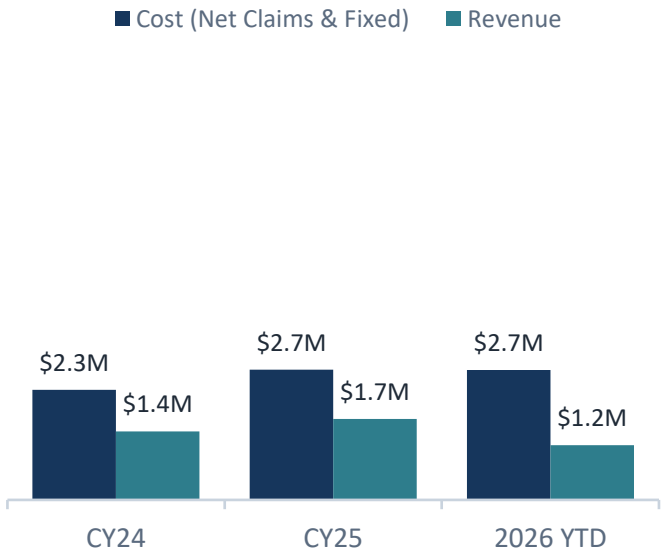
Employee Cost vs. Revenue



Loss Ratio

CY24	CY25	2026 YTD
102%	90%	91%

Dependent Cost vs. Revenue



Loss Ratio

CY24	CY25	2026 YTD
161%	161%	237%

Net Result (Revenue – Cost)

	CY24	CY25	2026 YTD
Employee	–$0.17M	+$0.73M	+$0.52M
Dependent	–$0.88M	–$1.04M	–$1.58M
Total Loss Ratio*	107.5%	99.6%	110.2%

Dependent Tiers Are Under-Rated

5

Tier ratio	DCSD	Standard
Employee Only	1.00	1.00
EE + Spouse	1.58	2.00
EE + Child	1.64	1.85
Family	2.06	3.20

DCSD's family rate is ~2.1x the single rate vs. a typical 3.2x, so dependent premiums don't keep pace with dependent claims.

Loss ratios = net claims & fixed costs ÷ revenue, before credits.
*Total Loss Ratio includes Rx rebates and Medicare credits.
2026 YTD = Jan–Sep 2026.

Benchmarking: PPO/EPO Plans

DCSD PPO rates are below peer average: EE Only $950 vs. $1,123 (~15% lower); Family $1,955 vs. $2,881 (~32% lower). Renewal: 8% vs. 12.8% peer avg.

Employer	Douglas Co. SD	County	School District	School District		School District	School District	School District	School District		NV PEBP	
	PPO	PPO	PPO	PPO 1	PPO 2	PPO	PPO	PPO	PPO 1	PPO 2	EPO	PPO
Funding	**Self Insured**	Fully Insured	Self Insured	Fully Insured	Fully Insured	Self Insured	Fully Insured	Self Insured	Fully Insured	Fully Insured	Self Insured	Self Insured
EE Count (All Plans Combined)	**750**	462	855	970		7,800	65	110	365		70,000	
PLAN DESIGN (IN-NETWORK)												
Deductible (Ind / Fam)	**$1,000 / $3,000**	$1,000 / $3,000	$950 / $2,050	$2,000 / $4,000	$3,500 / $7,000	$1,000 / $2,000	$500 / $1,500	$4,000 / $8,000	$4,000 / $6,000	$2,000 / $4,000	$100 / $200	$300 / $600
OOP Max (Ind / Fam)	**$6,000 / $12,000**	$5,000 / $12,500	$4,750 / $9,000	$5,000 / $10,000	$6,600 / $13,200	$4,500 / $9,000	$3,500 / $7,000	$8,000 / $16,000	$8,000 / $13,200	$5,600 / $11,200	$4,000 / $8,000	$5,000 / $10,000
Primary Care OV	**$55**	$25	$55	$20	$35	$35	$20	$30	$30	$30	$20	$30
Specialist OV	**$65**	$50	$80	$40	$60	$50	$40	$60	$50	$50	$40	$50
Emergency Room	**$100+20% (d)**	$100+20% (d)	$160+20% (d)	$350	$350	$200+20% (d)	$250	$100+30% (d)	$500	$100	$600	$750
Urgent Care	**$50**	$50	20% (d)	$50	$50	$65	$50	30% (d)	$35	$30	$50	$80
Rx (Tier 1/2/3)	**$15/$35/$50**	$15/$25/$50	$25/$40/$55	$15/$40/$60	$15/$40/$60	$15/$25/$50	$15/$40/$60	$20/$65/$80	$15/$45/$90	$10/$30/$60	$10/$40/$75	$10/$40/$75
MONTHLY PREMIUM RATES												
Employee Only	**$950.00**	$1,086.33	$982.00	$1,105.42	$941.37	$961.23	$1,139.68	$1,020.00	$1,119.59	$1,289.80	$1,325.22	$1,386.45
Employee + Spouse	**$1,490.00**	$2,172.68	$1,969.00	$2,210.85	$1,882.74	$1,509.55	$2,279.29	$1,632.00	$2,239.20	$2,579.62	$2,635.63	$2,758.09
Employee + Child	**$1,545.00**	$1,936.65	$1,969.00	$1,989.76	$1,694.46	$1,302.17	$2,051.36	$1,632.00	$1,509.22	$1,738.66	$1,816.62	$1,900.82
Employee + Children	**$1,955.00**	$1,936.65	$2,956.00	$1,989.76	$1,694.46	$1,618.17	$2,051.36	$1,734.00	$1,509.22	$1,738.66	$1,816.62	$1,900.82
Employee + Family	**$1,955.00**	$2,818.37	$3,944.00	$3,316.27	$2,824.11	$1,830.26	$3,535.91	$1,836.00	$2,411.61	$2,778.24	$3,127.04	$3,272.46
Renewal Increase*	**8%**	**10%**	**12%**	**10%**	**10%**	**8%**	**26%**	**16%**	**8%**	**8%**	—	—

(d) = after deductible. Deductible/OOP figures shown as Individual / Family. Gold column = DCSD. Peer averages are simple averages of the non-DCSD plans shown.
*Renewal Increase is approx. and is based on most recent renewal date

Benchmarking: HSA Plans

DCSD HSA rates are also below the peer average: Employee Only $825 vs. $870 (~5% lower); Family $1,700 vs. $2,197 (~23% lower).

Employer	Douglas Co. SD	County	School District	School District	School District	School District	School District	School District	NV PEBP
	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA	HSA
Funding	**Self Insured**	Fully Insured	Self Insured	Fully Insured	Self Insured	Fully Insured	Self Insured	Fully Insured	Self Insured
EE Count (All Plans Combined)	**750**	462	855	970	7,800	65	110	365	70,000
PLAN DESIGN (IN-NETWORK)									
Deductible (Ind / Fam)	**$2,425 / $4,850**	$3,500 / $5,000	$3,300 / $5,000	$3,500 / $7,000	$3,500 / $5,000	$3,000 / $6,000	$4,000 / $8,000	$5,000 / $10,000	$1,750 / $3,500
OOP Max (Ind / Fam)	**$7,210 / $14,420**	$6,550 / $13,100	$3,500 / $6,000	$5,000 / $10,000	$6,550 / $13,100	$5,000 / $10,000	$8,000 / $16,000	$5,000 / $10,000	$5,000 / $10,000
Primary Care OV	**20% (d)**	20% (d)	20% (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	20% (d)
Specialist OV	**20% (d)**	20% (d)	20% (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	20% (d)
Emergency Room	**20% (d)**	20% (d)	20% (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	20% (d)
Urgent Care	**20% (d)**	20% (d)	20% (d)	20% (d)	20% (d)	0% (d)	0% (d)	0% (d)	20% (d)
Rx (Tier 1/2/3)	**20% (d)**	20% (d)	20% (d)	20% (d)	20% (d)	$15/$40/$60 (d)	$20/$65/$80 (d)	$10/$30/$60	20% (d)
MONTHLY PREMIUM RATES									
Employee Only	**$825.00**	$908.28	$982.00	$762.56	$723.76	$976.83	$714.00	$982.22	$912.35
Employee + Spouse	**$1,305.00**	$1,811.02	$1,412.00	$1,525.13	$991.75	$1,977.75	$1,224.00	$1,964.43	$1,809.90
Employee + Child	**$1,355.00**	$1,619.20	$1,412.00	$1,372.61	$827.34	$1,777.58	$1,224.00	$1,324.03	$1,248.93
Employee + Children	**$1,700.00**	$1,619.20	$2,173.00	$1,372.61	$1,081.04	$1,777.58	$1,326.00	$1,324.00	$1,248.93
Employee + Family	**$1,700.00**	$2,356.43	$2,920.00	$2,287.69	$1,241.55	$3,078.80	$1,428.00	$2,115.71	$2,146.48
Renewal Increase	**8%**	**10%**	**12%**	**10%**	**8%**	**26%**	**16%**	**8%**	**—**

(d) = after deductible. Deductible/OOP figures shown as Individual / Family. Gold column = DCSD. Peer averages are simple averages of the non-DCSD plans shown.
*Renewal Increase is approx. and is based on most recent renewal date

Health Advisory | Benefit Rates and Plans

Agenda attachment - district and county comparison | Updated October 29, 2026

Summary of the supplied documents for committee discussion. All rate amounts are monthly unless noted. Plan years, coverage tiers and included benefits differ; these schedules should be read with the accompanying notes. Proposed renewals and retiree coverage are identified separately.

1. Active employee medical costs

District / plan / period	Employee only	+ Spouse	+ Child(ren)	+ Family
Lyon - Base PPO $3,500 | 2026-27	$0.00	$611.89	$489.51	$1,223.78
Lyon - Buy Up PPO $2,000 | 2026-27	$164.05	$940.00	$784.81	$1,715.94
Lyon - HDHP PPO $3,400 | 2026-27	$0.00	$495.67	$396.53	$991.33
Lincoln - Traditional | period not stated	$0.00	$736.75	$552.55	$920.91
Lincoln - H.S.A. | period not stated	$0.00	$680.55	$510.40	$850.66
White Pine - base plan | 2026	$0.00	$1,184.87	$139.40	$1,393.96
White Pine - base plan | 2025 reference	$0.00	$1,080.45	$127.12	$1,271.12

8

Lyon: medical only; dental and vision are additional (page 5). Dual-spouse medical costs: Base $456.57; Buy Up $915.90; HDHP $190.41. Lincoln: source labels these as medical employee rates; payment frequency is not stated and should be confirmed before using as payroll deductions. White Pine: dependent amounts are the worksheet medical amounts used in its employee-cost totals; dental and vision are additional.

Storey | 2026 worksheet amounts - rate basis requires confirmation

Plan	Employee-only premium	Employee-only cost	Reported + spouse	Reported + child	Reported + family
PPO	$1,139.68	$0.00	$1,139.62	$911.68	$2,393.22
High deductible (HD)	$976.83	$0.00	$1,000.92	$800.76	$2,101.96

The Storey column is headed “MONTHLY PREMIUMS,” while the dependent rows sit within a broader employee-cost comparison. Dependent figures are reproduced as reported; they are not treated here as verified total premiums or verified employee deductions. Dental and vision appear separately on page 5.

2. Carson City | Current and proposed renewal

Source: Carson City Renewal, pp. 1-2. Current plans are labeled 2026; the proposed package is effective January 1, 2027. Rates below are employee medical costs. Dependent-tier totals for buy-up plans include the employee-only buy-up charge plus the additional dependent premium.

Plan / status	Employee only	+ Spouse	+ Child(ren)	+ Family
Current H.S.A. PPO HD - 2026	$0.00	$587.74	$418.91	$1,006.61
Current HMO 2 - 2026	$0.00	$930.64	$663.31	$1,593.90
Current Freedom 6 - 2026	$0.00	$960.12	$684.32	$1,644.39
Proposed PPO H.S.A. - 2027 (base)	$0.00	$743.48	$529.91	$1,273.35
Proposed HMO H.S.A. - 2027 (buy-down)	$0.00	$658.43	$469.29	$1,127.67
Proposed HMO 2000 w/CC - 2027	$53.09	$1,081.49	$786.08	$1,814.40
Proposed Freedom 3000 w/CC - 2027	$112.82	$1,197.36	$885.82	$1,970.29

9

Employer support and premium basis

Plan / status	Employee-only total premium	Employer premium support	HSA contribution / premium credit
Current H.S.A. PPO HD	$625.25	$625.25	$250 monthly HSA contribution
Current HMO 2 / Freedom 6	$990.03 / $1,021.40	Full employee-only premium	No HSA contribution shown
Proposed PPO H.S.A. / HMO H.S.A.	$790.94 / $700.44	Full employee-only premium	$250 monthly HSA contribution ($3,000 annual)
Proposed HMO 2000 / Freedom 3000	$1,094.03 / $1,153.76	$790.94 base contribution	$250 monthly premium credit; no HSA contribution

For the proposed buy-up plans, employee-only cost equals total premium less the $790.94 employer base and $250 premium credit. Family-tier employee costs above are calculated from the source; the source lists the employee and additional dependent charges separately. CC = Collaborative Care; selected services may have reduced or waived cost sharing when directed providers are used. Dental and vision rates were not supplied.

3. Washoe and Mineral | Premium schedules

Washoe | Employee cost / total package premium

Each cell shows **employee cost / total premium**. Washoe totals include medical, dental, vision and life; PPO totals also include GAP coverage. Employer package contributions are separate from HSA deposits.

Plan / period	Employee only	+ Spouse	+ 1 child	+ 2 children	+ Family
PPO | Jan. 2026	$0.00 / $921.15	$524.44 / $1,445.59	$326.33 / $1,247.48	$628.34 / $1,549.49	$831.45 / $1,752.60
PPO | Jan. 2027 schedule	$0.00 / $961.23	$548.32 / $1,509.55	$340.94 / $1,302.17	$656.94 / $1,618.17	$869.03 / $1,830.26
HSA | Jan. 2026 and Jan. 2027	$0.00 / $723.76	$267.99 / $991.75	$103.58 / $827.34	$357.28 / $1,081.04	$517.79 / $1,241.55

District-paid package per employee: PPO $921.15 (2026) / $961.23 (2027); HSA $723.76 in both years. Listed HSA contribution per employee: $166.66 (2026) / $170.83 (2027). The supplied projection schedule shows a 5% PPO medical increase; HSA medical rates are unchanged. Adoption status is not stated. Plan deductibles and cost-sharing details were not supplied.

10

Mineral | Anthem renewal effective January 1, 2026

Total premiums, not employee deductions. The source does not identify the employer/employee allocation.

Coverage	Employee only	+ Spouse	+ Children	Family
HSA-compatible PPO medical	$1,090.28	$2,398.61	$1,962.50	$3,379.86
Dental	$45.62	$103.98	$87.58	$147.82
Vision	$7.43	$12.62	$13.37	$20.16
Life	$6.25	$6.25	$6.25	$6.25
Total package (sum of components)	$1,149.58	$2,521.46	$2,069.70	$3,554.09

Mineral medical: Anthem HSA Compatible PPO Plan 30E $4000/80%, Essential Tiered Rx. In-network deductible $4,000 individual / $8,000 family; out-of-pocket maximum $6,500 / $13,000; employee coinsurance generally 20% after deductible. Primary and specialist visits generally 20% after deductible; preventive care has no charge. Source: renewal sheet p. 1 and medical benefit summary beginning p. 2.

4. Plan design | Selected medical benefits

Individual / family amounts. Coinsurance below is the **member share**. Benefits are in-network unless a tier is stated. AD = after deductible; NS = not supplied. This is a selected comparison, not a complete benefit description.

District / plan / period	Deductible	Out-of-pocket maximum	Member share / office visits
Carson current H.S.A. | 2026	$3,400 / $6,800	$3,400 / $6,800	0% AD; primary / specialist $0 AD
Carson current HMO | 2026	$0 / $0	$5,000 / $10,000	20% general; primary $25 ($0 Pinnacle); specialist $50
Carson current Freedom | 2026	$1,000 / $3,000	$4,000 / $8,000	20% general; primary $25 ($0 Pinnacle); specialist $50
Carson proposed PPO / HMO H.S.A. | 2027	$3,500 / $7,000	$3,500 / $7,000	0% AD; primary / specialist $0 AD
Carson proposed HMO 2000 | 2027	$2,000 / $4,000	$7,500 / $15,000	30% general; primary $40 ($0 Pinnacle); specialist $60*
Carson proposed Freedom 3000 | 2027	$3,000 / $6,000	$8,000 / $16,000	30% general; primary $40 ($0 Pinnacle); specialist $60*
Clark THT Advantage EPO | 2026	$1,650 / $3,300	$10,600 / $21,200	Tier 2 primary / specialist: 20% AD; HIPO primary $0, specialist $30, deductible waived
Clark THT Signature EPO | 2026	$500 / $1,500	$7,500 / $15,000	Tier 2 primary $15 / specialist $30, deductible waived; HIPO primary $0 / specialist $30
Lincoln Traditional | period NS	$1,500 / $3,000	$6,000 / $12,000	20% AD; primary $25 / specialist $50
Storey PPO / HD | 2026	PPO $500 / $1,500; HD $3,000 / $3,400	$3,500 / $7,000 (single pair reported)	Worksheet coinsurance 20%; PPO primary $20 / specialist $40; HD service entries state “100%”
White Pine | 2026	$1,700 / $3,400	$5,500 / $6,850	20% AD, including primary and specialist visits
White Pine | 2025 reference	$1,650 / $3,300	$5,500 / $6,850	20% AD, including primary and specialist visits

*Carson: Collaborative Care may reduce or waive selected costs. Clark: premiums are not supplied; these Teachers Health Trust EPO documents do not represent all Clark employee groups. HIPO is Tier 1; routine out-of-network office visits are not covered. Storey: the HD family deductible, shared out-of-pocket limits and meaning of “100%” service entries require confirmation; no interpretation is imposed here. Lyon sources supply plan deductible labels only; Lincoln HSA design is not included in the supplied excerpt. Mineral design is on page 3.

11

5. Dental, vision and retiree coverage

Monthly dental and vision amounts

District / coverage / period	Employee only	+ Spouse	+ Child(ren)	+ Family
Lyon dental | 2026-27 employee cost	$0.00	$25.59	$26.00	$46.81
Lyon vision | 2026-27 employee cost	$0.00	$3.28	$3.38	$7.55
Storey dental | 2026 reported amount	$43.58	$42.98	$51.22	$103.94
Storey vision | 2026 reported amount	$2.99	$3.60	$3.78	$9.76
White Pine dental | 2026	$55.00	$108.76	$116.04	$169.80
White Pine vision | 2026	$8.72	$17.84	$15.92	$25.04
White Pine dental | 2025 reference	$52.88	$104.56	$111.56	$163.24
White Pine vision | 2025 reference	$8.00	$16.36	$14.60	$22.96

12

Lyon dual-spouse dental $15.80 / vision $5.28. White Pine worksheet total employee costs (medical + dental + vision): 2026 spouse $1,311.47; child $271.36; family $1,588.80. 2025 spouse $1,201.37; child $253.28; family $1,457.32. Employee-only medical is $0, but dental/vision employee-only amounts are listed separately without a completed employee-only package total. Storey amounts retain the source labels; premium/contribution basis needs confirmation. Washoe and Mineral ancillary rates are included in page 3 packages.

Elko | Retiree monthly cost effective August 1, 2025

Plan - includes medical, dental and vision	Retiree only	+ 1 dependent	+ 2 dependents	+ 3 or more
Copay plan	$941.00	$1,538.00	$1,796.00	$2,057.00
HDHP plan	$862.00	$1,486.00	$1,744.00	$2,005.00

These are retiree costs, not active employee rates. The supplied flyer does not give deductibles, out-of-pocket limits or a separate Medicare rate schedule.

Source and interpretation notes

Sources: Storey workbook, Sheet1, column G (2026); White Pine workbook, Sheet1, columns H (2026) and I (2025); Lyon 2026-2027 Employee Cost Overview, p. 1; Carson City Renewal, pp. 1-2; Clark THT Advantage and Signature SBCs, 01/01/2026-12/31/2026, pp. 1-2; Lincoln County SD excerpt, medical and employee-rate pages (printed pp. 5 and 9); Mineral CY2026 Insurance Info; Washoe CY27 Health Ins Rates, Attachment B; Elko Contribution Change Flyer - Retiree, p. 1.

Excel extraction is limited to Storey and White Pine; Douglas and other district columns are excluded. Calculations are identified. Missing values are not zero. Confirm ambiguous rate bases and renewal status before payroll or enrollment use.

6. Douglas County government | 2027 renewal

Douglas County government - separate from Douglas County School District. Anthem medical renewal effective January 1, 2027. The supplied staff report requests approval; final Board action is not shown. Each rate cell below shows **employee monthly cost / total monthly premium**.

Medical rates | Current 2026 and renewal 2027

Plan / year	Employee only	+ Spouse	+ 1 child	+ 2 or more children	+ Family
PPO | 2026	$90.91 / $909.06	$636.35 / $1,818.14	$567.22 / $1,620.63	$567.22 / $1,620.63	$825.46 / $2,358.47
PPO | 2027 renewal	$108.63 / $1,086.33	$760.44 / $2,172.68	$677.83 / $1,936.65	$677.83 / $1,936.65	$986.43 / $2,818.37
HDHP / HSA | 2026	$0.00 / $760.07	$378.88 / $1,515.50	$338.75 / $1,354.98	$338.75 / $1,354.98	$492.98 / $1,971.90
HDHP / HSA | 2027 renewal	$0.00 / $908.28	$452.76 / $1,811.02	$404.80 / $1,619.20	$404.80 / $1,619.20	$589.11 / $2,356.42

County contribution framework: HDHP employee-only premium 100%; PPO employee-only premium 90%; dependent-tier total premiums 75% HDHP / 65% PPO. Medical premiums increase 19.50% for both plans. Source-listed monthly amounts are retained, including occasional one-cent rounding differences. HSA account deposits are not specified.

Dental and vision | Employee cost / total premium

Coverage / year	Employee only	+ Spouse	+ 1 child	+ 2 or more children	+ Family
Dental | 2026 and 2027	$0.00 / $37.30	$32.77 / $70.07	$32.77 / $70.07	$63.24 / $100.54	$63.24 / $100.54
Vision | 2026	$0.00 / $5.86	$6.37 / $12.23	$6.37 / $12.23	$14.44 / $20.30	$14.44 / $20.30
Vision | 2027	$0.00 / $5.93	$6.46 / $12.39	$6.46 / $12.39	$14.63 / $20.56	$14.63 / $20.56

13

County pays $37.30 monthly toward dental in both years and $5.86 / $5.93 toward vision in 2026 / 2027, respectively, for each tier. Dental rates are unchanged; dental and vision plan benefit details were not supplied.

Selected in-network medical benefits | Current and renewal

Anthem plan	Deductible: individual / family	Out-of-pocket max: individual / family	Member cost sharing
HDHP / HSA	$3,700 / $7,400	$3,700 / $7,400	0% after deductible for listed medical services and Rx; virtual visits no charge
PPO	$1,000 / $3,000	$5,000 / $14,000	Primary $25; specialist $50; urgent care $50; inpatient 20% after deductible; Rx tiers 1-3: $15 / $40 / $60, specialty 20%

Source: Douglas County 2027.pdf, staff report pp. 447-448; medical comparison p. 451; medical, dental and vision rate schedule p. 452 (PDF pp. 1-2, 5-6). County government information is supplied by this PDF; the Excel exclusion of Douglas school district rates remains in effect.

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

Benefit	Current Plan Design	Plan Design Change	Est Percentage Savings	Est Total Med / Rx Savings
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)		***HSA Plan***		
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	No Change	4.43%	$31,695
Family	$14,420 / $28,820	No Change		
Co-Insurance				
Co-Insurance (In/Out)	80% / 60%	No Change		
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	6.63%	$47,436
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				
Option 1 (In/Out)	80% / 60%	70% / 50%	10.00%	$163,000

HEALTH FUND | SUMMARY BALANCE SHEET

USD, whole dollars • Opening June 30, 2026 and projected June 30, 2027

Line item	Opening 6/30/26	Current 6/30/27	Proposed 6/30/27	Change: proposed − current
ASSETS				
Cash	1,091,108	627,585	1,558,472	930,887
Premium receivables	578,848	200,000	200,000	-
Stop-loss recovery receivable	-	-	-	-
TOTAL ASSETS	**1,669,956**	**827,585**	**1,758,472**	**930,887**
LIABILITIES				
Unpaid claims liability (IBNR)	1,040,807	1,219,599	1,102,835	(116,763)
Other accounts payable	4,882	-	-	-
Deferred premium revenue	457,193	457,193	457,193	-
TOTAL LIABILITIES	**1,502,882**	**1,676,792**	**1,560,028**	**(116,763)**
NET POSITION				
Beginning net position	167,074	167,074	167,074	-
Annual surplus / (loss)	-	(1,016,281)	31,370	1,047,651
ENDING NET POSITION / (DEFICIT)	**167,074**	**(849,207)**	**198,444**	**1,047,651**
LIABILITIES PLUS NET POSITION	**1,669,956**	**827,585**	**1,758,472**	**930,887**

HEALTH FUND | ANNUAL CASH FLOW

FY 2026–27 • Year ending June 30, 2027 • USD, whole dollars

Line item	Current structure	Proposed Jan. 1	Change: proposed − current
OPERATING CASH RECEIPTS			
Premium and admin revenue before receivable timing	9,207,879	9,871,272	663,393
Collection of opening premium receivables	578,848	578,848	-
Less: uncollected current-year premiums	(200,000)	(200,000)	-
Total premium and administration cash receipts	**9,586,727**	**10,250,120**	**663,393**
Pharmacy rebate receipts	570,067	570,067	-
Stop-loss recovery receipts	550,000	550,000	-
TOTAL OPERATING RECEIPTS	**10,706,794**	**11,370,187**	**663,393**
Gross claims cash payments	(10,103,382)	(9,835,888)	267,494
Administration and insurance cash payments	(1,066,924)	(1,066,924)	-
Settlement of opening payables	(4,882)	(4,882)	-
TOTAL OPERATING PAYMENTS	**(11,175,188)**	**(10,907,694)**	**267,494**
NET OPERATING CASH FLOW	**(468,394)**	**462,494**	**930,887**
Interest receipts	4,870	4,870	-
New financing / transfers	-	-	-
NET CHANGE IN CASH	**(463,523)**	**467,364**	**930,887**
Beginning cash	1,091,108	1,091,108	-
Net change in cash	(463,523)	467,364	930,887
ENDING CASH	**627,585**	**1,558,472**	**930,887**
RECONCILIATION OF ANNUAL RESULT TO CASH CHANGE			
Annual surplus / (loss)	(1,016,281)	31,370	1,047,651
Add: increase in unpaid claims liability	178,792	62,028	(116,763)
Add: reduction in premium receivables	378,848	378,848	-
Add: reduction in stop-loss receivables	-	-	-
Add / (less): change in other payables	(4,882)	(4,882)	-
Add: change in deferred premiums	-	-	-
New financing / transfers	-	-	-
Reconciled net change in cash	**(463,523)**	**467,364**	**930,887**
Cash reconciliation check	-	-	-
Peak month-end funding requirement	173,161	173,161	-
Month of peak requirement	Dec 2026	Dec 2026	

HEALTH FUND | ANNUAL PROFIT AND LOSS

FY 2026–27 • Year ending June 30, 2027 • USD, whole dollars

Line item	Current structure	Proposed Jan. 1	Change: proposed − current
OPERATING REVENUE			
Q1 premiums, including $110,000 accrual	2,123,971	2,123,971	-
Active employer contributions | October–June	4,785,975	4,785,975	-
Active employee contributions | October–June	897,075	1,225,185	328,110
Full-cost matching premium funding | baseline	1,400,858	1,338,742	(62,117)
Additional dependent premium recovery	-	260,400	260,400
TOTAL PREMIUM CONTRIBUTIONS	**9,207,879**	**9,734,272**	**526,393**
Pharmacy rebate revenue	570,067	570,067	-
Non-employee administrative recovery	-	137,000	137,000
TOTAL OPERATING REVENUE	**9,777,946**	**10,441,339**	**663,393**
CLAIMS AND OTHER OPERATING EXPENSES			
Medical claims paid	7,737,583	7,470,089	(267,494)
Prescription claims paid	1,778,324	1,778,324	-
Dental claims paid	532,252	532,252	-
Vision claims paid	55,224	55,224	-
Source rounding adjustment	(1)	(1)	-
Total gross claims paid	**10,103,382**	**9,835,888**	**(267,494)**
Increase in unpaid claims liability (IBNR)	178,792	62,028	(116,763)
Gross incurred claims expense	**10,282,174**	**9,897,916**	**(384,258)**
Less: stop-loss recovery	(550,000)	(550,000)	-
Claims expense after stop-loss	**9,732,174**	**9,347,916**	**(384,258)**
Administration, insurance premiums and other	1,066,924	1,066,924	-
TOTAL OPERATING EXPENSE	**10,799,098**	**10,414,840**	**(384,258)**
OPERATING INCOME / (LOSS)	(1,021,151)	26,499	1,047,651
Interest income	4,870	4,870	-
ANNUAL SURPLUS / (LOSS)	**(1,016,281)**	**31,370**	**1,047,651**
Beginning net position	167,074	167,074	-
ENDING NET POSITION / (DEFICIT)	**(849,207)**	**198,444**	**1,047,651**
Total revenue including interest	9,782,816	10,446,210	663,393

Douglas County School District

Options: Plan Design Changes for January 1, 2027

Benefit	*Current Plan Design*	*Plan Design Change*	*Est Total Med / Rx Savings*
PPO Plan			
1 Deductible			**Savings**
Option 4 (In/Out)	$1000 / $2,000	$2,500/$5,000	$306,354
2 Out of Pocket Maximum			
Option 3 (In/Out)	$6,000 / $12,000	$8,000 / $16,000	$158,778
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
HSA Plan			
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			$47,436
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			
Option 1 (In/Out)	80% / 60%	70% / 50%	$163,000

Estimated Savings From Benefit Changes	**$985,318**

Tier	Current @ 09/26	Additional $100	Monthly Revenue INCR
Employee Only	501	$0	$0
Employee & Spouse	61	$195	$11,895
Employee & Child	28	$100	$2,800
Employee & Children	28	$180	$5,040
Employee & Family	55	$270	$14,850
		Monthly	$34,585
		Annual	**$415,020**

Projected Benefit Savings	$985,318
Increased Revenue	$415,020
Total Savings	**$1,400,338**

		Current						
	Enroll	Total Rate	Total Mo.	EE Cost	EE Mo.	ER Cost	ER Mo.	Tier Ratio
EE	392	$ 950.00	$ 372,400	$ -	$ -	$ 950.00	$ 372,400	1.00
ES	60	$ 1,545.00	$ 92,700	$ 595.00	$ 35,700	$ 950.00	$ 57,000	1.63
EC	23	$ 1,490.00	$ 34,270	$ 540.00	$ 12,420	$ 950.00	$ 21,850	1.57
ECH	20	$ 1,955.00	$ 39,100	$ 1,005.00	$ 20,100	$ 950.00	$ 19,000	2.06
EF	39	$ 1,955.00	$ 76,245	$ 1,005.00	$ 39,195	$ 950.00	$ 37,050	2.06
	534							

		HAC Recomended						
		Total Rate		EE Cost	EE Mo.	ER Cost	ER Mo.	Tier Ratio
EE	392	$ 950.00	$ 372,400	$ -	$ -	$ 950.00	$ 372,400	1.00
ES	60	$ 1,740.00	$ 104,400	$ 790.00	$ 47,400	$ 950.00	$ 57,000	1.83
EC	23	$ 1,590.00	$ 36,570	$ 640.00	$ 14,720	$ 950.00	$ 21,850	1.67
ECH	20	$ 2,135.00	$ 42,700	$ 1,185.00	$ 23,700	$ 950.00	$ 19,000	2.25
EF	39	$ 2,225.00	$ 86,775	$ 1,275.00	$ 49,725	$ 950.00	$ 37,050	2.34
	534							

		Using Standard Tier Ratios						
		Total Rate		EE Cost	EE Mo.	ER Cost	ER Mo.	Tier Ratio
EE	392	$ 950.00	$ 372,400	$ -	$ -	$ 950.00	$ 372,400	1.00
ES	60	$ 1,900.00	$ 114,000	$ 950.00	$ 57,000	$ 950.00	$ 57,000	2.00
EC	23	$ 1,520.00	$ 34,960	$ 570.00	$ 13,110	$ 950.00	$ 21,850	1.60
ECH	20	$ 1,805.00	$ 36,100	$ 855.00	$ 17,100	$ 950.00	$ 19,000	1.90
EF	39	$ 3,040.00	$ 118,560	$ 2,090.00	$ 81,510	$ 950.00	$ 37,050	3.20
	534							

Douglas County School District

EMPOWER • PREPARE • INSPIRE • CONNECT

2027 Self Insured & Fully Insured Marketing Analysis

Discussion and Review

Douglas County School District

Prepared by LP Insurance Services, LLC | Confidential

Table of Contents

3 Fully Insured Section Cover

4 Response to Bid – Fully Insured

5 Rolling Net Total Cost vs. Monthly Revenue

6 ASO vs. Fully Insured – Medical Rate Comparison

7 Dental – ASO vs. FI Benefits & Cost Comparison

8 Self Insured Section Cover

9 Response to Bid – TPA/PBM

10 Vendor Finalist Review & Debrief — Exec. Summary

11 Fixed Cost Comparison

12 Network Disruption & Pricing — Top 50 Providers

13 Customer Service, Claims & Performance Guarantees

14 Reporting & Member Tools

21

15 Possible Plan Design Changes – January 1, 2027

16 Questions & Concerns

Copyright 2026 LP Insurance Services, LLC | Confidential Content

Douglas County School District

EMPOWER • PREPARE • INSPIRE • CONNECT

Fully Insured

Finalist Review & Rate Comparison

Douglas County School District

Prepared by LP Insurance Services, LLC | Confidential

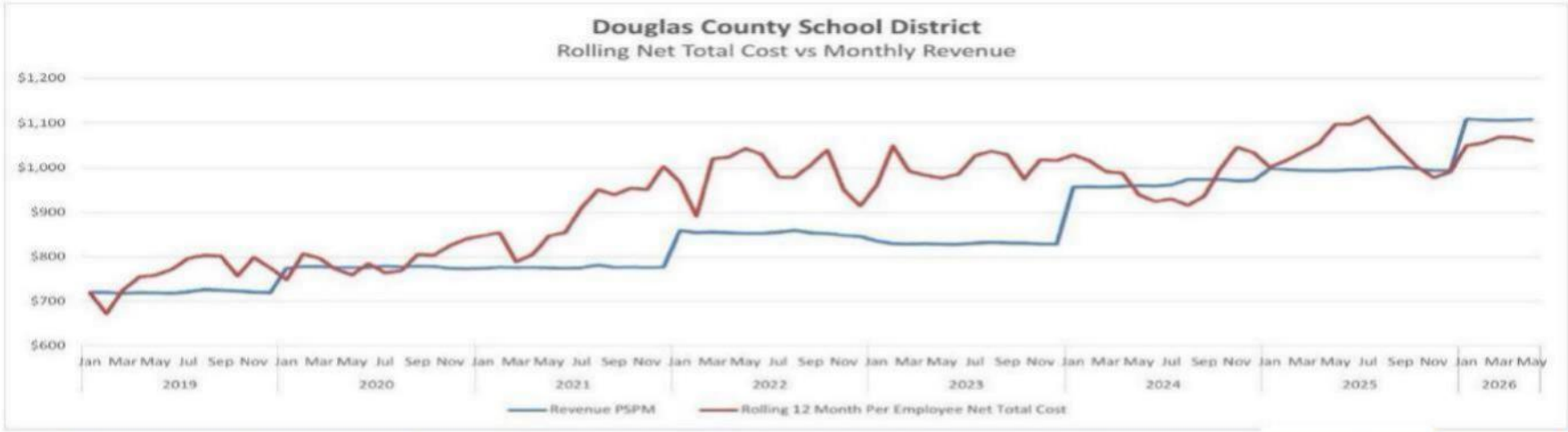
Response to Bid – Fully Insured

Carrier	Response to Bid	% vs. Current	Dental
Hometown Health	Quote Presented	**11% Over Current**	—
Aetna	*Quote Not Presented – Not Competitive*	***28% Over Current***	*8% Over Current*
Anthem	*Declined to Quote*	—	*14% Over Current*
UMR	*Declined to Quote*	—	*15% Over Current*
Cigna	*Declined to Quote*	—	—
Prominence	*Declined to Quote*	—	—

23

Copyright 2026 LP Insurance Services, LLC | Confidential Content

Rolling Net Total Cost vs. Monthly Revenue



	2019	2020	2021	2022	2023	2024	2025	2026 Annualized	7.5 Yr Avg.
Annual	$7,155,952	$8,020,074	$9,299,202	$8,313,964	$9,542,673	$9,567,009	$8,793,465	$9,253,176	$8,743,189
YoY %	+8.2%	+9.3%	+18.9%	-8.5%	+13.6%	+2.3%	-4.2%	+9.7%	+6.2%

Copyright 2026 LP Insurance Services, LLC | Confidential Content

ASO vs. Fully Insured – Medical Rate Comparison

Plan Details	DCSD SF PPO	DCSD SF HSA	2027 Projected PPO	2027 Projected HSA	HTH FI PPO	HTH FI HSA
Deductible – Per Member	$1,000	$2,425	$1,000	$2,425	$1,000	$2,425
Deductible – Per Family	$3,000	$4,850	$3,000	$4,850	$3,000	$4,850
Out of Pocket Max – Per Member	$6,000	$7,210	$6,000	$7,210	$6,000	$7,210
Active Rates						
Employee Only	$950.00	$825.00	$1,024.10	$889.35	$1,051.35	$938.04
Employee Plus Spouse	$1,490.00	$1,355.00	$1,665.52	$1,460.70	$1,709.83	$1,525.55
Employee Plus Child (ren)	$1,545.00	$1,305.00	$1,606.23	$1,406.80	$1,648.96	$1,471.24
Employee Plus Family	$1,955.00	$1,700.00	$2,107.50	$1,832.61	$2,163.57	$1,930.38
Retirees with Medicare Rates						
Retiree Only	$725.00		$799.10		$735.94	
Retiree + Spouse One with	$1,095.00		$1,215.52		$1,453.35	
Retiree + Spouse Both with	$1,955.00		$1,440.52		$1,196.88	
Annual Premium (All Plans)	$9,373,920 (Current)		$10,131,524 (Projected)			$10,444,842 (Proposed)
% vs. Current (All Plans)			+8% Over Current			+11% Over Current
Rate Guarantee						12 Months

25

Current Annual: $9,373,920 | **2027 SF Projected: $10,131,524 (+8%)** | **HH FI Option: $10,444,842 (+11%)**

Copyright 2026 LP Insurance Services, LLC | Confidential Content

Dental – ASO vs FI Benefits & Cost Comparison

Benefit	ASO DDS (Current)	Aetna (Proposed)
Deductible – Individual	$50	$50
Deductible – Family	$150	$150
Out of Network UCR	90th	80th
Preventive (Deductible Waived)	100% (Waived)	100% (Waived)
Basic & Major Coinsurance	80%	80%
Calendar Year Maximum	$2,000	$2,000
Annual Premium (718 enrolled)	**$615,182**	$664,877
Annual Increase vs. Current		$49,695 (8.1%)
Rate Guarantee	12 Months	24 Months

26

Copyright 2026 LP Insurance Services, LLC | Confidential Content

Douglas County School District

EMPOWER • PREPARE • INSPIRE • CONNECT

Self Insured

Finalist Review & Rate Comparison

Douglas County School District

Prepared by LP Insurance Services, LLC | Confidential

Response to Bid – TPA/ PBM

Vendor	Response to Bid	% vs. Current
Hometown Health	Renewal Presented	**-2.8% Below Current**
Anthem	Quote Presented	**0.3% Above Current**
Aetna	Quote Presented	**-2.7% Below Current**
UMR	*Quote Not Presented – Not Competitive*	52.0% Above Current
GBS	*Quote Not Presented – Not Competitive*	64.8% Above Current
ABA	*Quote Not Presented – Not Competitive*	47.9% Above Current
Cigna	*Declined to Quote*	—
Advanetek	*Declined to Quote*	—
University of Utah	*Declined to Quote*	—

28

Copyright 2026 LP Insurance Services, LLC | Confidential Content

Vendor Finalist Review & Debrief — Executive Summary

Hometown Health

Annual Fixed Cost

$315,800

Network Match:

100% Match

Network:

Hometown Local + Cigna National

Data & Reporting:

Standard monthly reports; custom on request

Tools:

MyChart, Teledoc, dedicated phone line

★ Care Coordination Advocates available | MyChart Integration

Anthem

Annual Fixed Cost

$325,825

Network Match:

98% Match

Network:

Single National

Data & Reporting:

Client Information Insights portal

Tools:

Live Health Online, 24-hr nurse line

★ Waived admin fees 6 mo. | Smart Shopper | ASD Program

Aetna

Annual Fixed Cost

$316,140

Network Match:

99% Match

Network:

Single National

Data & Reporting:

Standard Self-Service Portal reports

Tools:

Teledoc, 24-hr Nurse Line

★ 1 Mo. Premium Holiday | 3-Yr Rate Guarantee | One Care Mgmt

29

Copyright 2026 LP Insurance Services, LLC | Confidential Content

Fixed Cost Comparison

Based on 718 Employees

Cost Category	HTH PEPM	HTH Annual	Anthem PEPM	Anthem Annual	Aetna PEPM	Aetna Annual
Medical Admin	$19.24	$165,772	$22.75	$196,014	$34.51	$289,056
Medicare Eligible Admin***	—	—	—	—	$19.51	$4,682
Dental Admin	Incl.	$0	$3.50	$30,156	n/a	$0
Stop Loss Carve Out	Incl.	$0	$4.00	$34,464	$1.45	$12,493
Telehealth	$0.75	$6,462	Incl.	$0	Incl.	$0
PBM Carve Out	Incl.	$0	$4.90	$42,218	$0.60	$5,170
RX Admin	$5.00	$43,080	Incl.	$0	Incl.	$0
COBRA	$1.25	$10,770	$1.25	$10,770	$0.55	$4,739
Utilization/Case Mgmt	$4.64	$39,978	Incl.	$0	Incl.	$0
Physical ID Cards	Incl.	$0	$0.15 PMPM	$1,863	Incl.	$0
Transparency Tool	Incl.	$0	$1.20	$10,339	Incl.	$0
PPO Network**	$5.00	$43,080	Incl.	$0	Incl.	$0
National Network Access*	$4.75	$627	Incl.	$0	Incl.	$0
Dental Network	$0.70	$6,031	Incl.	$0	n/a	$0
TOTAL	**$36.58**	**$315,800**	**$37.75**	**$325,825**	**$37.11**	**$316,140**
Savings vs. Current		**-$9,047**		**$978**		**-$8,707**

*National Access – 11 Employees

** Anthem Blue Card Access - $0.39 PEPM, $3,360 Annually
Anthem Discount Share is 1% - approximately $59,260 Annually

***Medicare Eligible Retirees not included in PEPM – included in Annual Premium Total
PBM Integration - $11,200 Set Up Fee

Copyright 2026 LP Insurance Services, LLC | Confidential Content

Network Disruption & Pricing— Top 50 Providers

Hometown Health

100%	63%
Network Match	Average Discount

- No disruption to current plan members
- Access to Renown Health System
- NNMC, NNSMC, Saint Mary's via NVBGH/NHP
- Carson Tahoe Hospital, Barton Hospital
- Hometown Local + Cigna National network
- Guaranteed 15% lower discount at Renown owned facilites

Anthem

98%	63%
Network Match	Average Discount

- National Access via single network
- Renown, NNMC, NNSMC, Saint Mary's
- Carson Tahoe Hospital, Barton Hospital
- Broad national PPO coverage

Aetna

99%	65%
Network Match	Average Discount

- National Access via single network
- Renown, NNMC, NNSMC, Saint Mary's
- Carson Tahoe Hospital, Barton Hospital
- Strong national coverage

31

Copyright 2026 LP Insurance Services, LLC | Confidential Content

Customer Service, Claims & Performance Guarantees

Hometown Health

- Clean Claims TAT: 30 Days
- Claim Accuracy: 98%
- Customer Service ASA: 30 Sec.
- 2% Abandonment Rate
- Customer Service: 7am–8pm M–F Bilingual Available
- Over 80% of calls resolved on first call to Customer Service
- Performance Guarantee: Up to 10% of Fees

Anthem

- Clean Claims TAT: 30 Days
- Claim Accuracy: 98%
- Live Web, Mobile Chat, Secure Email Option
- Customer Service ASA: 22 Sec.
- 1.1% Abandonment Rate
- Customer Service: 8am–6pm M–F, Sat– 5am – 2pm, Bilingual Available
- Performance Guarantee: Up to 15% of Base Medical Admin Fees

Aetna

- Clean Claims TAT: 30 Days
- Claim Accuracy: 95%
- 0.4% Abandonment Rate
- Live Web & Mobile Chat
- Customer Service ASA: 7 Sec.
- Customer Service: 8am–6pm M–F, Bilingual Available
- Performance Guarantee: Up to 20% of Fees

32

Copyright 2026 LP Insurance Services, LLC | Confidential Content

Reporting & Member Tools

Hometown Health

Standard Monthly Reporting + MyChart Integration

- Standard monthly and quarterly reports provided
- Annual review with cost reduction recommendations
- VtylOne platform integration available
- MyChart Services & Integration
- Teledoc Virtual Care
- Dedicated phone number for DCSD Members
- Care Coordination Advocates Available

Anthem

Self-Service Portal — Updated Monthly

- Client Information Insights self-service portal
- Standard monthly and quarterly report packages
- Annual review included
- 24 Hour Nurse Line
- Wellbeing Solutions Program
- Sydney Mobile App
- Live Health Online Virtual Care

Aetna

Self-Service Portal Reports

- Standard reports available via Self-Service Portal
- Standard monthly and quarterly packages
- Annual review included
- Additional custom reporting available upon request
- Teledoc Virtual Care
- Aetna App with Text or Chat Support
- 24 Hour Nurse Line
- Aetna One Care Management with Autism & Transgender Advocates

33

Copyright 2026 LP Insurance Services, LLC | Confidential Content

Possible Plan Design Changes – January 1, 2027

Projected 2027 Medical/Rx Claims: $8,821,000 • Options are independent and may be combined

#	Benefit	Current	Proposed	Est %	Est $
PPO Plan					
1	**Deductible (In / Out)**				
	Option 1	$1,000 / $2,000	**$1,250 / $2,500**	1.73%	**$108,259**
	Option 2	$1,000 / $2,000	**$1,500 / $3,000**	2.51%	**$156,582**
	Option 3	$1,000 / $2,000	**$2,000 / $4,000**	3.76%	**$234,546**
	Option 4	$1,000 / $2,000	**$2,500 / $5,000**	4.91%	**$306,354**
	Option 5	$1,000 / $2,000	**$3,000 / $6,000**	5.60%	**$349,713**
	Option 6	$1,000 / $2,000	**$3,500 / $7,000**	6.22%	**$388,260**
2	**Out-of-Pocket Maximum (In / Out)**				
	Option 1	$6,000 / $12,000	**$7,000 / $14,000**	0.82%	**$72,391**
	Option 2	$6,000 / $12,000	**$7,500 / $15,000**	1.20%	**$74,910**
	Option 3	$6,000 / $12,000	**$8,000 / $16,000**	1.80%	**$158,778**
3	**Co-Insurance (In / Out)**				
	Option 1	80% / 60%	**70% / 50%**	2.03%	**$179,007**
4	**Primary Physician (In / Out)**				
	Option 1	$55 co-pay / 55%	**$60 co-pay / 55%**	0.12%	**$7,491**
	Option 2	$55 co-pay / 60%	**$60 co-pay / 60%**	0.75%	**$66,158**
5	**Specialist Office Visit (In / Out)**				
	Option 1	$60 co-pay / 60%	**$70 co-pay / 60%**	0.98%	**$60,877**
	Option 2	$60 co-pay / 60%	**$80 co-pay / 60%**	1.18%	**$73,961**
6	**Urgent Care (In / Out)**				
	Option 1	$55 co-pay / 60%	**$60 co-pay / 60%**	0.03%	**$1,855**
	Option 2	$55 co-pay / 60%	**$70 co-pay / 60%**	0.06%	**$3,710**

#	Benefit	Current	Proposed	Est %	Est $
HSA Plan (Aggregate)					
1	**Deductible**				
	Individual	$2,425 / $4,850	**$3,000 / $6,000**	4.43%	**$31,695**
	Family	$4,850 / $9,700	**$6,000 / $12,000**	—	—
	Out-of-Pocket Maximum				
	Individual	$7,210 / $14,420	**No Change**	—	—
	Family	$14,420 / $28,820	**No Change**	—	—
	Co-Insurance (In / Out)				
	Option 1	80% / 60%	**No Change**	—	—

34

Copyright 2026 LP Insurance Services, LLC | Confidential Content

Questions & Concerns?



INSURANCE

35

Copyright 2026 LP Insurance Services, LLC | Confidential Content

	Enroll	Current					
		Total Rate	Total Mo.	EE Cost		EE Mo.	ER Cost
EE	392	$ 950.00	$ 372,400	$ -		$ -	$ 950.00
ES	60	$ 1,545.00	$ 92,700	$ 595.00		$ 35,700	$ 950.00
EC	23	$ 1,490.00	$ 34,270	$ 540.00		$ 12,420	$ 950.00
ECH	20	$ 1,955.00	$ 39,100	$ 1,005.00		$ 20,100	$ 950.00
EF	39	$ 1,955.00	$ 76,245	$ 1,005.00		$ 39,195	$ 950.00
	534						

		HAC Recomended					
		Total Rate		EE Cost		EE Mo.	ER Cost
EE	392	$ 950.00	$ 372,400	$ -		$ -	$ 950.00
ES	60	$ 1,740.00	$ 104,400	$ 790.00		$ 47,400	$ 950.00
EC	23	$ 1,590.00	$ 36,570	$ 640.00		$ 14,720	$ 950.00
ECH	20	$ 2,135.00	$ 42,700	$ 1,185.00		$ 23,700	$ 950.00
EF	39	$ 2,225.00	$ 86,775	$ 1,275.00		$ 49,725	$ 950.00
	534						

		Using Standard Tier Ratios					
		Total Rate		EE Cost		EE Mo.	ER Cost
EE	392	$ 950.00	$ 372,400	$ -		$ -	$ 950.00
ES	60	$ 1,900.00	$ 114,000	$ 950.00		$ 57,000	$ 950.00
EC	23	$ 1,520.00	$ 34,960	$ 570.00		$ 13,110	$ 950.00
ECH	20	$ 1,805.00	$ 36,100	$ 855.00		$ 17,100	$ 950.00
EF	39	$ 3,040.00	$ 118,560	$ 2,090.00		$ 81,510	$ 950.00
	534						

		Board Consideration *Calculated at 90% Tier Ratio*					
		Total Rate		EE Cost (90%)	EE Cost (100%)	EE Mo.	ER Cost
EE	392	$ 950.00	$ 372,400	$ -		$ -	$ 950.00
ES	60	$ 1,805.00	$ 108,300	$ 855.00	$ 950.00	$ 51,300	$ 950.00
EC	23	$ 1,463.00	$ 33,649	$ 513.00	$ 570.00	$ 11,799	$ 950.00
ECH	20	$ 1,805.00	$ 36,100	$ 855.00	$ 950.00	$ 17,100	$ 950.00
EF	39	$ 2,489.00	$ 97,071	$ 1,539.00	$ 1,710.00	$ 60,021	$ 950.00
	534						

ER Mo.	Tier Ratio
$ 372,400	1.00
$ 57,000	1.63
$ 21,850	1.57
$ 19,000	2.06
$ 37,050	2.06

ER Mo.	Tier Ratio
$ 372,400	1.00
$ 57,000	1.83
$ 21,850	1.67
$ 19,000	2.25
$ 37,050	2.34

ER Mo.	Tier Ratio
$ 372,400	1.00
$ 57,000	2.00
$ 21,850	1.60
$ 19,000	1.90
$ 37,050	3.20

ER Mo.	Tier Ratio
$ 372,400	1.00
$ 57,000	1.90
$ 21,850	1.54
$ 19,000	2.00
$ 37,050	2.80

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

	Benefit	Current Plan Design	Plan Design Change	Est Total Med / Rx Savings
	PPO Plan			
1	**Deductible**			**Savings**
	Option 4 (In/Out)	$1000 / $2,000	$2,500/$5,000	$306,354
2	**Out of Pocket Maximum**			
	Option 3 (In/Out)	$6,000 / $12,000	$8,000 / $16,000	$158,778
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
	HSA Plan			
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%	
	Pharmacy			
1	**Greater of Copay vs Coinsurance**			
	Option 1 (In/Out)	80% / 60%	70% / 50%	$163,000

Estimated Savings From Benefit Changes			**$985,318**

PPO

Tier	Current @ 09/26	Contribution Change	Monthly Revenue Change
Employee Only	392	$0	$0
Employee & Spouse	60	$260	$15,600
Employee & Child	23	($27)	($621)
Employee & Children	20	($150)	($3,000)
Employee & Family	39	$534	$20,826
		Monthly	**$32,805**

HSA

Tier	Current @ 09/26	Contribution Change	Monthly Revenue Change
Employee Only	109	$0	$0
Employee & Spouse	1	$213	$213
Employee & Child	5	($34)	($170)
Employee & Children	8	($132)	($1,056)
Employee & Family	16	$462	$7,392
		Monthly	**$6,379**

Projected Benefit Savings	$985,318
Increased Revenue	$470,208
Total Savings	**$1,455,526**

PPO Insurance Plan

Base Rate: $950 per employee/month

Coverage Tier	Utilization Rate	Total Cost (employee + dependents)	Actual Dependents Cost	Proposed Employee Out-of-Pocket (84%)	Difference from Current Plan
Employee	1.0	$950.00	$0.00	$0.00	$0.00
Employee + Spouse	2.0	$1,900.00	$950.00	$798.00	+$203.00
Employee + 1 Child	1.6	$1,520.00	$570.00	$478.80	-$61.20
Employee + 2+ Children	2.0	$1,900.00	$950.00	$798.00	-$207.00
Employee + Family (Spouse & Children)	2.8	$2,660.00	$1,710.00	$1,436.40	+$431.48

HSA Insurance Plan

Base Rate: $825 per employee/month (with additional $125 to HSA)

Coverage Tier	Utilization Rate	Total Cost (Employee + Dependents)	Actual Dependents Cost	Proposed Employee Out-of-Pocket (84%)	Difference from Current Plan
Employee	1.0	$825.00	$0.00	$0.00	$0.00
Employee + Spouse	2.0	$1,650.00	$825.00	$693.00	+$163.00
Employee + 1 Child	1.6	$1,320.00	$453.75	$381.15	-$98.85
Employee + 2+ Children	2.0	$1,650.00	$825.00	$693.00	-$182.00
Employee + Family (Spouse & Children)	2.8	$2,310.00	$1,485.00	$1,247.40	+$372.40

Current Plan

PPO

Base Rate: $950 / employee

Coverage Tier	Utilization Rate	Total Cost (Employee + Dependents)	Actual Dependent Cost	Current Amount Employees Pay for dependents	% of dependent cost covered by employee
Employee Only	1.0	$950	$0	$0	0%
Employee + Spouse	2.0	$1,900	$950	$595 / month	62.6%
Employee + 1 Child	1.6	$1,520	$570	$540 / month	94.7%
Employee + 2+ Children	2.0	$1,900	$950	$1,005 / month	105.8%
Employee + Family	2.8	$2,660	$1,710	$1,005 / month	58.8%

HSA

Base Rate: $825 plus an additional $125 in HSA account

Coverage Tier	Utilization Rate	Total Cost (Employee + Dependents)	Actual Dependent Cost	Current Amount Employees Pay for dependents	% of dependent cost covered by employee
Employee Only	1.0	$825	$0	$0	0%
Employee + Spouse	2.0	$1,650	$825	$530 / month	64.2%
Employee + 1 Child	1.6	$1,278.75	$453.75	$480 / month	105.8%
Employee + 2+ Children	2.0	$1,650	$825	$875 / month	106.1%
Employee + Family	2.8	$2,310	$1,485	$875 / month	58.9%

HAC Proposed Plan

PPO

Base Rate: $950

Coverage Tier	Utilization Rate	Total Cost (Employee + Dependents)	Actual Dependent Cost	Current Amount Employees Pay For dependents	% of dependent cost covered by employee
Employee Only	1.0	$950	$0	$0	0%
Employee + Spouse	2.0	$1,900	$950	$790 / month	83.2%
Employee + 1 Child	1.6	$1,520	$570	$640 / month	112.3%
Employee + 2+ Children	2.0	$1,900	$950	$1,185 / month	124.7%
Employee + Family	2.8	$2,660	$1,710	$1,275 / month	74.6%

HSA

Base Rate: $825 plus additional to HSA account

Coverage Tier	Utilization Rate	Total Cost (Employee + Dependents)	Actual Dependent Cost	Current Amount Employees Pay for dependents	% of dependent cost covered by employee
Employee Only	1.0	$825	$0	$0	0%
Employee + Spouse	2.0	$1,650	$825	$725 / month	87.9%
Employee + 1 Child	1.6	$1,320	$495	$580 / month	117.2%
Employee + 2+ Children	2.0	$1,650	$825	$1,055 / month	127.9%
Employee + Family	2.8	$2,310	$1,485	$1,145 / month	77.1%