Douglas County School District
Board of Trustees
Agenda for the Health Advisory Committee of
Tuesday, November 3, 2026
4:30 PM
Airport Training Center
1126 Airport Road Building G-1
Minden, NV 89423

Mission Statement

We will inspire, empower, and prepare each learner to achieve his/her life aspirations.

Board Purpose

The DCSD Board of Education will govern and oversee a well-functioning school district where children and staff are thriving!

Board of Trustees

Yvonne Wagstaff, President

Melinda Gneiting, Vice President

Heather Jackson, Legislative Representative

Joy Curtis, Member

Erinn Miller, Member

Marty Swisher, Member

Markus Zinke, Member

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

The Douglas County School District ("DCSD") welcomes visitors at our meetings and appreciate constructive suggestions and comments, which help to meet the educational needs of the District. The Board has a scheduled order of business to follow. The agenda has been available for study by the Members of the Board since published. The Board may only take action items agendized for possible action, unless it finds that the need to discuss or act upon an un-agendized item was truly unforeseen at the time the meeting agenda was posted, the matter requires immediate action, and is to be an emergency as defined by Nevada Revised Statutes.

The Board may act on the consent items with one motion unless a Trustee requests that a consent item be pulled for individual consideration, in which case the Chairperson of the Board will defer action on the particular consent item or items to the regular agenda for consideration separately.

Although each Trustee represents a geographical area of the District, Trustees are elected at large and, as such, represent all citizens of Douglas County. It is the desire of the Board to make decisions that in the best interests of the District. In making decisions, Members of the Board strive to meet the needs of every student enrolled in DCSD schools and will best serve the interests of the entire District.

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

If copies of the complete agenda (and supporting materials) are desired in advance, they may be obtained at the District Office on the Monday preceding a regular meeting of the Board. Please contact DCSD at 775-782-5134 or suptoffice@dcsd.k12.nv.us. Communication with the Board of Trustees as a unit may be either in writing, by personal appearance at a meeting of the Board, or by verbal communication through the District Superintendent.

Public Comment: During regular Board meetings, there will be a general period of public comment for any matter that is not specifically agendized for possible action, and on each item listed on the agenda for possible action.

The Board limits public comment to three minutes per commenter.

Written Communication: Written communication to the Board of Trustees, related to an action item on the agenda, can be emailed to the Board, the District Superintendent, or the Board Secretary, prior to the meeting. Although this communication will not be read during the meeting, it will be added to the minutes of the meeting upon request.

Personal Appearance at a Board Meeting: When an individual or group desires to communicate with the Board of Trustees by means of placing an item on the agenda, at a meeting of the Board, the District Superintendent shall be notified no later than 12:00 noon two weeks prior to the scheduled regular meeting, and the Board President and Superintendent, in their discretion, will determine whether the subject of the communication will be placed on the agenda. When a holiday observed by the District falls on a meeting date, the deadline shall be two weeks prior to the meeting.

- At the time of the meeting, the public can add their name to a sign-up sheet and they will be called upon during the allocated public comment time.
- The Board may set a reasonable time limit for each speaker and for answering questions.
- Extensive formal statements addressing specific items for consideration by the Board should be submitted in writing.

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

Non-discrimination/Notice to Individuals with Disabilities: The Douglas County School District does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. Members of the public who require special assistance or accommodations at a meeting of the Board of Trustees are asked to notify the District Administration at 1638 Mono Ave., Minden, Nevada 89423, or by calling 775-782-5134, so that such notification is received at least twenty-four hours prior to the meeting.

Revised 11/6/2025

Douglas County School District
Health Advisory Committee
Airport Training Center
1126 Airport Road Building G-1
Minden, NV 89423
Tuesday, November 3, 2026
4:30 PM

AGENDA

1. **Call to Order**

   A. **Roll Call of Committee Members**

   B. **Adoption of Agenda as Submitted *(For Possible Action)***
   Note: The Committee reserves the right to (1) take items in a different order, (2) combine two or more Agenda items for consideration, and (3) to remove an item from the Agenda or delay discussion relating to an item on the Agenda at any time, in or to accomplish the business on the Agenda in the most efficient manner.

2. **Public Comment #1**
Public comment will be taken during this agenda item regarding any item appearing on the agenda. A sign-up sheet is provided and individuals may address the committee by indicating their desire to speak and the topic about which they will speak. The committee reserves the right to limit the amount of time that will be allowed for each individual to speak. (The time allotted is nontransferable for each speaker.) The committee is precluded from acting on items raised during Public Comment that are not already on the agenda. No action may be taken on a matter discussed under this item until the matter is included on an agenda as an item on which action may be taken. Public Comment #2 will provide an opportunity for public comment on any matter within the Committee's jurisdiction, control, or advisory authority.

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

4. **Approval of Minutes of the September 29, 2026, Meeting *(For Possible Action)*** **5**
Attached are the minutes of the September 29, 2026, Health Advisory Committee Meeting for review and approval.

5. **Employee vs Dependent Cost and Revenue, Comparison of School District Health Plans, Self-Funded vs Fully Insured Health Plans *(Information and Discussion Only)*** Presenters: Lloyd Barnes and Nate Kerr **8**
A representative from DCSD's broker, LP Insurance Services, Inc., will review employee vs dependent cost and revenue, provide a comparison of school district health plans, and discuss self-funded vs fully insured health plans.

6. **Customer Service Review *(Information and Discussion Only)*** Presenter: Lisa Schloemergaub and Hometown Health Sales Representative

A representative from Douglas County School District's Third Party Administrator, Hometown Health, will review customer service options for self-funded and fully insured health plans.

7. **Health Fund Recovery Plan and Proposed January 2027 Benefit and Contribution Changes *(For Discussion and Possible Action)*** **28**

Review and discussion of the Health Fund's projected financial position, proposed January 2027 benefit changes, additional employee contributions by coverage tier, alternative recovery options, and a five-year reserve recovery schedule. The Health Advisory Committee may recommend that the Superintendent advance tiered Option A and the reserve recovery plan to the Board of Trustees, with the negotiated employer contribution remaining unchanged. At the direction of the Board of Trustees, the Health Advisory Committee will provide a fully insured plan option for Board consideration. The recommendation is subject to final broker pricing and validation of revenue, savings, affordability, enrollment impacts, bargaining requirements, and implementation timing.

8. **Correspondence *(Information and Discussion Only)*** **70**

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

9. **Future Agenda Items *(For Discussion and Possible Action)***

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

10. **Public Comment #2**

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

11. **Adjournment**

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

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

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

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

DRAFT – Minutes of the Health Advisory Committee Meeting – September 29, 2026

Committee Members Present	**Absent**
[Confirm attendance roster]	[Confirm absences]

Also participating in the recorded discussion were Terri Willoughby, DCSD Chief Financial Officer; representatives of LP Insurance and Hometown Health; and other committee members and guests. [Confirm the complete attendance roster, absences, and guest names against the sign-in sheet or roll call. The recording begins during the claims report.]

Meeting minutes are created and provided in accordance with NRS 241.035. They are not a word-for-word transcript of the meeting.

1. Call to Order

[Confirm the call-to-order time and presiding officer. The opening proceedings are not included in the supplied recording.]

2. Public Comment #1

[Confirm whether public comment was received before the recording began.]

3. Committee Members' Comment

[Confirm the disposition of committee members' comment before the recording began.]

4. Approval of Prior Meeting Minutes (For Possible Action)

[Confirm the minutes considered, motion, second, and vote. This portion of the meeting is not captured in the supplied recording. Verify opening agenda titles and numbering against the September 29 agenda.]

5. Review of Claims (Information and Discussion)

LP Insurance reviewed claims through August 2026. Dependent claims averaged approximately $1,246 per dependent unit per month, approximately 10% above the prior period. Composite employee and dependent claims averaged approximately $1,054 per employee per month, compared with approximately $905 in the prior period, an increase of approximately 16.5%. June and August were identified as higher-cost months.

Total plan costs, including fixed administrative expenses, averaged approximately $1,142 per employee per month, approximately 16% above the prior period. Fixed costs were slightly lower. The committee reviewed utilization by service category and the top providers. Carson Valley, Renown, Carson Tahoe, and Barton remained the four largest providers by spending.

Three claimants had exceeded the $150,000 monitoring threshold, which is one-half of the $300,000 specific stop-loss deductible. The first two claims appeared relatively stable; the newest claim would continue to be monitored. Estimated incurred but not reported (IBNR) claims were approximately $953,000 through August, compared with approximately $966,000 through July.

Members asked about the inclusion of retirees and Swim Center participants, the effect of summer staffing changes and the eligibility waiting period, and differences between enrollment figures in the claims and financial reports. Staff agreed to verify the enrollment counts.

6. Customer Service Review (Information and Discussion)

A Hometown Health representative identified as Sam reviewed August customer service. Commercial network changes and staff training had increased call volume and wait times across the organization. DCSD's dedicated line received 79 calls; 61 were answered and 18 were missed. The reported abandonment rate was 23%, above the 10% performance guarantee. Further review found that 15 of the missed calls were from numbers that did not match members in the system and ended after 29 seconds; possible automated, fax, or spam traffic was discussed.

Hometown Health reported 1,249 claims received, with 47 exceeding the 30-day processing threshold, and reported performance of approximately 95% against the claims-processing guarantee. Quarterly results remained within the performance guarantees. Hometown Health expected customer-service performance to improve as training concluded and representatives returned to the phones.

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

The committee reviewed preliminary financial information and noted that expenses exceeded revenues. Prior-month figures had been adjusted as claims were received. Staff reported notice of an anticipated $163,401.78 rebate payment through Nevada Health Partners; the payment would be reflected in a subsequent report. August results were not yet included, and staff expected to present August and September information at the next meeting. A fiscal-year label was also identified for correction.

Future financial correspondence would be directed to Ms. Willoughby and Mrs. Dwyer as benefits responsibilities transitioned. Members requested additional detail separating employee and retiree premiums and clarification of differences between financial-report and claims-report enrollment figures.

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

LP Insurance presented updated projections using claims experience through August and remained comfortable with an approximately 8% funding increase. The detailed calculation of approximately 8.45% equated to approximately $866,000 needed to cover projected 2027 costs. Members clarified that this amount addressed projected operating costs and did not rebuild reserves.

The committee reviewed changes to dependent premium tiers, PPO deductibles, out-of-pocket maximums, coinsurance, office visit copays, prescription cost sharing, HSA benefits, and dental benefits. Members discussed affordability, recruitment and retention, adverse selection, access to care, and spreading changes across multiple benefit categories. The District's employer contribution was identified as a negotiated compensation item that the committee could not change.

Several estimates were refined during discussion. LP Insurance agreed to verify the savings associated with out-of-pocket maximum option two, prescription coinsurance changes, and HSA changes. Enrollment counts used to estimate premium revenue also required reconciliation. At the committee's request, Ms. Willoughby presented the reserve policy under item nine before the committee returned to its plan recommendation.

Mr. Fromdahl moved to recommend the following changes for the 2027 plan year: increase premium rate tiers by $100 per month for the PPO and HSA plans, with the negotiated employee-only rate unchanged as clarified immediately before the motion; select PPO deductible option three, stated as a $2,000 deductible; select PPO out-of-pocket maximum option two, stated as $7,500; and change plan-paid coinsurance from 80% to 70%, including the corresponding prescription percentage change.

The motion also included increasing the primary physician copay from $55 to $60, the specialist office visit copay from $60 to $70, and the urgent care copay from $55 to $70. For the HSA plan, the out-of-pocket maximum would increase to $8,000 individual and $16,000 family, and plan-paid coinsurance would change from 80% to 70%. The $125 monthly HSA contribution was clarified as unchanged. No dental changes were included in the final motion.

The combined financial impact was estimated at $1,046,986. The recommendation was contingent on a validated impact of at least $1 million; otherwise, the committee would reconvene. The motion was seconded and carried 5–1. [Confirm the seconding member and the member voting no. Confirm the complete amended rate schedule, family PPO limits, and in-network/out-of-network coinsurance details against the written proposal before posting.]

9. Health Fund Reserve Policy (Information, Discussion, and Possible Action)

Ms. Willoughby presented a draft reserve policy and recovery framework. The discussion contrasted an approximately $2.99 million fund balance in fiscal year 2018–19 with a preliminary projected balance of approximately $167,000. A minimum reserve of approximately one month of expenses, or $847,000, would require approximately $680,000 above the preliminary balance. The two-month reserve goal was approximately $1.7 million, with a longer-term objective of three months of operating reserves.

The policy contemplated rebuilding toward two months of reserves by fiscal year 2029, annual review during the budget process, and quarterly reporting of claims, contributions, unpaid obligations, reserve levels, and recovery progress. The committee discussed avoiding routine reliance on General Fund transfers. Ms. Willoughby emphasized that balancing current revenues and expenses alone would not restore depleted reserves. Members also discussed the prior IBNR-based stoplight tool and the need for formal policy safeguards.

Following the plan-change recommendation, the committee returned to item nine. A motion was made and seconded to forward the Health Fund Reserve Policy, as documented in the September 29 agenda and subject to legal review, to the Board of Trustees for first reading. The motion passed unanimously. [Confirm the motion maker, seconding member, and exact policy title.]

10. Correspondence (Information and Discussion)

[Verify whether a separate correspondence item appeared on the agenda and how it was disposed of. No distinct correspondence report is identifiable in the supplied recording.]

11. Future Agenda Items (For Possible Action)

Hometown Health requested review of proposed appeals and grievance language, including a comparison with current language and clarification of member steps and time frames.

Members requested education regarding ground ambulance and air ambulance coverage, potential balance bills, and separate membership options. They also requested information on flexible spending accounts, tax advantages, enrollment procedures, and ways employees could prepare for higher out-of-pocket costs. Coordination with American Fidelity and Aflac during open enrollment was discussed.

A special meeting could be posted and later canceled if needed to validate final plan-change estimates before Board materials were due. [Confirm final scheduling and the numbering of closing agenda items.]

12. Public Comment #2

Mrs. Dwyer invited public comment. No public comment was recorded.

13. Adjournment

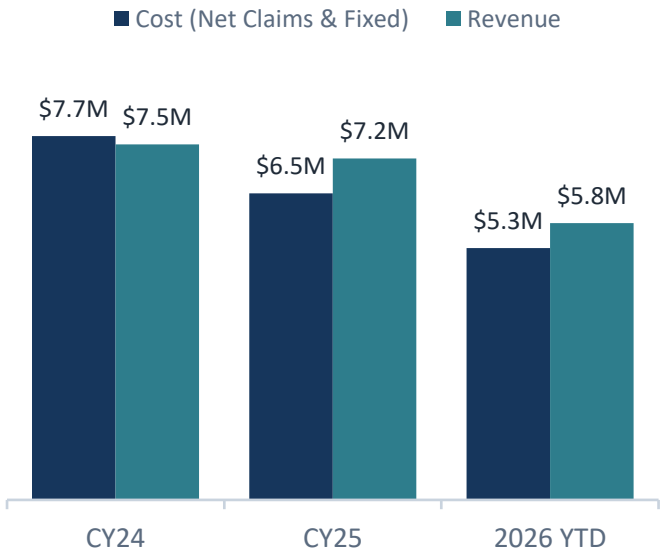
The meeting was adjourned at 7:14 p.m.

Submitted by,

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.

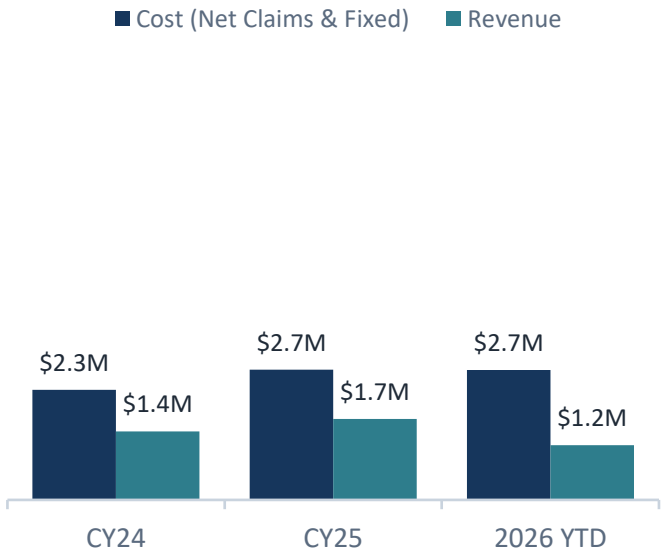
Employee Cost vs. Revenue



Loss Ratio

102%	90%	91%
CY24	CY25	2026 YTD

Dependent Cost vs. Revenue



Loss Ratio

161%	161%	237%
CY24	CY25	2026 YTD

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

8

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 comparison | Prepared October 28, 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

11

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

12

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.

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.

14

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

15

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.

AGENDA ITEM NO. 13.1

BOARD OF COUNTY COMMISSIONERS AGENDA ITEM COVER PAGE

MEETING DATE: November 5, 2026

TIME REQUIRED:

AGENDA: **HUMAN RESOURCES**

TITLE:
For possible action. Discussion to approve the renewal of employee and retiree medical insurance and binding insurance coverage with Anthem for calendar year 2027 at a 19.5% premium increase for both the high deductible health plan (HDHP) and Preferred Provider Organization plan (PPO); and authorize the Human Resources Director to execute any required agreements and documents to bind coverage. (Christine Vido, Human Resources Director)

RECOMMENDED MOTION:
Approve the renewal of employee and retiree medical insurance and binding coverage with Anthem for calendar year 2027 at a 19.5% premium increase for both the high deductible health plan and Preferred Provider Organization plan; and authorize the Human Resources Director to execute any required agreements and documents to bind coverage.

FINANCIAL IMPACT:
The total cost of the plans is $8,466,824. The adopted FY 2026-27 budget anticipated a 10% increase in health insurance costs. The final negotiated renewal reflects an overall increase of 19.5%, creating an approximate $780,000 variance across all operating funds. The Finance Department will collaborate with affected departments and funds to absorb the additional premium costs for the remainder of FY 2026-27 through existing vacancy and salary savings.

BACKGROUND:
For the 2027 plan year, Anthem has proposed a 19.5% premium increase for the County's medical coverage, driven primarily by the plan's claims experience. Reported claims totaled 111% of premiums collected during the review period. This renewal applies only to Anthem medical coverage.

The proposed renewal retains the existing plan design and premium cost-sharing framework while maintaining continuity of medical coverage for employees and their eligible dependents.

The Douglas County Benefits Committee, comprised of representatives from employee bargaining

units, employee groups, and management, met with the County's insurance broker to review plan performance, renewal projections, and alternative coverage options. Following this review, the Committee voted 14-1 to recommend maintaining Anthem coverage for the 2027 plan year and approving the proposed renewal.

Anthem provides access to a broad local and national provider network, including regional healthcare systems such as St. Mary's, Renown, Carson Tahoe, and Barton. Anthem also offers resources to help members make informed healthcare decisions and manage costs. These include SmartShopper, which allows members to compare costs for certain covered medical services and earn cash rewards when selecting eligible, lower-cost providers or facilities.

Douglas County currently pays 100% of the employee-only premium for the High Deductible Health Plan (HDHP) and 90% of the Preferred Provider Organization (PPO) plan, with cost-sharing arrangements for dependent coverage established through County policy and applicable collective bargaining agreements.

ATTACHMENTS:
2027 Douglas County Medical Proposal.pdf



2027 Renewal Presentation

Prepared For:
Douglas County

Effective Date:
January 1, 2027

DOUGLAS COUNTY
NEVADA

Presented By: INSURANCE

449

Current 12 Months

Period	Employees	Members	Premium	Premium PEPM	Medical Claims	Medical Claims PEPM	Rx Claims	Rx Claims PEPM	Rx % of Total Claims	Total Claims	Total Claims PEPM	Paid Loss Ratio
Jul-25	461	931	$549,655	$1,192	$512,110	$1,111	$108,386	$235	17%	$620,496	$1,346	113%
Aug-25	456	922	$540,586	$1,185	$575,518	$1,262	$134,490	$295	19%	$710,008	$1,557	131%
Sep-25	455	918	$543,637	$1,195	$452,437	$994	$139,056	$306	24%	$591,493	$1,300	109%
Oct-25	459	928	$544,532	$1,186	$375,595	$818	$82,829	$180	18%	$458,424	$999	84%
Nov-25	456	918	$546,163	$1,198	$515,687	$1,131	$167,322	$367	24%	$683,009	$1,498	125%
Dec-25	453	916	$540,295	$1,193	$807,871	$1,783	$152,190	$336	16%	$960,061	$2,119	178%
Jan-26	464	935	$601,367	$1,296	$448,341	$966	$108,128	$233	19%	$556,469	$1,199	93%
Feb-26	463	930	$607,475	$1,312	$390,170	$843	$123,364	$266	24%	$513,533	$1,109	85%
Mar-26	459	926	$594,977	$1,296	$1,107,930	$2,414	$123,481	$269	10%	$1,231,411	$2,683	207%
Apr-26	463	932	$594,732	$1,285	$307,280	$664	$121,744	$263	28%	$429,023	$927	72%
May-26	464	931	$608,785	$1,312	$308,755	$665	$112,987	$244	27%	$421,741	$909	69%
Jun-26	464	932	$609,287	$1,313	$277,704	$599	$161,771	$349	37%	$439,476	$947	72%
Total			$6,881,490		$6,079,396		$1,535,748		20%	$7,615,145		111%
Average	460	927		$1,247		$1,104		$279			$1,383	

Previous 12 Months

Period	Employees	Members	Premium	Premium PEPM	Medical Claims	Medical Claims PEPM	Rx Claims	Rx Claims PEPM	Rx % of Total Claims	Total Claims	Total Claims PEPM	Paid Loss Ratio
Jul-24	458	904	$527,515	$1,152	$183,111	$400	$117,220	$256	39%	$300,331	$656	57%
Aug-24	455	902	$535,033	$1,176	$260,754	$573	$101,465	$223	28%	$362,219	$796	68%
Sep-24	448	892	$530,640	$1,184	$310,498	$693	$154,729	$345	33%	$465,227	$1,038	88%
Oct-24	448	894	$513,697	$1,147	$310,155	$692	$111,900	$250	27%	$422,056	$942	82%
Nov-24	450	894	$528,528	$1,175	$224,279	$498	$132,416	$294	37%	$356,694	$793	67%
Dec-24	457	906	$522,249	$1,143	$251,188	$550	$132,860	$291	35%	$384,048	$840	74%
Jan-25	457	915	$536,980	$1,175	$242,242	$530	$70,437	$154	23%	$312,680	$684	58%
Feb-25	459	917	$541,036	$1,179	$185,756	$405	$65,929	$144	26%	$251,686	$548	47%
Mar-25	458	914	$538,991	$1,177	$418,199	$913	$134,498	$294	24%	$552,698	$1,207	103%
Apr-25	459	920	$543,703	$1,185	$403,697	$880	$102,925	$224	20%	$506,622	$1,104	93%
May-25	460	924	$546,024	$1,187	$660,653	$1,436	$134,116	$292	17%	$794,769	$1,728	146%
Jun-25	456	919	$540,641	$1,186	$444,035	$974	$154,462	$339	26%	$598,497	$1,312	111%
Total			$6,405,038		$3,894,568		$1,412,957		27%	$5,307,525		83%
Average	455	908		$1,172		$712		$259			$971	

Average Membership and PEPM Premium and Claims by Experience Period

Period	Employees	Members	Premium PEPM	Medical Claims PEPM	Rx Claims PEPM	Rx % of Total Claims	Total Claims PEPM	Paid Loss Ratio
Current	460	927	$1,247	$1,104	$279	20.2%	$1,383	110.7%
Prior	455	908	$1,172	$712	$259	26.6%	$971	82.9%
Change %	1.0%	2.0%	6.4%	55.1%	7.7%	-6.5%	42.4%	27.8%

**Medical data provided by insurance carrier monthly reporting package. Experience period and claims data will change prior to renewal.*

Douglas County
Benefits & Cost Comparison - Medical

		CURRENT & RENEWAL				
Carrier		**Anthem $3,700 HDHP**			**Anthem $1,000**	
Network		Anthem PPO			Anthem PPO	
		In Network			**In Network**	
Individual Calendar Year Deductible		$3,700			$1,000	
Family Maximum		$7,400			$3,000	
Individual Calendar Year Out of Pocket Max.		$3,700			$5,000	
Family Maximum		$7,400			$14,000	
Primary Care Physician		0% after deductible			$25 copay	
Specialist Physician		0% after deductible			$50 copay	
Virtual Visit		no charge			no charge	
Emergency Room		0% after deductible			20% coinsurance	
Urgent Care		0% after deductible			$50 copay	
Lab (Non-Hospital)		0% after deductible			no charge	
X-Ray (Non-Hospital)		0% after deductible			$50 copay	
MRI, PET, CT Scans (Non-Hospital)		0% after deductible			$250 copay	
Outpatient Surgery		0% after deductible			$500 copay	
Inpatient Hospitalization		0% after deductible			20% after deductible	
Bariatric Surgery		0% after deductible			20% after deductible	
Prescription Benefit:						
Deductible (if applies):						
Tier I		0% after deductible			$15 copay	
Tier II		0% after deductible			$40 copay	
Tier III		0% after deductible			$60 copay	
Specialty RX		0% after deductible			20% coinsurance	
Active Employee Rates:		**Current**	**Renewal**		**Current**	**Renewal**
Employee	**130**	$760.07	$908.28	**100**	$909.06	$1,086.33
Employee + Spouse	**26**	$1,515.50	$1,811.02	**25**	$1,818.14	$2,172.68
Employee + Child/ren	**31**	$1,354.98	$1,619.20	**36**	$1,620.63	$1,936.65
Family	**44**	$1,971.90	$2,356.42	**54**	$2,358.47	$2,818.37
	231			**215**		
Total Monthly Premium		**$266,980**	**$319,041**		**$322,060**	**$384,861**
Total Annual Premium		**$3,203,761**	**$3,828,487**		**$3,864,715**	**$4,618,337**
$ over/under current		-	**$624,726**		-	**$753,622**
% over/under current		-	**19.50%**		-	**19.50%**
		Current - Both Plans			**Renewal - Both Plans**	
Total Monthly Premium		**$589,040**			**$703,902**	
Total Annual Premium		**$7,068,476**			**$8,446,824**	
$ over/under current		-			**$1,378,348**	
% over/under current		-			**19.50%**	
		$15K wellness and $15K technology credit included				

MEDICAL, DENTAL, VISION INSURANCE RATES - 2026

Medical - PPO	TOTAL COST (per month)	COUNTY CONTRIBUTION (per month)	EMPLOYEE COST (per month)	EMPLOYEE COST (per pay period)
Employee Only	$ 909.06	$ 818.15	$ 90.91	$ 45.45
Employee + Spouse	$ 1,818.14	$ 1,181.79	$ 636.35	$ 318.17
Employee + Child	$ 1,620.63	$ 1,053.41	$ 567.22	$ 283.61
Employee + 2 or more Children	$ 1,620.63	$ 1,053.41	$ 567.22	$ 283.61
Employee + Family	$ 2,358.47	$ 1,533.01	$ 825.46	$ 412.73

Medical - High Deductible (HSA)	TOTAL COST (per month)	COUNTY CONTRIBUTION (per month)	EMPLOYEE COST (per month)	EMPLOYEE COST (per pay period)
Employee Only	$ 760.07	$ 760.07	$ -	$ -
Employee + Spouse	$ 1,515.50	$ 1,136.63	$ 378.88	$ 189.44
Employee + Child	$ 1,354.98	$ 1,016.24	$ 338.75	$ 169.37
Employee + 2 or more Children	$ 1,354.98	$ 1,016.24	$ 338.75	$ 169.37
Employee + Family	$ 1,971.90	$ 1,478.93	$ 492.98	$ 246.49

Dental	TOTAL COST (per month)	COUNTY CONTRIBUTION (per month)	EMPLOYEE COST (per month)	EMPLOYEE COST (per pay period)
Employee Only	$ 37.30	$ 37.30	$ -	$ -
Employee + Spouse	$ 70.07	$ 37.30	$ 32.77	$ 16.39
Employee + Child	$ 70.07	$ 37.30	$ 32.77	$ 16.39
Employee + 2 or more Children	$ 100.54	$ 37.30	$ 63.24	$ 31.62
Employee + Family	$ 100.54	$ 37.30	$ 63.24	$ 31.62

Vision	TOTAL COST (per month)	COUNTY CONTRIBUTION (per month)	EMPLOYEE COST (per month)	EMPLOYEE COST (per pay period)
Employee Only	$ 5.86	$ 5.86	$ -	$ -
Employee + Spouse	$ 12.23	$ 5.86	$ 6.37	$ 3.19
Employee + Child	$ 12.23	$ 5.86	$ 6.37	$ 3.19
Employee + 2 or more Children	$ 20.30	$ 5.86	$ 14.44	$ 7.22
Employee + Family	$ 20.30	$ 5.86	$ 14.44	$ 7.22

MEDICAL, DENTAL, VISION INSURANCE RATES - 2027

Medical - PPO	TOTAL COST (per month)	COUNTY CONTRIBUTION (per month)	EMPLOYEE COST (per month)	EMPLOYEE COST (per pay period)	EMPLOYEE +/- (per pay period)
Employee Only	$ 1,086.33	$ 977.70	$ 108.63	$ 54.32	$ 8.86
Employee + Spouse	$ 2,172.68	$ 1,412.24	$ 760.44	$ 380.22	$ 62.04
Employee + Child	$ 1,936.65	$ 1,258.82	$ 677.83	$ 338.91	$ 55.30
Employee + 2 or more Children	$ 1,936.65	$ 1,258.82	$ 677.83	$ 338.91	$ 55.30
Employee + Family	$ 2,818.37	$ 1,831.94	$ 986.43	$ 493.21	$ 80.48

Medical - High Deductible (HSA)	TOTAL COST (per month)	COUNTY CONTRIBUTION (per month)	EMPLOYEE COST (per month)	EMPLOYEE COST (per pay period)	EMPLOYEE +/- (per pay period)
Employee Only	$ 908.28	$ 908.28	$ -	$ -	$ -
Employee + Spouse	$ 1,811.02	$ 1,358.27	$ 452.76	$ 226.38	$ 36.94
Employee + Child	$ 1,619.20	$ 1,214.40	$ 404.80	$ 202.40	$ 33.03
Employee + 2 or more Children	$ 1,619.20	$ 1,214.40	$ 404.80	$ 202.40	$ 33.03
Employee + Family	$ 2,356.42	$ 1,767.32	$ 589.11	$ 294.55	$ 48.07

Dental	TOTAL COST (per month)	COUNTY CONTRIBUTION (per month)	EMPLOYEE COST (per month)	EMPLOYEE COST (per pay period)	EMPLOYEE +/- (per pay period)
Employee Only	$ 37.30	$ 37.30	$ -	$ -	$ -
Employee + Spouse	$ 70.07	$ 37.30	$ 32.77	$ 16.39	$ -
Employee + Child	$ 70.07	$ 37.30	$ 32.77	$ 16.39	$ -
Employee + 2 or more Children	$ 100.54	$ 37.30	$ 63.24	$ 31.62	$ -
Employee + Family	$ 100.54	$ 37.30	$ 63.24	$ 31.62	$ -

Vision	TOTAL COST (per month)	COUNTY CONTRIBUTION (per month)	EMPLOYEE COST (per month)	EMPLOYEE COST (per pay period)	EMPLOYEE +/- (per pay period)
Employee Only	$ 5.93	$ 5.93	$ -	$ -	$ -
Employee + Spouse	$ 12.39	$ 5.93	$ 6.46	$ 3.23	$ 0.05
Employee + Child	$ 12.39	$ 5.93	$ 6.46	$ 3.23	$ 0.05
Employee + 2 or more Children	$ 20.56	$ 5.93	$ 14.63	$ 7.32	$ 0.09
Employee + Family	$ 20.56	$ 5.93	$ 14.63	$ 7.32	$ 0.09

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

22

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

23

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.

24

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.

25

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

26

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

27

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.

Health Fund Recovery Recommendations

DOUGLAS COUNTY SCHOOL DISTRICT
MEMORANDUM

To: Health Advisory Committee
From: Terri Willoughby, Chief Financial Officer
Date: October 21, 2026
Subject: Proposed January 2027 plan changes and reserve recovery funding

Recommendation and requested committee action

I recommend tiered Option A: retain the proposed January benefit package, reduce the employee-only recovery charge to $125 monthly, and collect $450–$900 monthly from dependent tiers. The six-month contributions generate $853,050, eliminate the modeled deficit, and leave approximately $39,281 at June 30. The employer contribution remains unchanged.

The Committee is asked to recommend Option A for final broker pricing and Board consideration, together with the five-year reserve recovery schedule. All estimates require validation of revenue, combined savings, enrollment, and applicable bargaining and plan requirements.

Financial position and recovery requirements

The working trial balance reports $167,073.89 of June 30, 2026 ending net position, used as the FY 2026–27 beginning balance. This equals $609,406.03 plus $9,726,083.19 of revenue less $10,168,415.33 of expense. The $1,040,807 IBNR liability is recognized and is not an available reserve cushion.

The policy requires recurring operating balance first, a two-month reserve by June 30, 2029, and a three-month reserve by June 30, 2031. Dollar thresholds must be updated with projected annual net plan costs. Beginning reserves are below one month of costs, triggering the policy's accelerated Board-action requirement. Adequate liquidity must be maintained separately from net position.

FY 2026–27	Benefits only	Option A Tiered recommended	Option B Higher deductible	Option C Maximum V2
Beginning net position	$167,074	$167,074	$167,074	$167,074
Baseline revenue	$9,711,000	$9,711,000	$9,711,000	$9,711,000
Added employee contributions	$0	$853,050	$761,640	$744,330
Net accrued costs	($10,691,843)	($10,691,843)	($10,606,121)	($10,586,847)
Ending net position	($813,769)	$39,281	$33,593	$35,557
Monthly recovery contribution	$0	$125–$900 by tier	$220	$215

All contribution options apply to 577 active District contracts for six months and replace, rather than supplement, one another. Rates are above baseline contributions. Revenue assumes the broker's 2027 estimate already includes the dependent increase. The unconfirmed $318,702 stop-loss recovery is excluded. Whole-dollar figures are rounded.

Proposed recovery contributions by coverage tier

Apply the following additional monthly recovery amounts from January 1 through June 30, 2027. The tier amounts are funding allocations, not actuarially determined premiums or findings that each dependent tier causes these costs. Employer contributions remain unchanged.

Coverage tier	Contracts	Monthly recovery increase	Total increase if separate $100 applies	Six-month recovery revenue
Employee only	449	$125	$125	$336,750
Employee and spouse	29	$650	$750	$113,100
Employee and one child	30	$450	$550	$81,000
Employee and two or more children	28	$600	$700	$100,800
Employee spouse and children	41	$900	$1,000	$221,400
Total	577	Varies by tier	Varies by tier	$853,050

The recovery amount replaces the prior $245 flat recovery charge. It is above existing baseline rates and does not include the separate $100 dependent increase. The total-increase column shows the combined change from current rates if that $100 increase also applies; it is not an additional revenue item in this forecast.

Effect on employee only coverage

The monthly recovery charge falls by $120, from $245 to $125, a 49% reduction. Employee-only contracts provide $336,750, or approximately 39% of new recovery funding; dependent contracts provide $516,300, or approximately 61%. The prior flat approach placed approximately 78% on employee-only contracts.

Projected year end result

Beginning net position of $167,073.89 plus $9,711,000 of baseline revenue and $853,050 of tiered recovery contributions, less $10,691,843 of net accrued costs, produces approximately $39,281 of June 30, 2027 net position. This exceeds the prior flat proposal by $4,860. The remaining cushion is small and does not replace the policy's required reserve recovery.

Affordability and enrollment response

Dependent increases are substantial. Before approval, show current and proposed total payroll deductions for each tier, evaluate coverage alternatives and enrollment migration, and have the broker reforecast both revenue and claims. The tier weights should be adjusted if the affordability review or enrollment response indicates that the modeled collections cannot be sustained. No cost savings from people leaving the plan are assumed.

Proposed January 2027 benefit changes

Use the following V2 selections as the starting package, subject to broker confirmation of the combined net savings and consistency with the plan document. Only one alternative is selected for each benefit.

Benefit	Recommended selection	Annual savings
PPO deductible	In-network $2,000; out-of-network $4,000	$234,546
PPO out-of-pocket maximum	In-network $7,500; out-of-network $15,000	$115,585
PPO plan coinsurance	70% in-network; 50% out-of-network	$179,007
Primary care	In-network $60 copay; V2 Option 2	$66,158
Specialist	In-network $70 copay	$60,877
Urgent care	In-network $70 copay	$3,710
HSA package	Individual deductible $3,000/$6,000; family $6,000/$12,000; individual maximum $8,000/$16,000; family $16,000/$32,000; coinsurance 70%/50%	$47,436
Pharmacy	V2 proposed copay or coinsurance change; final wording to be confirmed	$163,000
Indicative combined annual savings	Retain prior broker total for planning	$870,318

Displayed line items total $870,319, a $1 rounding difference from the prior broker total. Six months of the retained annual estimate provide $435,159 of FY 2026–27 savings. These are unvalidated combined savings, not guaranteed results. Payment timing may delay cash savings beyond the period in which claims costs decline.

The broker should explain the two V2 primary-care options, which show materially different savings despite the same proposed $60 copay, and confirm interactions among deductibles, coinsurance, pharmacy rebates, and stop-loss recoveries. The forecast retains the previous claims, administration, rebate, and unpaid-claims assumptions except where expressly changed.

Alternatives for committee consideration

Option B combines the recommended package with a $3,000/$6,000 PPO deductible, $8,000/$16,000 maximum, and $80 specialist copay, plus a $220 monthly recovery contribution. Estimated six-month benefit savings are $520,882 and additional contributions are $761,640, leaving approximately $33,593 at June 30. Option C substitutes a $3,500/$7,000 deductible and a $215 monthly recovery contribution; estimated six-month benefit savings are $540,155 and additional contributions are $744,330, leaving approximately $35,557. These are alternatives, not cumulative changes. Both shift more costs to participants when care is used.

Stop loss planning assumption

The conservative case excludes the separately modeled $318,702 reimbursement because the October 21 broker email reports a claim under examination but does not substantiate that amount. This does not determine whether a receivable should be written off. If the full amount is supported as a current-year recovery and is not already included elsewhere, the projected $813,769 gap would decline to $495,067. Recognition and cash receipt timing must be verified separately.

Participant funding and proposed contributions

September census data show 673 subscriber contracts: 577 in the District active group after excluding Swim Center and SSW, 11 in those other groups, 80 retirees, and 5 COBRA contracts. The recovery illustration uses 577 District active contracts. Retirees and COBRA are treated as fully cost recovered; their revenue and expenses remain in the fund forecast, but no separate active-employee recovery surcharge is assigned to them. Confirm the funding arrangements for the other 11 contracts before final rate setting.

The corrected District active census contains 128 dependent contracts, not 129 as stated in the earlier draft. A separate $100 dependent increase would generate $153,600 annually or $76,800 for six months. This revenue is not added to the forecast because the broker's 2027 estimate is provisionally assumed to include it. Retiree and COBRA premiums remain subject to their applicable full-cost methodologies.

The tiered Option A contributions are shown in the coverage table. Employee-only recovery falls to $125 monthly. Dependent recovery ranges from $450 to $900 monthly, in addition to any separate $100 dependent increase reflected in baseline rates. These are monthly amounts, not per-paycheck deductions. Options B and C remain flat-charge alternatives paired with greater benefit reductions; the tiered allocation is recommended instead.

Illustrative reserve recovery schedule

Fiscal year ending	Aggregate recovery funding requirement	Projected ending net position	Reserve milestone
June 2027	$853,050 for January–June	$39,281	Stabilization
June 2028	$1,661,760	$1,016,023	Build reserves
June 2029	$2,215,680	$2,008,209	Two months: $1,884,666
June 2030	$2,492,640	$2,711,955	Continue recovery
June 2031	$3,115,800	$3,445,191	Three months: $3,116,766

The schedule now states aggregate recovery funding requirements rather than uniform employee rates. January–June uses the proposed tiered amounts; future tiered rates must be recalculated annually to generate the listed funding while retaining a larger dependent share. Annual funding is not cumulative. The model holds baseline annual revenue at $10,084,500 after FY 2026–27, uses full annual benefit savings, assumes 577 contributing contracts, credits no separate future stop-loss recoveries, and increases net plan costs by an illustrative 5% annually beginning FY 2027–28. The FY 2026–27 revenue estimate of $9,711,000 blends half of each broker calendar-year estimate. This is a planning scenario, not an actuarial forecast; enrollment migration, higher claims, or lower savings require updated rates.

Cost reductions and affordability

Before finalizing contributions, request pricing for pharmacy contract improvements, administration and network alternatives, dependent eligibility verification, and specific and aggregate stop-loss options. Count only validated net savings. At 577 contracts, each $100,000 of recurring annual savings reduces the required monthly contribution by approximately $14.44. Evaluate employee affordability and enrollment migration alongside fund recovery.

Implementation and oversight

Before Board consideration, Business Services and the broker should reconcile projected revenue to current contribution rates, enrollment tiers, and the fixed employer contribution; confirm whether the dependent increase is included; validate combined benefit savings; and document the applicable retiree, COBRA, and other-group rates. The administrator should confirm final benefit language, implementation requirements, and participant notices.

Prepare a monthly cash-flow forecast showing claims funding, payroll and participant receipts, receivables, and reimbursement timing. A positive projected year-end net position does not establish that claims can be paid throughout the year. Develop an adverse-claims scenario and identify the action required if cash becomes insufficient. Any temporary District support requires separate disclosure, legal review, and Board approval of repayment terms; a repayable advance improves liquidity but does not rebuild net position.

Report quarterly to the Board on cash, receivables, unpaid claims and IBNR, reserve net position and months of cost coverage, contributions and claims against budget, stop-loss recoveries, and progress toward annual milestones. If the forecast is more than 10% below an approved milestone, present the policy-required catch-up plan within 60 days. Recalculate reserve thresholds annually and after the year-end liability estimate.

The 2026 plan document states that remaining plan obligations are paid from employer contributions. Maintaining the negotiated employer contribution at its current level does not eliminate the District's underlying exposure if participant contributions and other plan resources are insufficient. The written recovery plan should address that exposure directly.

Proposed committee recommendation

Recommend that the Superintendent advance the tiered Option A and the funded five-year recovery plan to the Board, keeping the negotiated employer contribution unchanged. The allocation reduces the employee-only recovery charge and places approximately 61% of new recovery funding on dependent contracts. Validate affordability, coverage migration, combined savings, revenue, bargaining requirements, and implementation timing before finalizing rates. Each alternative shown eliminates the expected June 30, 2027 deficit under stated assumptions but leaves only a small cushion. The multiyear schedule applies to tiered Option A and retains the two-month reserve goal by June 30, 2029 and three-month target by June 30, 2031.

Source documents

- Health Fund Reserves Funding and Recovery policy after legal review; adoption in October 2026 confirmed by the CFO.
- Health Fund Claims and Projected Net Position memorandum dated October 16, 2026; underlying claims and cost assumptions.
- L/P Insurance Services DCSD Options Plan Design Changes for January 1, 2027, V2.
- L/P Insurance Services email dated October 21, 2026, Stop Loss Reimbursements; calendar-year revenue estimates and reimbursement status.
- September 30, 2026 census; aggregate subscriber counts only.
- 2026 Health Insurance Summary Plan Description, Funding Sources and Uses and applicable continuation coverage provisions.
- Health Fund working trial balance as of June 30, 2026, Insurance worksheet; ending net position calculation in cell L40.

Health Fund Cash Balance
As of 10/21/26

Balance @ 6/30/26	$ 1,657,903.10
FY 26/27 Activity	(550,567.39)
Ending Cash Balance	$ 1,107,335.71

Douglas County School District

Trial Balance by Fund

Fiscal Year: 2025-2026

From Date: 7/1/2025 To Date: 10/31/2026

702 - HEALTH INSURANCE		Opening Balance	Debits	Credits	Ending Balance
ASSET					
702.000.0000.000.0000.000.03000.00.101	Cash in Bank	$0.00	$13,286,382.76	($11,628,479.66)	$1,657,903.10
702.000.0000.000.0000.000.03000.50.106	Cash in Bank	$0.00	$9,101,773.32	($9,094,602.53)	$7,170.79
ASSET TOTAL		$0.00	$22,388,156.08	($20,723,082.19)	$1,665,073.89
LIABILITY					
702.000.0000.000.0000.000.03000.00.421	Accounts Payable	$0.00	$1,173,674.80	($1,173,674.80)	$0.00
702.000.0000.000.0000.000.03000.50.481	Deferred Revenues	$0.00	$507,678.59	($964,871.59)	($457,193.00)
702.000.0000.000.0000.000.03000.50.498	Claims incurred/not paid	$0.00	$93,687.00	($1,134,494.00)	($1,040,807.00)
LIABILITY TOTAL		$0.00	$1,775,040.39	($3,273,040.39)	($1,498,000.00)
FUND BALANCE					
702.000.0000.000.8000.999.03000.50.730	Unreserved Fund Balance	$0.00	$0.00	($609,406.03)	($609,406.03)
FUND BALANCE TOTAL		$0.00	$0.00	($609,406.03)	($609,406.03)
REVENUE					
702.000.1510.000.0000.000.03000.50.107	Interest on Investments	$0.00	$2,556.25	($25,582.10)	($23,025.85)
702.000.1970.000.0000.000.03000.50.107	Operating Revenues	$0.00	$499,616.61	($10,202,673.95)	($9,703,057.34)
REVENUE TOTAL		$0.00	$502,172.86	($10,228,256.05)	($9,726,083.19)
EXPENDITURE					
702.000.0000.000.2900.340.03000.50.421	Other Professional Services	$0.00	$299,522.41	($72.11)	$299,450.30

Trial Balance by Fund

Fiscal Year: 2025-2026

From Date: 7/1/2025 To Date: 10/31/2026

702 - HEALTH INSURANCE		Opening Balance	Debits	Credits	Ending Balance
702.000.0000.000.2900.522.03000.50.421	Workers' Comp Insurance	$0.00	$2,316.01	$0.00	$2,316.01
702.000.0000.000.2900.523.03000.50.421	Other Insurance	$0.00	$800,432.98	($700.00)	$799,732.98
702.000.0000.000.2900.591.03000.50.421	Claims Expense	$0.00	$9,156,978.04	($93,687.00)	$9,063,291.04
702.000.0000.000.2900.810.03000.50.421	Dues and Fees	$0.00	$3,625.00	$0.00	$3,625.00
702.000.0000.000.6200.910.03000.50.421	Fund Transfers Out	$0.00	$10,415,300.00	($10,415,300.00)	$0.00
					35
EXPENDITURE TOTAL		$0.00	$20,678,174.44	($10,509,759.11)	$10,168,415.33
Fund Totals:		$0.00	$45,343,543.77	($45,343,543.77)	$0.00

Trial Balance by Fund

Fiscal Year: 2025-2026

From Date: 7/1/2025 To Date: 10/31/2026

Grand Total:	$0.00	$45,343,543.77	($45,343,543.77)	$0.00

End of Report

CASH REPORT

From Date: 7/1/2026 To Date: 10/31/2026

Fiscal Year: 2026-2027

☐ Include pre encumbrance ☐ Print accounts with zero balance ☑ Filter Encumbrance Detail by Date Range
☐ Exclude inactive accounts with zero balance

Account Number	Description	Budget	Adjustments	GL Budget	Current	YTD	Balance	Encumbrance	Budget Bal	% Rem
702.000.0000.000.0000.000.03000.00.101	Cash in Bank	$0.00	$0.00	$0.00	($550,567.39)	($550,567.39)	$550,567.39	$0.00	$550,567.39	0.00%

Transaction Detail (Standard)

Reference Number	Requisition Number	PO/Ship Number	Description	Name	Journal	Amount
107	0	0	Expensed Ins Premiums - August	6489.sestes	Adjusting	$46,351.11
109	0	0	Transfer to Insurance Fund	6489.sestes	Adjusting	-$748,678.92
127	0	0	AP Expense Checks	6489.sstrople	Accounts Payable	-$8,092.61
145	0	0	AP Expense Checks	6489.sstrople	Accounts Payable	-$1,039.92
155	0	0	Direct Voucher Posting	6489.sstrople	Accounts Payable	-$78,560.83
166	0	0	Deposit adjustment on 8-31-26	6489.sestes	Adjusting	-$0.50
221	0	0	Transfer to Insurance Fund	6489.sestes	Adjusting	-$974,000.78
226	0	0	Expensed Insurance for September	6489.sestes	Adjusting	$44,262.91
253	0	0	AP Expense Checks	6489.sstrople	Accounts Payable	-$4,268.21
255	0	0	REVERSE ENTRY NUMBER : 253	6489.sstrople	Accounts Payable	$4,268.21
257	0	0	AP Expense Checks	6489.sstrople	Accounts Payable	-$4,268.21
295	0	0	Direct Voucher Posting	6489.sstrople	Accounts Payable	-$84,944.08
36	0	0	Expensed Insurance for July	6489.sestes	Adjusting	$37,330.81
3651	0	0	DEPOSIT		Deposits	$608,534.70
3657	0	0	DIRECT DEPOSIT - PERS INS PREMIUMS - JULY		Deposits	$71,199.19
3660	0	0	DIRECT DEPOSIT - INT ON INVESTMENTS - JULY		Deposits	$1,663.21
3666	0	0	DIRECT DEPOSIT - PERS INSURANCE - AUGUST		Deposits	$71,199.19
3667	0	0	DEPOSIT		Deposits	$604,814.70
3683	0	0	DIRECT DEPOSIT - INTEREST - AUGUST		Deposits	$3,207.00
3688	0	0	DIRECT DEPOSIT - PERS INS - SEPTEMBER		Deposits	$70,479.19
3689	0	0	DEPOSIT		Deposits	$623,399.70
37	0	0	Transfer to Insurance Fund	6489.sestes	Adjusting	-$695,591.59
3705	0	0	DIRECT DEPOSIT - QTR 1 - GATEWAY REBATE		Deposits	$163,401.78
41	0	0	Transfer adjustment to Insurance account	6489.sestes	Adjusting	-$121,472.91
52	0	0	Adj for return check for insurance	6489.sestes	Adjusting	-$198.35
56	0	0	AP Expense Checks	6489.sstrople	Accounts Payable	-$5,584.00
6	0	0	AP Expense Checks	6489.sstrople	Accounts Payable	-$2,365.44
8	0	0	Direct Voucher Posting	6489.sstrople	Accounts Payable	-$86,965.63
80	0	0	Direct Voucher Posting	6489.sstrople	Accounts Payable	-$84,647.11
					Detail Total:	-$550,567.39

Fund: HEALTH INSURANCE - 702	$0.00	$0.00	$0.00	($550,567.39)	($550,567.39)	$550,567.39	$0.00	$550,567.39	0.00%

Douglas County School District

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2027 Self Insured & Fully Insured Marketing Analysis

Discussion and Review

Douglas County School District

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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

39

15 Possible Plan Design Changes – January 1, 2027

16 Questions & Concerns

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Fully Insured

Finalist Review & Rate Comparison

Douglas County School District

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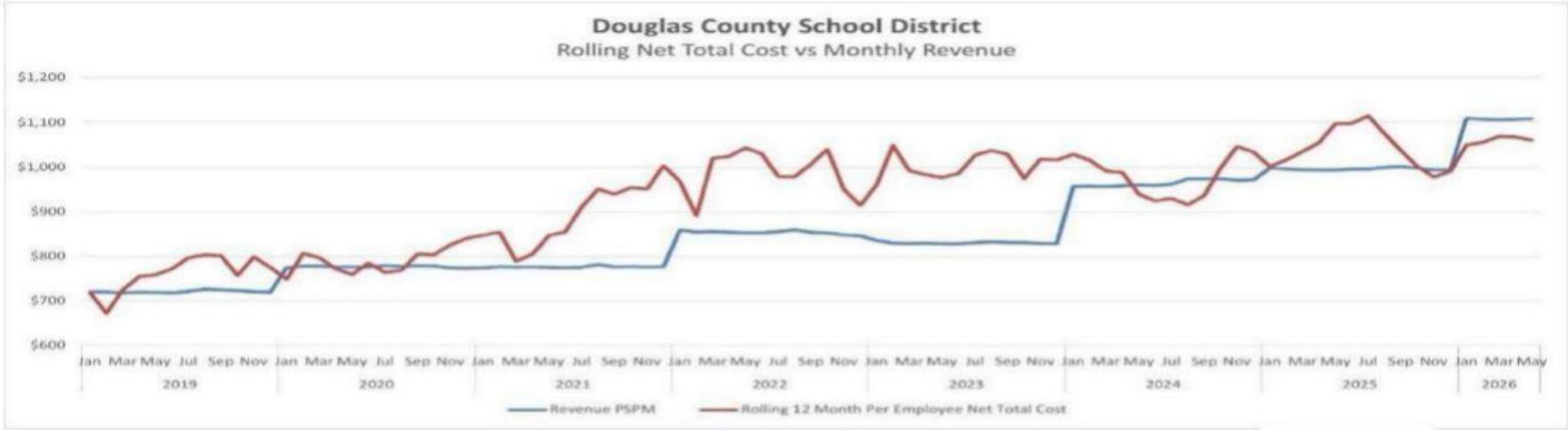
Response to Bid – Fully Insured

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*	—	—

41

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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%

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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

43

Current Annual: $9,373,920

2027 SF Projected: $10,131,524 (+8%)

HH FI Option: $10,444,842 (+11%)

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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

44

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Self Insured

Finalist Review & Rate Comparison

Douglas County School District

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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*	—

46

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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

47

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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

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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

49

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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

50

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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

51

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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**	—	—

52

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Questions & Concerns?



INSURANCE

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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 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
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	**$870,318**

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

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			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				
Option 1 (In/Out)	80% / 60%	70% / 50%	10.00%	$163,000

DCSD health plan rate comparison

Monthly employee contributions. District contribution fixed at $950. Options A/B/C apply J

PPO monthly employee contributions

Coverage tier	2026 current	Option A recovery only	Option A with dep increase
Employee only	$0.00	$125.00	$125.00
Employee and spouse	$595.00	$1,245.00	$1,345.00
Employee and one child	$540.00	$990.00	$1,090.00
Employee and two or more children	$1,005.00	$1,605.00	$1,705.00
Employee spouse and children	$1,005.00	$1,905.00	$2,005.00

HSA monthly employee contributions

Coverage tier	2026 current	Option A recovery only	Option A with dep increase
Employee only	$0.00	$125.00	$125.00
Employee and spouse	$530.00	$1,180.00	$1,280.00
Employee and one child	$480.00	$930.00	$1,030.00
Employee and two or more children	$875.00	$1,475.00	$1,575.00
Employee spouse and children	$875.00	$1,775.00	$1,875.00

A/B/C recovery only	Adds the selected recovery charge to the 2026 employe
A/B/C with dep increase	Includes the separate conditional dependent increase o increase still needs confirmation.
Fixed District contribution	The negotiated District contribution stays $950. PPO: $9 deposit. These are monthly amounts.
Fully insured estimates	FI employee amounts are calculated from the quoted gr rate schedule.
HSA allocation alternative	If all $950 pays the FI HSA premium and no $125 HSA c on Inputs.
Coverage must be confirmed	2026 rates include medical, dental, Rx and vision. The F transition funding remain unconfirmed.
Rate mapping	Current two-or-more-dependent pricing covers both mul designated 2026 sheet controls the baseline.
Source difference	The broker slide reverses current PPO spouse and child employee contributions.

lanuary-June 2027; fully insured amounts are estimates.

Option B recovery only	Option B with dep increase	Option C recovery only	Option C with dep increase	Fully insured estimated employee
$220.00	$220.00	$215.00	$215.00	$101.35
$815.00	$915.00	$810.00	$910.00	$759.83
$760.00	$860.00	$755.00	$855.00	$698.96
$1,225.00	$1,325.00	$1,220.00	$1,320.00	$698.96
$1,225.00	$1,325.00	$1,220.00	$1,320.00	$1,213.57

Option B recovery only	Option B with dep increase	Option C recovery only	Option C with dep increase	Fully insured estimated employee
$220.00	$220.00	$215.00	$215.00	$113.04
$750.00	$850.00	$745.00	$845.00	$700.55
$700.00	$800.00	$695.00	$795.00	$646.24
$1,095.00	$1,195.00	$1,090.00	$1,190.00	$646.24
$1,095.00	$1,195.00	$1,090.00	$1,190.00	$1,105.38

ee contribution. These options replace one another and the earlier proposed $245 charge.

nce per coverage contract. Default is $100 monthly. Both versions are shown because this

950 toward premiums. HSA comparison: $825 toward premiums plus a separate $125 HSA

oss premium and assumed employer allocation. They are not an approved carrier employee-

deposit is preserved, employee-only premium cost is $0. Other alternate amounts are shown

FI source is labeled medical. Inclusion of dental and vision, the effective date and any

ltiple-child and family rows. FI Child(ren) pricing covers one or multiple children. The

d premiums. This comparison correctly uses spouse $595 and one child $540 as the current

Monthly plan funding and fully insured premiums

Self-funded amounts include District and employee plan funding. HSA deposits are separ

PPO monthly plan funding

Coverage tier	2026 current	Option A recovery only	Option A with dep increase
Employee only	$950.00	$1,075.00	$1,075.00
Employee and spouse	$1,545.00	$2,195.00	$2,295.00
Employee and one child	$1,490.00	$1,940.00	$2,040.00
Employee and two or more children	$1,955.00	$2,555.00	$2,655.00
Employee spouse and children	$1,955.00	$2,855.00	$2,955.00

HSA monthly plan funding

Coverage tier	2026 current	Option A recovery only	Option A with dep increase
Employee only	$825.00	$950.00	$950.00
Employee and spouse	$1,355.00	$2,005.00	$2,105.00
Employee and one child	$1,305.00	$1,755.00	$1,855.00
Employee and two or more children	$1,700.00	$2,300.00	$2,400.00
Employee spouse and children	$1,700.00	$2,600.00	$2,700.00

Recovery only columns	2026 total plan rate plus the selected recovery charge. N
With dep increase columns	Adds the conditional per-dependent-contract increase fr only.
Different benefits	Current and quoted FI PPO deductible is $1,000 per me
HSA benefits	Current and FI HSA deductible is $2,425 per member. T individual deductible.
Out of pocket limits	Quoted FI per-member maxima: PPO $6,000 and HSA $
Fully insured quote scope	FI quotes have no A/B/C recovery charges or separate $ funding require confirmation.

Retiree rates as quoted

Source and category	Monthly amount	Rate basis
2026 Medicare former employee	$725.00	Published current rate
2026 Medicare dependent or spouse	$460.00	Published current line item
FI PPO retiree only	$735.94	Quoted gross premium
FI PPO retiree and spouse one with Medicare	$1,453.35	Quoted gross premium
FI PPO retiree and spouse both with Medicare	$1,196.88	Quoted gross premium

·ate and excluded from the amounts below.

Option B recovery only	Option B with dep increase	Option C recovery only	Option C with dep increase	Fully insured HTH quote
$1,170.00	$1,170.00	$1,165.00	$1,165.00	$1,051.35
$1,765.00	$1,865.00	$1,760.00	$1,860.00	$1,709.83
$1,710.00	$1,810.00	$1,705.00	$1,805.00	$1,648.96
$2,175.00	$2,275.00	$2,170.00	$2,270.00	$1,648.96
$2,175.00	$2,275.00	$2,170.00	$2,270.00	$2,163.57

Option B recovery only	Option B with dep increase	Option C recovery only	Option C with dep increase	Fully insured HTH quote
$1,045.00	$1,045.00	$1,040.00	$1,040.00	$938.04
$1,575.00	$1,675.00	$1,570.00	$1,670.00	$1,525.55
$1,525.00	$1,625.00	$1,520.00	$1,620.00	$1,471.24
$1,920.00	$2,020.00	$1,915.00	$2,015.00	$1,471.24
$1,920.00	$2,020.00	$1,915.00	$2,015.00	$1,930.38

No general 2027 increase or prior $245 charge is also added.

om Inputs B7 once. Default is $100 per month for dependent coverage and $0 for employee

mber. Proposed A/B/C in-network PPO deductibles are $2,000 / $3,000 / $3,500.

The memo uses the same proposed HSA package for A/B/C with a $3,000 in-network

$7,210. Memo in-network maxima: PPO A $7,500 and B/C $8,000; HSA A/B/C $8,000.

$100 added. Ancillary coverage, effective date, employer allocation and any transition

The retiree categories differ across sources. Do not treat these rows as a matched current-to-quote increase. A/B/C active-employee surcharges do not apply to these retiree rates. No FI HSA retiree quote is shown.

Rate inputs and assumptions

The negotiated District contribution is fixed at $950. Source rates, recovery charges and t

Fixed negotiated District contribution	$950.00	Confirmed by Terri
Proposed HSA deposit	$125.00	Assumed continua
Conditional dependent increase	$100.00	A/B/C have separa insured quote.
Historical District contribution	$950.00	2026 Hometown H
Historical HSA deposit	$125.00	2026 HSA allocatic
Proposed HSA premium funding	$825.00	Calculated as the I

2026 Hometown Health published monthly rates

Published category	PPO	HSA	
Employee only coverage	$950.00	$825.00	
One dependent child	$540.00	$480.00	
One dependent spouse	$595.00	$530.00	
Two or more dependents	$1,005.00	$875.00	
Medicare eligible former employee	$725.00		These are the two applying active-em
Medicare eligible dependent or spouse	$460.00		

January through June 2027 recovery contributions from the HAC memo

Coverage tier	Option A	Option B	Option C

Employee only	$125.00	$220.00	$215.00
Employee and spouse	$650.00	$220.00	$215.00
Employee and one child	$450.00	$220.00	$215.00
Employee and two or more children	$600.00	$220.00	$215.00
Employee spouse and children	$900.00	$220.00	$215.00

Fully insured Hometown Health quotes

Insurer category	**FI PPO gross**	**FI HSA gross**	
Employee Only	$1,051.35	$938.04	
Employee Plus Spouse	$1,709.83	$1,525.55	
Employee Plus Child(ren)	$1,648.96	$1,471.24	
Employee Plus Family	$2,163.57	$1,930.38	
Quoted benefit	**FI PPO**	**FI HSA**	
Deductible per member	$1,000.00	$2,425.00	
Deductible per family	$3,000.00	$4,850.00	
Out of pocket maximum per member	$6,000.00	$7,210.00	
Quoted rate guarantee months	12		The source shows
FI PPO retiree only	$735.94		
FI PPO retiree and spouse one with Medicare	$1,453.35		Quoted retiree cat is calculated. No F
FI PPO retiree and spouse both with Medicare	$1,196.88		

Mapping and source differences

Current two or more	Map the 2026 two-or-more-dependent charge to both tw
FI child category	Map the insurer Child(ren) quote to both one-child and t
PPO source mismatch	The broker slide shows current spouse $1,490 and child 2026 sheet controls this comparison.
2027 projected columns	The broker slide also has 2027 projected self-funded rat sheet plus A/B/C.
Funding and coverage	The 2026 sheet is labeled medical, dental, Rx and visior replacement cost.
Transition costs	No unquoted ancillary premiums, transition costs or add

Alternative fully insured HSA employee amounts if all District funding pays premiu

Insurer category	Employee amount	Unused premium allocation
Employee Only	$0.00	$11.96
Employee Plus Spouse	$575.55	$0.00
Employee Plus Child(ren)	$521.24	$0.00
Employee Plus Family	$980.38	$0.00

the HSA allocation are shown below.

i Willoughby: the negotiated District contribution remains $950 under every option.

ation of the current $125 monthly employer HSA deposit; confirm before rates are finalized.

ate columns with and without this per-contract dependent increase. It is not added to the fully

ealth rate sheet, page 1. Eligible employees receive the full stated District contribution.

on: $825 to coverage plus $125 to the HSA.

District contribution less the proposed HSA deposit.

Source: 2026HometownHealthRateSheet (1).pdf, page 1.

Employee-only amounts are plan funding; dependent amounts are additional employee-paid premiums.

The source shows $875..00 for HSA two or more dependents; interpreted as the apparent typographical error $875.00.

https://chatgpt.com/library?file_id=libfile_fa0dcb3dfaf0819183f0a69f08dec402&account_id=personal

published retiree line items. They are retained without constructing a combined rate or nployee recovery charges.

Dependent flag

Source: Health Fund Recovery Recommendations,

October 21, 2026, pages 1-4.

0

1

Charges apply to District active contracts. A, B and C are alternatives and replace the former proposed $245 flat charge.

1

1

https://chatgpt.com/library?file_id=libfile_191e678483508191bd55ea455847cbd0&account_id=personal

1

Source: Health Rates_Fully INsured.pdf, page 1, printed slide 6.

Gross monthly premiums as quoted. Employee contribution arrangements are not supplied in this quote.

Source labels this a medical rate comparison; inclusion of dental and vision requires confirmation.

https://chatgpt.com/library?file_id=libfile_04ffe4021b0881918a880133c539f0f8&account_id=personal

; a 12-month rate guarantee. Confirm the effective date and final contract terms.

egories are preserved. The 2026 rate sheet uses different labels, so no direct retiree change
FI HSA retiree quote is supplied.

vo-or-more-children and spouse-and-children coverage.

:wo-or-more-children rows. Family maps to spouse and children.

d $1,545. The designated 2026 sheet produces spouse $1,545 and one child $1,490. The

tes. They are not used or added here: the requested basis is the 2026 Hometown Health

n. Confirm matching coverage before treating fully insured premiums as a complete

litional funding for existing self-funded liabilities are added to the fully insured premiums.

ms

This alternative assumes no separate $125 employer HSA deposit. Unused premium allocation is not an employee payment or an assumed HSA deposit. The main comparison preserves the current HSA deposit.

EXCESS LOSS RENEWAL & MARKETING ANALYSIS

Douglas County School District

Specific stop loss comparison | Plan year 2027

PREPARED FOR

Douglas County School District
EMPOWER • PREPARE • INSPIRE • CONNECT

PRESENTED BY
LP Insurance Services
Employee Benefits Division

EFFECTIVE DATE
January 1, 2027

INSURANCE
lpins.net

INSURANCE BROKERS * EMPLOYEE BENEFIT CONSULTANTS

Contents

Excess Loss Renewal & Marketing Analysis

Douglas County School District
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1 **Response to Bid Summary** — Page 3
Carriers contacted and their responses

2 **Specific Deductible Levels – $300K, $325K, $350K** — Page 4
Benefit and cost comparison of current, renewal and alternative options

71

3 **Historical Data** — Page 5
Eight-year specific deductible, premium and claims history

4 **L/P Insurance Services Fee Disclosure** — Page 6
ERISA 408(b)(2) compensation disclosure: services and compensation schedules

Response to Bid Summary

Excess loss carriers contacted for the 2027 renewal

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CARRIER CONTACTED	BID RESPONSE	% OVER / (UNDER) CURRENT
IISI Companion	**Current / Renewal – Presented**	**30%**
Ryan Specialty Benefits	**Quoted – Presented**	**24%**
Berkshire Hathaway	Quoted – Not Presented	**32%**
Berkley A&H	Quote Not Presented	–
Tokio Marine HCC	Quote Not Presented	–
ISU Companion	Declined to Quote – Carrier	–
BRM Specialty Markets	Declined to Quote – Not Competitive	–
QBE A&H	Declined to Quote – Not Competitive	–
Sun Life Financial	Declined to Quote – Not Competitive	–
Swiss Re	Declined to Quote – Not Competitive	–
Symetra	Declined to Quote – Not Competitive	–

72

Presented to the District Quoted / not presented Declined to quote

Stop Loss – Benefit & Cost Comparison

Specific deductible levels: $300K, $325K, $350K

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CARRIER	Current IISI Companion	Renewal IISI Companion	Option 1 Ryan Specialty	Option 2 Ryan Specialty	Option 3 Ryan Specialty
EXPOSURES					
Employee Only	541	541	541	541	541
Employee + Family	178	178	178	178	178
Total Employees	**719**	**719**	**719**	**719**	**719**
SPECIFIC STOP LOSS					
Stop Loss Level	**$300,000**	**$300,000**	**$300,000**	**$325,000**	**$350,000**
Contract Basis	24/12	Paid	24/12	24/12	24/12
Benefits Covered	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx	Medical/Rx
Limit of Liability (Annual)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Limit of Liability (Lifetime)	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Reimbursement Percent	100%	100%	100%	100%	100%
Specific Advancement	Yes	Yes	Yes	Yes	Yes
Actively at Work	Waived w/ disclosure	Waived w/ disclosure	Waived w/ disclosure	Waived w/ disclosure	Waived w/ disclosure
No New Laser Provision	Included (50% cap)	**Incl. (50% cap); 1 EE excl.**	Included (50% cap)	Included (50% cap)	Included (50% cap)
Plan Mirroring	Included	Included	Included	Included	Incl. – subject to
Retirees	Included	Included	Included	Included	Included
SPECIFIC RATES (PER EMPLOYEE PER MONTH)					
Employee Only	$58.15	$75.24	$72.49	$65.90	$59.98
Employee + Family	$169.91	$222.05	$210.93	$191.45	$173.77
ESTIMATED ANNUAL FIXED COST					
Single Specific Stop Loss	$377,510	$488,458	$470,605	$427,823	$389,390
Family Specific Stop Loss	$362,928	$474,299	$450,546	$408,937	$371,173
TOTAL ANNUAL FIXED EXPENSES	**$740,438**	**$962,757**	**$921,152**	**$836,760**	**$760,563**
% over / (under) current	–	**30.0%**	**24.4%**	**13.0%**	**2.7%**
$ over / (under) current	–	**$222,319**	**$180,714**	**$96,322**	**$20,125**
LASERS & CONTINGENCIES					
Claimant 1 – Current Laser	None	None	None	None	None
Firm and Final	–	Yes	Yes	Yes	Yes
Acceptance Requirement	–	Signed Confirmation	Signed Confirmation	Signed Confirmation	Signed Confirmation
Proposal Expiration Date	–	**11/11/26**	**11/6/26**	**11/6/26**	**11/6/26**

Red text marks a change from the current program. Rates are shown per employee per month; annual costs are estimates based on 719 enrolled employees.

Historical Data

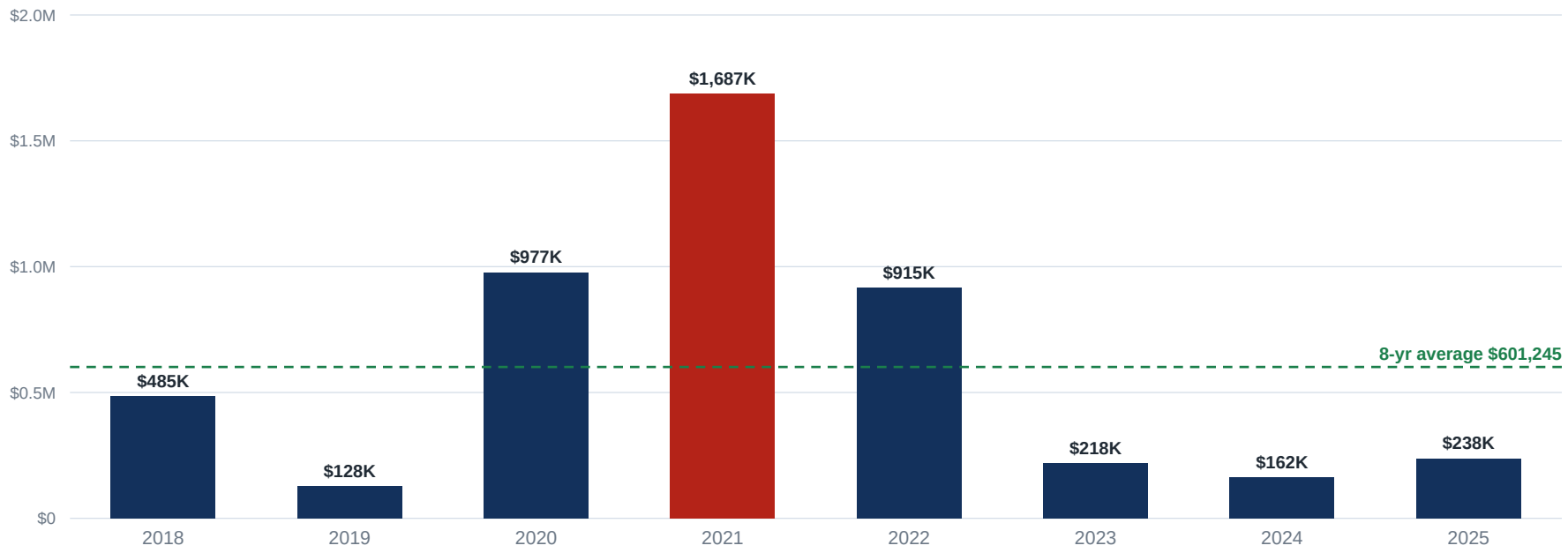
Specific deductible, premium and claims experience, 2018–2025

Douglas County School District
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PLAN YEAR	SPECIFIC DED.	RENEWAL	CARRIER	LASERS	APPROX. PREMIUM	CLAIMS > SPEC	TOTAL $ OVER SPEC
2018	$175,000	4%	Voya	None	$555,000	1	**$484,768**
2019	$175,000	10%	Voya	None	$625,000	2	**$127,683**
2020	$200,000	-1%	Voya	None	$643,000	3	**$977,120**
2021	$250,000	9%	Voya	$1.5M	$660,000	3	**$1,686,541**
2022	$250,000	-3%	Granular	$500K	$665,000	5	**$915,245**
2023	$250,000	7%	Granular	$500K	$687,000	2	**$218,357**
2024	$275,000	6%	Granular	$500K	$800,000	2	**$162,161**
2025	$275,000	6%	Granular	$500K	$850,000	2	**$238,084**
8 YEARS						**20 (avg. 2.5/yr)**	**$4,809,959 (avg. $601,245/yr)**

74

Total $ over specific deductible, by plan year



L/P Insurance Services Fee Disclosure

Services provided and compensation received

Employer / Group Name	Douglas County School District
Plan Year	2027
Date	11/3/2026

FEE DISCLOSURE

Your organization sponsors a group health plan that is subject to the Employee Retirement Income Security Act of 1974 ("ERISA") for which L/P Insurance Services ("L/P") provides non-fiduciary services. ERISA has been amended to require brokers and consultants to make compensation disclosures for agreements in effect on or after December 27, 2021.

Under ERISA, the plan sponsor or other responsible fiduciary has a fiduciary duty to prudently select and monitor service providers, and their fees and compensation, to ensure, among other things, that the compensation received by the service provider is reasonable in relation to the services provided.

In exchange for receipt of the compensation identified in Schedule B, L/P shall perform those services specifically selected on Schedule A ("the Services") on behalf of the "Group Health Plan" ("Client")…

We do not and will not provide any fiduciary services.

Confidential. This document contains proprietary confidential information concerning L/P and our clients. It may not be distributed or reproduced without the express prior written consent of L/P. No disclosure concerning this document shall be made without the express prior written consent of L/P.

SCHEDULE A – SCHEDULE OF SERVICES TO BE PROVIDED TO PLAN FIDUCIARIES

The services selected are to be provided by L/P or arranged for on the Client's behalf. In all instances L/P is not acting in a fiduciary capacity, but…

- ☑ **Strategic Benefit Planning & Placement Services** (e.g. assess/review current plans, conduct plan/vendor analysis, summarize plans/policies, suggest plan improvement, negotiate vendor/carrier rates and services, oversee plan implementation, etc.)
- ☑ **Open enrollment support services** (e.g., develop open enrollment communication materials as requested, attend onsite meetings as needed, provide resources to educate/engage plan members, etc.)
- ☑ **Online Enrollment Benefit Platform via Employee Navigator** (e.g., setup, testing and year-round support; offer administrative training; facilitate data feeds as allowed by carriers, etc.)
- ☑ **Account management services** (e.g., serve as a liaison between Client and carriers; facilitate billing, claims and service resolution; and assist employees with general benefit questions, etc.)
- ☑ **Affordable Care Act** (e.g. recommend ACA-premium contributions, recommend 1094-1095 vendors to prepare 1094/1095 IRS information returns, advise on PCORI fee amounts, etc.)
- ☑ **Compliance Services** (e.g. provide advice and guidance with applicable laws and regulations, offer guidance on existing and emerging compliance issues, required notices & disclosures, prepare signature-ready Form 5500s & SARs as appropriate, etc.) L/P does not provide legal counsel or tax advice.
- ☑ **Benefit Administration Services** (including COBRA, FSA, HRA, H.S.A., administration services)
- ☑ **Other services as requested by Plan Sponsor**

L/P Insurance Services Fee Disclosure

Schedule B – Compensation

Douglas County School District
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SCHEDULE B – COMPENSATION

In exchange for the provision of Services designated in Schedule A, the parties agree L/P shall be entitled to the following compensation.

1. Direct Compensation

CARRIER / VENDOR	LINE OF COVERAGE	COMPENSATION METHODOLOGY
IISI Companion	Stop Loss	**10%**
Ryan Specialty Benefits	Stop Loss	**10%**

2. Indirect Compensation

Compensation, such as administrative services fees, may be provided to L/P by certain carriers in exchange for providing needed administrative support services on the carriers' behalf. This compensation is not guaranteed and is typically variable and based on meeting specific persistency and production levels. Compensation may be received on a monthly, quarterly or calendar year. The Direct Compensation fee type identified above is unaffected whether or…

There are occasions when certain carriers will host offsite business events for the purposes of introducing new products and services for select members of the brokerage community. These events are not in connection with any particular customer and may be held locally or at venues that require travel. The carrier will pay expenses for travel, meals, entertainment and accommodations. While the likelihood that these events will occur is unknown, their value cannot be calculated in advance. If certain Internal Revenue Service (IRS) thresholds ($600) are met, individual event participants receive a Form 1099-MISC that…

As part of L/P's corporate governance practices, all employees are subject to an anti-corruption and whistle blower policy that states no gift, entertainment or travel exceeding $100 per person can be accepted from a carrier, vendor, or third party without prior approval from the Chief Executive Officer. In such…

3. Termination of the Arrangement

L/P will not receive any compensation when the arrangement between L/P and the Client is terminated other than compensation that accrued before the date of termination. Any carrier amounts received after the termination of the arrangement that are not due to L/P will be refunded to the carrier upon the next…

Note: This Notice is being provided to the Client as required by ERISA Section 408(b)(2)(B), which was enacted as part of the Consolidated Appropriations Act on December 27, 2020. Any other plan service provider that is subject to the 408(b)(2)(B) disclosure, and any such disclosures provided by such other service providers, are not included in the L/P Insurance Services disclosure.

This document is proprietary and confidential. No part of this document may be disclosed in any manner to a third party without the prior written consent of LP.