

**Douglas County School District
Board of Trustees
Agenda for the Health Advisory Committee of
Tuesday, September 29, 2026
4:30 PM
District Office
1638 Mono Avenue
Minden, NV 89423**

Mission Statement

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

Board Purpose

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

Board of Trustees

Yvonne Wagstaff, President
Melinda Gneiting, Vice President
Erinn Miller, Legislative Representative
David Brady, Member
Heather Jackson, Member
Susan Jansen, Member
Markus Zinke, Member

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

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

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

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

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

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

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

The Board limits public comment to three minutes per commenter.

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

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

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

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

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

Revised 11/6/2025



Douglas County School District
Health Advisory Committee

District Office
1638 Mono Avenue
Minden, NV 89423

Tuesday, September 29, 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 August 25, 2026 Meeting (For Possible Action) 5

Attached are the minutes of the August 25, 2026 Health Advisory Committee Meeting for review and approval.

5. Review of Claims (Information and Discussion) Lloyd Barnes, Nate Kerr 8

A representative from DCSD's broker, LP Insurance Services, Inc., will review claims expenses for Douglas County School District's self-funded health insurance.

6. Customer Service Review (Information and Discussion) Sam Bradley 18

A representative from Douglas County School District's Third Party Administrator, Hometown Health, will review customer service statistics.

7. Self- Insurance Fund Projected Financials (Information and Discussion) 22

Executive Director of Human Resources, will provide an update on the projected financials of the district's self-insured health insurance fund.

8. DCSD Self-Funded Health Insurance Plan Review (Information, Discussion and Possible Action)LP Insurance **25**

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

9. Board Policy Draft (for Possible Action) Terri Willoughby, DCSD CFO **27**

To review, discuss, and formulate a formal recommendation for the Board of Trustees regarding the proposed Board Policy on Health Fund Reserves Funding and Recovery. The policy establishes guidelines for financial stewardship, minimum and target reserve thresholds, risk management, and structured recovery plans for the District's self-funded health plan.

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

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

11. Public Comment #2

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

12. Adjournment

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

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

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

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

**Minutes of the Health Advisory
Committee Meeting – August 25, 2026**

Committee Members Present

Jeannie Dwyer, Executive Director of HR
Andrew Fromdahl, DCAA
Elizabeth Martin, DCSSO
Tom Dilly, Chapter #6 Bus Drivers
Kerry Stack, DCPEA

Absent

Ethan Petite, DCPEA

Also present: Nate Kerr and Camille Barba, LP Insurance; Lisa Schloemer Gaub, Hometown Health; Leeann Caires, DCSD Human Resources; Terri Willoughby, DCSD Chief Financial Officer; and a DCSD Board Trustee.

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

1. Call to Order

The meeting was called to order by Mrs. Dwyer at 4:38 p.m.

2. Public Comment #1

No public comment.

3. Committee Members' Comment

No committee members' comment.

4. Approval of Minutes of the May 26, 2026 Meeting (For Possible Action)

The minutes of the May 26, 2026 meeting were approved unanimously.

5. Approval of Minutes of the June 17, 2026 Meeting (For Possible Action)

The minutes of the June 17, 2026 special meeting were approved unanimously.

6. Review of Claims (Information and Discussion)

Mr. Kerr reported on paid claims for calendar year 2026 through July. Year-to-date average enrollment was 710 employee-only participants, 176 dependent units, and 316 individual dependents. Enrollment was lower in all three categories compared with the prior period. Retirees and covered Swim Center participants are included in the enrollment figures.

Employee claims averaged approximately \$733 per employee per month, an increase of approximately 18% over the prior period. Dependent claims averaged approximately \$1,208 per dependent unit per month, an increase of approximately 6%. Composite claims cost averaged slightly more than \$1,000 per employee per month, approximately 14% higher than the prior period.

Total plan cost, including claims and fixed expenses, averaged approximately \$1,100 per employee per month, approximately 13% above the prior period. Fixed costs were approximately 2% lower than the prior period. Inpatient hospital services represented approximately 26% of total spending through the first six months. Barton remained substantially more expensive than other regional facilities; members were encouraged to consider Carson Valley Health, Renown, and Carson Tahoe when appropriate.

The specific stop-loss deductible is \$300,000. Three claimants had exceeded the \$150,000 large-claim monitoring threshold, and no claimant had exceeded the \$300,000 stop-loss deductible. Estimated incurred but not reported (IBNR) claims were approximately \$966,000 through July, compared with slightly more than \$1 million through June, and were considered relatively stable.

In response to questions about healthcare inflation, Mr. Kerr stated that regional medical trend is approximately 7%–9%, prescription drug trend is approximately 13%–15%, and combined trend is approximately 10%–12%.

DCSD's updated projection increased from 7.8% using data through May to approximately 8.4% with two additional months of data; LP Insurance remained comfortable with an 8% funding recommendation. The projection addresses expected cost versus revenue and does not include rebuilding reserves. The committee discussed beginning rate and benefit decisions in September to allow sufficient time before Board action and November open enrollment.

7. Customer Service Review (Information and Discussion)

Mrs. Schloemer Gaub reported on Hometown Health customer service for June and July 2026. Average speed to answer increased to 38 seconds in July, reflecting seasonally higher call volume, and the July abandonment rate was 2%. Medical and dental claim-processing results were reviewed. Dental results fluctuate more because dental offices vary in how and when they submit claims.

Hometown Health's contract includes performance guarantees and potential fee refunds when specified standards are not met. Current customer service and claims-processing performance remained within the contractual standards.

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

Mrs. Dwyer reviewed preliminary fiscal year 2025–26 results and noted that the Chief Financial Officer will present this item at future meetings. Expenses exceeded revenues by approximately \$656,000 for fiscal year 2025–26, compared with a deficit of nearly \$1.4 million in fiscal year 2024–25. Plan changes effective January 2026 have been in place for only eight months, so their full annual effect is not yet known. Expenses exceeded revenues in April, May, and June.

The June 30, 2025 ending fund balance was approximately \$609,000 and included a \$1 million General Fund transfer. No General Fund support was recorded during fiscal year 2025–26; however, the financial statements were not final, and the need for a transfer had not been determined. Staff agreed to verify the approximately \$9.81 million premium-revenue figure and provide updated financials at the next meeting.

The committee discussed the lack of a current reserve policy. Prior guidance used multiples of IBNR, and an estimated reserve of slightly more than \$2 million was discussed as a possible benchmark. LP Insurance stated that two to three months of claims is a common industry standard, but the appropriate target is a policy decision. The committee discussed rebuilding reserves gradually, limiting reserve use to appropriate one-time purposes such as catastrophic claims, and using controlled premium holidays if reserves exceed an established ceiling rather than using reserves to suppress recurring rates.

9. Health Insurance Plan Review (Information, Discussion, and Possible Action)

The committee reviewed potential rate and benefit options. Based on current information, an increase of approximately 8% in plan funding is projected for 2027. Potential benefit changes could offset part of the required funding increase; examples included increasing the deductible, which was estimated to reduce costs by approximately 1.7%, and increasing the out-of-pocket maximum, which was estimated to reduce costs by approximately 2%. Updated projections and a complete set of benefit "levers" will be presented at the next meeting.

The committee requested a summary of the prior year's plan changes, including changes to District and dependent contributions, the dental deductible, prescription drug deductible, and office visit cost sharing. The committee also discussed dependent tier ratios. LP Insurance stated that DCSD's dependent rates are below common industry tier relationships and that only approximately 20%–25% of enrolled employees cover dependents; therefore, even a significant dependent-rate increase would have a limited effect on total revenue. Staff will provide relevant comparisons with other Nevada school districts and, where possible, another self-funded district.

The committee confirmed that the Board had approved continuation of the self-funded plan with Hometown Health. Because the arrangement is continuing, implementation is generally business as usual, although updated contracts will still need to be completed.

10. Correspondence (Information and Discussion)

Committee members reported employee questions about the Renown–Kaiser relationship and possible effects on local provider access. Hometown Health and LP Insurance clarified that DCSD's self-funded plan and Renown PPO network are not changing. The initial Kaiser activity is primarily related to fully insured HMO and

Medicare Advantage business. Future options could develop, but no current change to DCSD coverage or network was identified. Hometown Health and LP Insurance will assist with clear employee communications for open enrollment.

11. Future Agenda Items (For Possible Action)

1. Reserve management, including possible development of a Board policy and appropriate uses of restricted and unrestricted reserves.
2. Updated 2027 rate projection and benefit-change options for open enrollment.
3. Summary of plan and rate changes implemented for 2026.
4. Dependent premium tier ratios and comparisons with other Nevada school districts.
5. Employee communication regarding the Renown–Kaiser relationship and confirmation that the DCSD self-funded network is unchanged.

12. Public Comment #2

No public comment.

13. Adjournment

The meeting was adjourned at 5:39 p.m. by Mrs. Dwyer.

Submitted by,

Jeannie Dwyer
Executive Director of Human Resources
Douglas County School District
(775) 782-7177



Douglas County School District

August-26

Group Health Plan Cost Analysis Report

8

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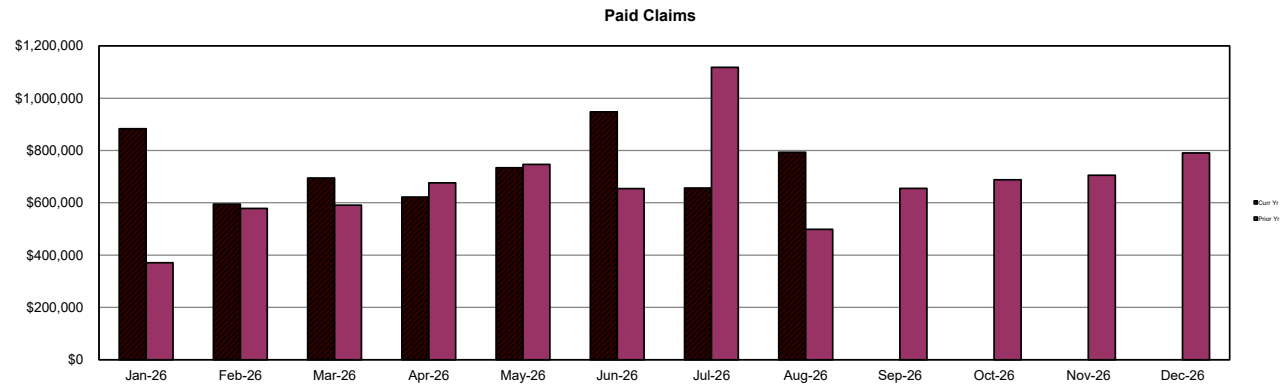
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Utilization Report
6	Top 20 Providers
7	Large Claim Data
8	Incurred But Not Reported Liability (IBNR)-Current
9	Incurred But Not Reported Liability (IBNR)-Previous Month



Douglas County School District
PAID CLAIMS

		Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
Line #	ENROLLMENT																
1	Employees	725	718	711	709	707	703	695	652	0	0	0	0	5,620	703	743	-5.50%
2	Dependent Units	180	178	175	176	177	173	174	165	0	0	0	0	1,398	175	189	-7.29%
3	Total # of Dependents	321	317	315	316	314	314	317	303	0	0	0	0	2,517	315	349	-9.87%
EMPLOYEE CLAIMS																	
4	Medical	\$525,224	\$234,655	\$381,057	\$229,577	\$486,467	\$514,722	\$222,178	\$405,722	\$0	\$0	\$0	\$0	\$2,999,601	\$374,950	\$325,692	15.12%
5	Less Stop Loss Reimbursement	(\$1,688)	(\$967)	(\$7,382)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$10,038)	(\$1,255)	(\$4,859)	-74.18%
6	Net Medical Claims	\$523,536	\$233,688	\$373,674	\$229,577	\$486,467	\$514,722	\$222,178	\$405,722	\$0	\$0	\$0	\$0	\$2,989,564	\$373,695	\$320,832	16.48%
7	Prescription	\$123,157	\$101,732	\$121,868	\$103,877	\$135,203	\$131,380	\$95,067	\$102,315	\$0	\$0	\$0	\$0	\$914,598	\$114,325	\$105,642	8.22%
8	Dental	\$27,699	\$43,064	\$42,901	\$35,564	\$13,833	\$32,077	\$24,120	\$26,467	\$0	\$0	\$0	\$0	\$245,726	\$30,716	\$28,969	6.03%
9	Vision	\$4,497	\$5,231	\$3,800	\$3,220	\$2,648	\$3,840	\$4,455	\$5,494	\$0	\$0	\$0	\$0	\$33,186	\$4,148	\$3,726	11.35%
10	Total Employee	\$678,888	\$383,716	\$542,244	\$372,238	\$638,151	\$682,019	\$345,820	\$539,997	\$0	\$0	\$0	\$0	\$4,183,074	\$522,884	\$459,168	13.88%
11	Cost Per Employee	\$936.40	\$534.42	\$762.65	\$525.02	\$902.62	\$970.15	\$497.58	\$828.22	\$0.00	\$0.00	\$0.00	\$0.00	\$5,954.55	\$744.32	\$617.65	20.51%
DEPENDENT CLAIMS																	
12	Medical	\$203,904	\$192,585	\$155,609	\$203,793	\$53,272	\$214,535	\$255,847	\$203,121	\$0	\$0	\$0	\$0	\$1,482,666	\$185,333	\$168,143	10.22%
13	Less Stop Loss Reimbursement	(\$41,524)	(\$61,777)	(\$24,473)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$127,774)	(\$15,972)	(\$17,010)	-6.10%
14	Net Medical Claims	\$162,380	\$130,808	\$131,136	\$203,793	\$53,272	\$214,535	\$255,847	\$203,121	\$0	\$0	\$0	\$0	\$1,354,892	\$169,361	\$151,133	12.06%
15	Prescription	\$26,417	\$56,552	(\$7,287)	\$31,133	\$33,502	\$29,505	\$35,880	\$37,291	\$0	\$0	\$0	\$0	\$242,992	\$30,374	\$44,294	-31.43%
16	Dental	\$14,195	\$23,469	\$27,360	\$14,785	\$7,679	\$20,743	\$18,087	\$10,343	\$0	\$0	\$0	\$0	\$136,661	\$17,083	\$17,171	-0.51%
17	Vision	\$1,276	\$591	\$1,322	\$98	\$1,428	\$565	\$913	\$2,414	\$0	\$0	\$0	\$0	\$8,607	\$1,076	\$1,036	3.82%
18	Total Dependent	\$204,268	\$211,420	\$152,532	\$249,808	\$95,881	\$265,346	\$310,727	\$253,170	\$0	\$0	\$0	\$0	\$1,743,153	\$217,894	\$213,634	1.99%
19	Cost Per Dependent Unit	\$1,134.82	\$1,187.75	\$871.61	\$1,419.36	\$541.70	\$1,533.79	\$1,785.79	\$1,534.36	\$0.00	\$0.00	\$0.00	\$0.00	\$9,975.12	\$1,246.89	\$1,133.34	10.02%
20	Cost Per Dependent	\$636.35	\$666.94	\$484.23	\$790.53	\$305.35	\$845.05	\$980.21	\$835.54	\$0.00	\$0.00	\$0.00	\$0.00	\$5,540.41	\$692.55	\$611.99	13.16%
EMPLOYEE + DEPENDENT																	
21	Medical	\$729,128	\$427,240	\$536,666	\$433,370	\$539,738	\$729,257	\$478,025	\$608,843	\$0	\$0	\$0	\$0	\$4,482,267	\$560,283	\$493,835	13.46%
22	Less Stop Loss Reimbursement	(\$43,212)	(\$62,744)	(\$31,856)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$137,811)	(\$17,226)	(\$21,869)	-21.23%
23	Net Medical Claims	\$685,916	\$364,497	\$504,810	\$433,370	\$539,738	\$729,257	\$478,025	\$608,843	\$0	\$0	\$0	\$0	\$4,344,456	\$543,057	\$471,965	15.06%
24	Prescription	\$149,573	\$158,284	\$114,582	\$135,009	\$168,704	\$160,885	\$130,947	\$139,606	\$0	\$0	\$0	\$0	\$1,157,590	\$144,699	\$149,935	-3.49%
25	Dental	\$41,894	\$66,533	\$70,261	\$50,349	\$21,512	\$52,820	\$42,207	\$36,810	\$0	\$0	\$0	\$0	\$382,387	\$47,798	\$46,139	3.60%
26	Vision	\$5,773	\$5,822	\$5,123	\$3,318	\$4,076	\$4,404	\$5,368	\$7,909	\$0	\$0	\$0	\$0	\$41,794	\$5,224	\$4,762	9.71%
27	Total Claims	\$883,156	\$595,136	\$694,777	\$622,046	\$734,032	\$947,365	\$656,547	\$793,167	\$0	\$0	\$0	\$0	\$5,926,226	\$740,778	\$672,802	10.10%
28	Composite Cost Per Employee	\$1,218.15	\$828.88	\$977.18	\$877.36	\$1,038.23	\$1,347.60	\$944.67	\$1,216.51	\$0.00	\$0.00	\$0.00	\$0.00	\$8,435.91	\$1,054.49	\$905.01	16.52%
29	Composite Cost Per Member	\$844.32	\$575.01	\$677.17	\$606.87	\$718.93	\$931.53	\$648.76	\$830.54	\$0.00	\$0.00	\$0.00	\$0.00	\$5,826.45	\$728.31	\$615.84	18.26%

Douglas County School District
PAID CLAIMS

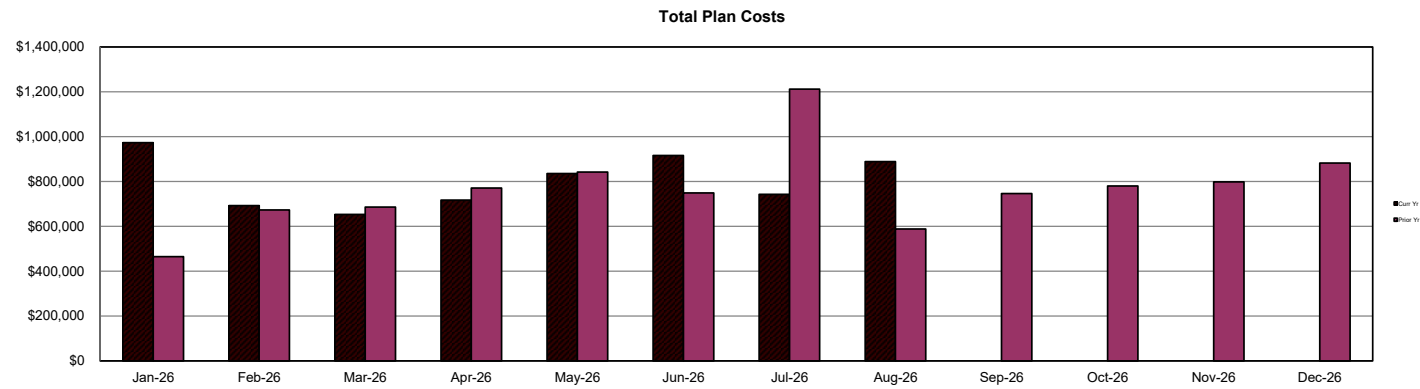


Douglas County School District
TOTAL PLAN COSTS

Line #		Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
EMPLOYEE																	
1	TPA / UTIL REVIEW / COBRA / TELE DOC	\$30.18	\$30.18	\$30.18	\$30.18	\$30.18	\$30.18	\$30.18	\$30.18	\$0.00	\$0.00	\$0.00	\$0.00	\$169,612	\$21,201	\$21,574	-1.73%
2	Specific Stop Loss	\$58.15	\$58.15	\$58.15	\$58.15	\$58.15	\$58.15	\$58.15	\$58.15	\$0.00	\$0.00	\$0.00	\$0.00	\$326,803	\$40,850	\$53,608	-23.80%
3	PPO Networks (Dental)	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.00	\$0.00	\$0.00	\$0.00	\$3,934	\$492	\$520	-5.50%
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$0.00	\$0.00	\$0.00	\$0.00	\$9,442	\$1,180	\$1,249	-5.50%
5	Consulting Fee (Estimated)	\$2.07	\$2.09	\$2.11	\$2.12	\$2.12	\$2.13	\$2.16	\$2.30	\$0.00	\$0.00	\$0.00	\$0.00	\$12,000	\$1,500	\$1,500	0.00%
6	Total Fixed	\$92.78	\$92.80	\$92.82	\$92.83	\$92.83	\$92.84	\$92.87	\$93.01	\$0.00	\$0.00	\$0.00	\$0.00	\$521,790	\$65,224	\$78,451	-16.86%
7	Exposures	725	718	711	709	707	703	695	652	0	0	0	0	5,620	703	743	-5.50%
8	Employee Fixed Costs	\$67,265	\$66,630	\$65,995	\$65,813	\$65,632	\$65,269	\$64,543	\$60,643	\$0	\$0	\$0	\$0	\$521,790	\$65,224	\$78,451	-16.86%
9	Total Gross Claims	\$680,577	\$384,683	\$549,627	\$372,238	\$638,151	\$682,019	\$345,820	\$539,997	\$0	\$0	\$0	\$0	\$4,193,111	\$524,139	\$464,028	12.95%
10	Gross Plan Costs	\$747,841	\$451,312	\$615,622	\$438,051	\$703,783	\$747,288	\$410,363	\$600,640	\$0	\$0	\$0	\$0	\$4,714,901	\$589,363	\$542,479	8.64%
11	Stop-Loss Reimbursements	(\$1,688)	(\$967)	(\$7,382)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$10,038)	(\$1,255)	(\$4,859)	-74.18%
12	Net Plan Costs	\$746,153	\$450,346	\$608,239	\$438,051	\$703,783	\$747,288	\$410,363	\$600,640	\$0	\$0	\$0	\$0	\$4,704,864	\$588,108	\$537,619	9.39%
13	Per Employee Gross Plan Costs	\$1,031.51	\$628.57	\$865.85	\$617.84	\$995.45	\$1,063.00	\$590.45	\$921.23	\$0.00	\$0.00	\$0.00	\$0.00	\$6,711.60	\$838.95	\$729.71	14.97%
14	Per Employee Net Plan Costs	\$1,029.18	\$627.22	\$855.47	\$617.84	\$995.45	\$1,063.00	\$590.45	\$921.23	\$0.00	\$0.00	\$0.00	\$0.00	\$6,697.32	\$837.16	\$723.17	15.76%
DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$0.00	\$0.00	\$0.00	\$0.00	\$81,361	\$10,170	\$7,174	41.77%
16	Specific Stop Loss (+ Fam.)	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$111.76	\$0.00	\$0.00	\$0.00	\$0.00	\$74,879	\$9,360	\$7,673	21.99%
17	Dependent Units (+ 1 Dep.)	91	90	89	92	93	92	94	87	0	0	0	0	728	91	91	-0.09%
18	Dependent Units (Fam.)	89	88	86	84	84	81	80	78	0	0	0	0	670	84	97	-14.03%
19	Dependent Fixed Costs	\$20,117	\$19,893	\$19,558	\$19,670	\$19,782	\$19,334	\$19,446	\$18,440	\$0	\$0	\$0	\$0	\$156,240	\$19,530	\$14,846	31.55%
20	Total Gross Claims	\$245,792	\$273,197	\$177,005	\$249,808	\$95,881	\$265,346	\$310,727	\$253,170	\$0	\$0	\$0	\$0	\$1,870,927	\$233,866	\$230,644	1.40%
21	Gross Plan Costs	\$265,909	\$293,090	\$196,563	\$269,478	\$115,662	\$284,681	\$330,173	\$271,610	\$0	\$0	\$0	\$0	\$2,027,167	\$253,396	\$245,490	3.22%
22	Stop-Loss Reimbursements	(\$41,524)	(\$61,777)	(\$24,473)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$127,774)	(\$15,972)	(\$17,010)	-6.10%
23	Net Plan Costs	\$224,385	\$231,314	\$172,090	\$269,478	\$115,662	\$284,681	\$330,173	\$271,610	\$0	\$0	\$0	\$0	\$1,899,393	\$237,424	\$228,480	3.91%
24	Per Dependent Unit Gross Plan Costs	\$1,477.27	\$1,646.58	\$1,123.22	\$1,531.12	\$653.46	\$1,645.55	\$1,897.55	\$1,646.12	\$0.00	\$0.00	\$0.00	\$0.00	\$1,450.05	\$1,450.05	\$1,302.34	11.34%
25	Per Dependent Unit Net Plan Costs	\$1,246.58	\$1,299.51	\$983.37	\$1,531.12	\$653.46	\$1,645.55	\$1,897.55	\$1,646.12	\$0.00	\$0.00	\$0.00	\$0.00	\$1,358.65	\$1,358.65	\$1,212.10	12.09%
26	Per Dependent Net Plan Costs	\$699.02	\$729.70	\$546.32	\$852.78	\$368.35	\$906.63	\$1,041.56	\$896.40	\$0.00	\$0.00	\$0.00	\$0.00	\$6,040.75	\$755.09	\$654.21	15.42%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$90,052	\$97,387	\$80,980	\$95,052	\$101,540	\$89,384	\$86,248	\$95,597	\$0	\$0	\$0	\$0	\$736,239	\$92,030	\$93,297	-1.36%
28	Total Claims	\$926,369	\$657,880	\$726,632	\$622,046	\$734,032	\$947,365	\$656,547	\$793,167	\$0	\$0	\$0	\$0	\$6,064,038	\$758,005	\$694,672	9.12%
29	Gross Plan Costs	\$1,016,421	\$755,266	\$807,612	\$717,098	\$835,571	\$1,036,749	\$742,795	\$888,764	\$0	\$0	\$0	\$0	\$6,800,277	\$850,035	\$787,969	7.88%
30	Stop-Loss Reimbursements	(\$43,212)	(\$62,744)	(\$31,856)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$137,811)	(\$17,226)	(\$21,869)	-21.23%
31	Pharmacy Rebates	\$0	\$0	(\$122,540)	\$0	\$0	(\$120,723)	\$0	\$0	\$0	\$0	\$0	\$0	(\$243,263)	(\$30,408)	(\$34,452)	-11.74%
32	Net Plan Costs	\$973,209	\$692,523	\$653,216	\$717,098	\$835,571	\$916,026	\$742,795	\$888,764	\$0	\$0	\$0	\$0	\$6,419,202	\$802,400	\$731,648	9.67%
33	Composite Gross Plan Cost Per Employee	\$1,401.96	\$1,051.90	\$1,135.88	\$1,011.42	\$1,181.85	\$1,474.75	\$1,068.77	\$1,363.14	\$0.00	\$0.00	\$0.00	\$0.00	\$9,680.11	\$1,210.01	\$1,059.93	14.16%
34	Composite Net Plan Cost Per Employee	\$1,342.36	\$964.52	\$918.73	\$1,011.42	\$1,181.85	\$1,303.02	\$1,068.77	\$1,363.14	\$0.00	\$0.00	\$0.00	\$0.00	\$9,137.65	\$1,142.21	\$984.17	16.06%
35	Composite Net Plan Cost Per Member	\$930.41	\$669.10	\$636.66	\$699.61	\$818.39	\$900.71	\$733.99	\$930.64	\$0.00	\$0.00	\$0.00	\$0.00	\$788.89	\$788.89	\$669.70	17.80%

*MAXOR Admin Fee Added to Employee & Dependent Fixed Costs

Douglas County School District
TOTAL PLAN COSTS



Douglas County School District

Utilization Report

Paid Claims Between

1/1/2026 thru 8/1/2026

Plan Paid										Percent of Medical
Row Labels	01/01/26	02/01/26	03/01/26	04/01/26	05/01/26	06/01/26	07/01/26	08/01/26	Grand Total	
Dental										
Professional										
OFFICE	\$41,894	\$66,533	\$70,261	\$50,349	\$21,512	\$52,820	\$42,207	\$36,810	\$382,387	
Professional Total	\$41,894	\$66,533	\$70,261	\$50,349	\$21,512	\$52,820	\$42,207	\$36,810	\$382,387	
Dental Total	\$41,894	\$66,533	\$70,261	\$50,349	\$21,512	\$52,820	\$42,207	\$36,810	\$382,387	
Medical										
Institutional										
INPATIENT HOSPITAL	\$152,583	\$135,808	\$101,704	\$57,352	\$235,851	\$134,587	\$217,802	\$83,679	\$1,119,368	25.0%
ON CAMPUS - OUTPATIENT HOSPITAL	\$119,547	\$68,697	\$101,855	\$57,202	\$94,500	\$175,111	\$47,205	\$157,649	\$821,767	18.3%
AMBULATORY SURGICAL CENTER	\$191,843	\$40,798	\$103,118	\$120,122	(\$11,007)	\$86,775	\$10,101	\$32,644	\$574,396	12.8%
EMERGENCY ROOM - HOSPITAL	\$45,235	\$34,222	\$41,827	\$36,242	\$23,217	\$75,774	\$40,688	\$41,875	\$339,080	7.6%
URGENT CARE FACILITY	\$64	\$192	\$1,074	\$274	\$39	\$648	\$1,847	\$791	\$4,929	0.1%
INDEPENDENT LABORATORY								\$34	\$34	0.0%
Institutional Total	\$509,273	\$279,717	\$349,579	\$271,192	\$342,602	\$472,896	\$317,642	\$316,673	\$2,859,573	63.8%
Professional										0.0%
OFFICE	\$60,413	\$63,829	\$71,476	\$79,705	\$80,090	\$139,404	\$82,478	\$133,186	\$710,582	15.9%
AMBULATORY SURGICAL CENTER	\$27,492	\$16,769	\$48,693	\$23,119	\$44,093	\$29,702	\$9,664	\$15,969	\$215,502	4.8%
ON CAMPUS - OUTPATIENT HOSPITAL	\$22,069	\$22,803	\$22,975	\$17,685	\$23,454	\$21,930	\$14,813	\$18,214	\$163,942	3.7%
HOME	\$1,946	\$2,074	\$6,176	\$5,013	\$6,189	\$18,407	\$21,337	\$17,946	\$79,089	1.8%
AMBULANCE - AIR OR WATER	\$76,518					\$0			\$76,518	1.7%
EMERGENCY ROOM - HOSPITAL	\$7,620	\$5,488	\$10,131	\$9,486	\$10,430	\$8,750	\$5,099	\$8,876	\$65,880	1.5%
INDEPENDENT LABORATORY	\$7,188	\$3,223	\$7,283	\$7,925	\$3,841	\$6,863	\$4,649	\$5,681	\$46,653	1.0%
TELEHEALTH - PROVIDED IN PATIENT'S HOME	\$2,418	\$3,547	\$4,495	\$4,126	\$2,677	\$5,136	\$5,489	\$3,123	\$31,011	0.7%
AMBULANCE - LAND	\$2,228	\$728		\$3,605	\$8,520	\$3,330	\$3,269	\$6,736	\$28,416	0.6%
RURAL HEALTH CLINIC	\$2,464	\$2,006	\$3,344	\$949	\$2,360	\$2,791	\$1,724	\$5,653	\$21,291	0.5%
URGENT CARE FACILITY	\$1,895	\$1,432	\$3,849	\$1,134	\$3,075	\$3,039	\$2,351	\$2,012	\$18,788	0.4%
TELEHEALTH - PROVIDED OTHER THAN IN PATIENT'S HOME	\$1,370	\$1,774	\$1,376	\$1,600	\$1,512	\$2,079	\$2,431	\$2,131	\$14,273	0.3%
OFF CAMPUS - OUTPATIENT HOSPITAL	\$0	\$220	\$212	\$353	\$216	\$498	\$40	\$540	\$2,079	0.0%
PUBLIC HEALTH CLINIC	\$133	\$0	\$31	\$100	\$256	\$142		\$695	\$1,357	0.0%
SKILLED NURSING FACILITY			\$122						\$122	0.0%
FEDERALLY QUALIFIED HEALTH CENTER							\$107		\$107	0.0%
END-STAGE RENAL DISEASE TREATMENT FACILITY			\$0						\$0	0.0%
COMMUNITY MENTAL HEALTH CENTER		\$0		\$0					\$0	0.0%
INPATIENT PSYCHIATRIC FACILITY							\$0		\$0	0.0%
MOBILE UNIT			\$0						\$0	0.0%
Professional Total	\$219,854	\$147,524	\$187,087	\$162,178	\$197,137	\$256,361	\$160,382	\$292,170	\$1,622,694	36.2%
Medical Total	\$729,128	\$427,240	\$536,666	\$433,370	\$539,738	\$729,257	\$478,025	\$608,843	\$4,482,267	100.0%
Vision										
Professional										
OFFICE						\$211	\$99		\$311	100.0%
Professional Total						\$211	\$99		\$311	100.0%
Vision Total						\$211	\$99		\$311	100.0%

Douglas County School District

Top 20 Providers

Paid Claims Between

1/1/2026

thru

8/1/2026

Provider	Members	Claims	MemberPaid	PlanPaid
CARSON VALLEY MEDICAL CENTER	266	830	\$263,515	\$832,170
RENOWN REGIONAL MEDICAL CENTER	85	177	\$60,735	\$710,110
CARSON TAHOE REGIONAL HEALTHCARE	258	508	\$197,987	\$646,631
BARTON MEMORIAL HOSPITAL	38	97	\$54,681	\$366,970
SUNRISE HOSPITAL & MEDICAL CTR	1	2	\$2,461	\$236,726
RENO ORTHOPAEDIC SURGERY CENTER	14	30	\$21,218	\$134,449
REACH AIR MEDICAL SERVICES LLC	1	2	-\$15,296	\$76,518
WILLIAMS, COLT	5	17	\$3,017	\$58,580
LIM, PETER C	5	47	\$967	\$46,973
OPTION CARE ENTERPRISES INC - LAS VEGAS	1	19	\$3,385	\$36,391
RENOWN SOUTH MEADOWS MEDICAL CENTER	25	44	\$17,789	\$31,723
EAST FORK FIRE & PARAMEDIC DISTRICTS	9	13	\$4,596	\$24,501
SINDEL, BRUCE D	1	4	\$0	\$23,764
DOFELIZ, FRANCISCO L	2	17	\$3,972	\$23,607
REDDY, VODUR SURESH	2	3	\$65	\$23,338
HANSLICK, JENNIFER L	1	4	\$0	\$22,167
CARSON ENDOSCOPY CENTER	24	25	\$2,074	\$21,857
CVMC BEHAVIORAL HEALTH CLINIC	12	79	\$1,476	\$20,856
LABCORP PHOENIX	282	488	\$22,887	\$19,170
UNRUH, THOMAS C	41	64	\$3,383	\$18,728

Note: Members may be represented within multiple providers

Douglas County School District

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

CLAIMANT		Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26
Claim #	<u>Total Amount of Claim Year to Date</u>												
1	Dependent	\$0	\$160,045	\$160,179	\$160,281	\$160,314	\$160,314	\$160,314	\$160,314				
2	Subscriber	\$0	\$0	\$0	\$0	\$247,340	\$249,894	\$249,969	\$251,733				
3	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$188,369	\$301,994				
4		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
5		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
9		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
10		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				

Total	\$0	\$160,045	\$160,179	\$160,281	\$407,655	\$410,208	\$598,653	\$714,042	\$0	\$0	\$0	\$0
Increase Over Previous Month:		\$160,045	\$134	\$102	\$247,374	\$2,553	\$188,445	\$115,389	\$0	\$0	\$0	\$0

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

1	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
3	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,994				
4		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
5		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
9		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
10		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				

Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,994	\$0	\$0	\$0	\$0
Increase Over Previous Month:		\$0	\$0	\$0	\$0	\$0	\$0	\$1,994	\$0	\$0	\$0	\$0

Douglas County School District

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

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

FORMULA

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

Net Paid Claims from September 01, 2025 through August 31, 2026

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

Average Estimated Lag Days

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

Number of employees covered:

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

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

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

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

Estimated IBNR Calculation

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

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

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

Douglas County School District

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

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

FORMULA

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

Net Paid Claims from August 01, 2025 through July 31, 2026

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

Average Estimated Lag Days

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

Number of employees covered:

Current enrollment all Medical Plans = 695 : 60 day lagged enrollment = 726

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

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

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

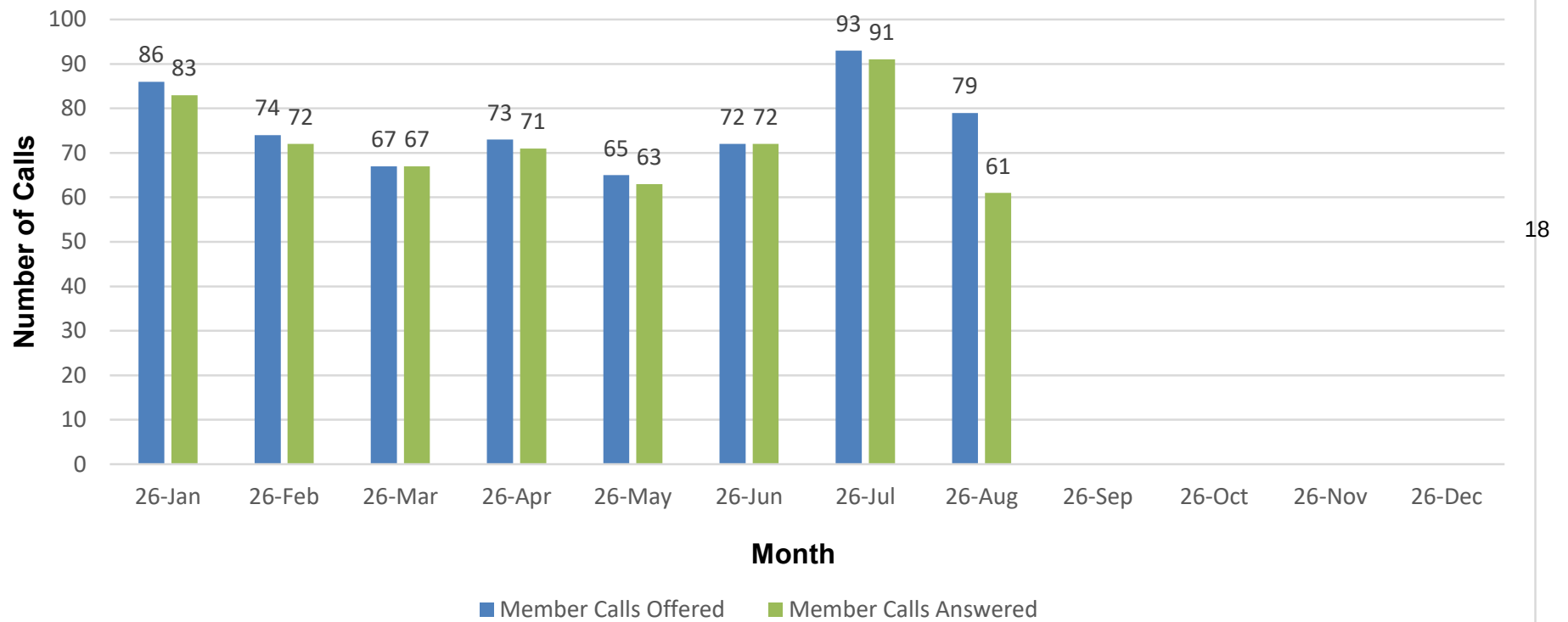
Estimated IBNR Calculation

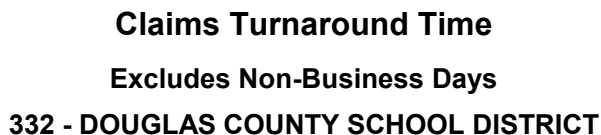
Medical	\$6,005,764 X (55/365) X (695/726) =	\$ 866,038	14.4%
+			
Dental	\$561,321 X (30/365) X (695/726) =	\$ 44,151	7.9%
+			
Rx	\$1,847,117 X (11/365) X (695/726) =	\$ 53,271	2.9%
+			
Vision	\$56,619 X (22/365) X (695/726) =	<u>\$ 3,266</u>	5.8%
=			
Total estimated IBNR as of July 31, 2026 =		\$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

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

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

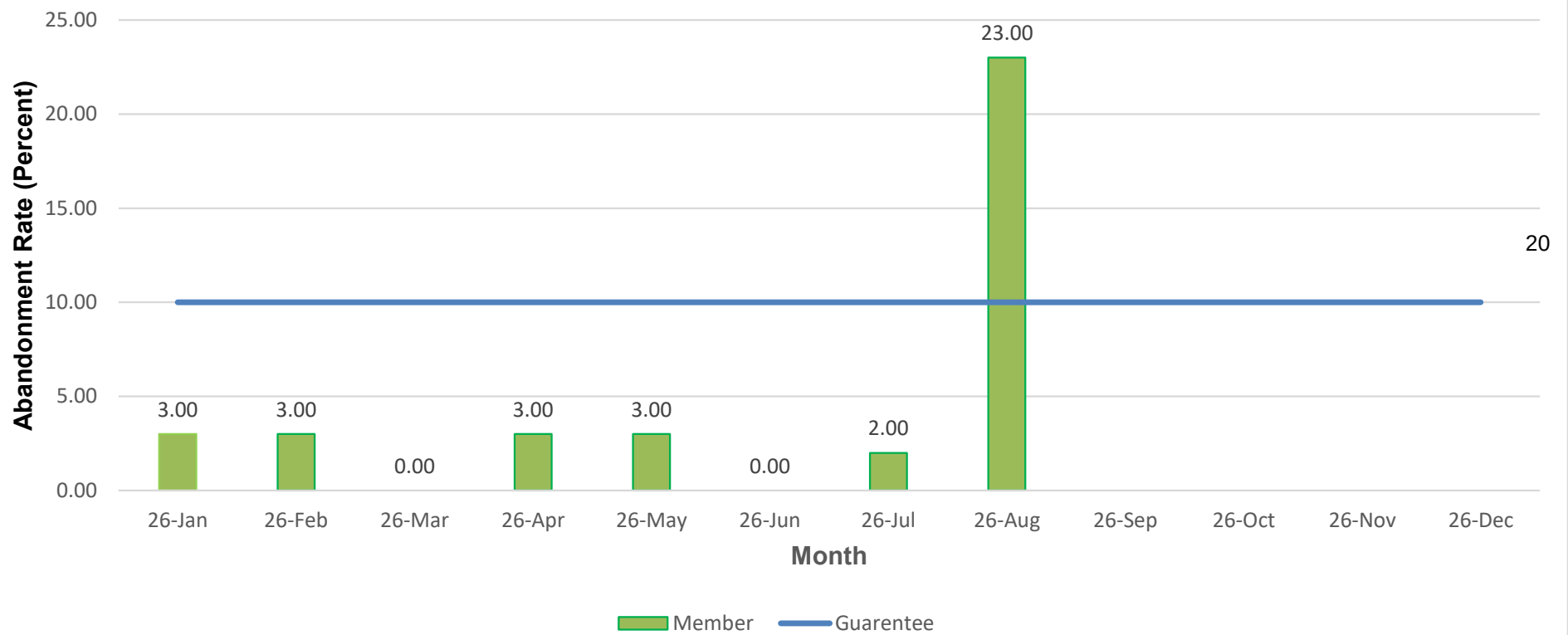
Hometown Health - DCSD Dedicated Phone Number Customer Services Department Call Volume



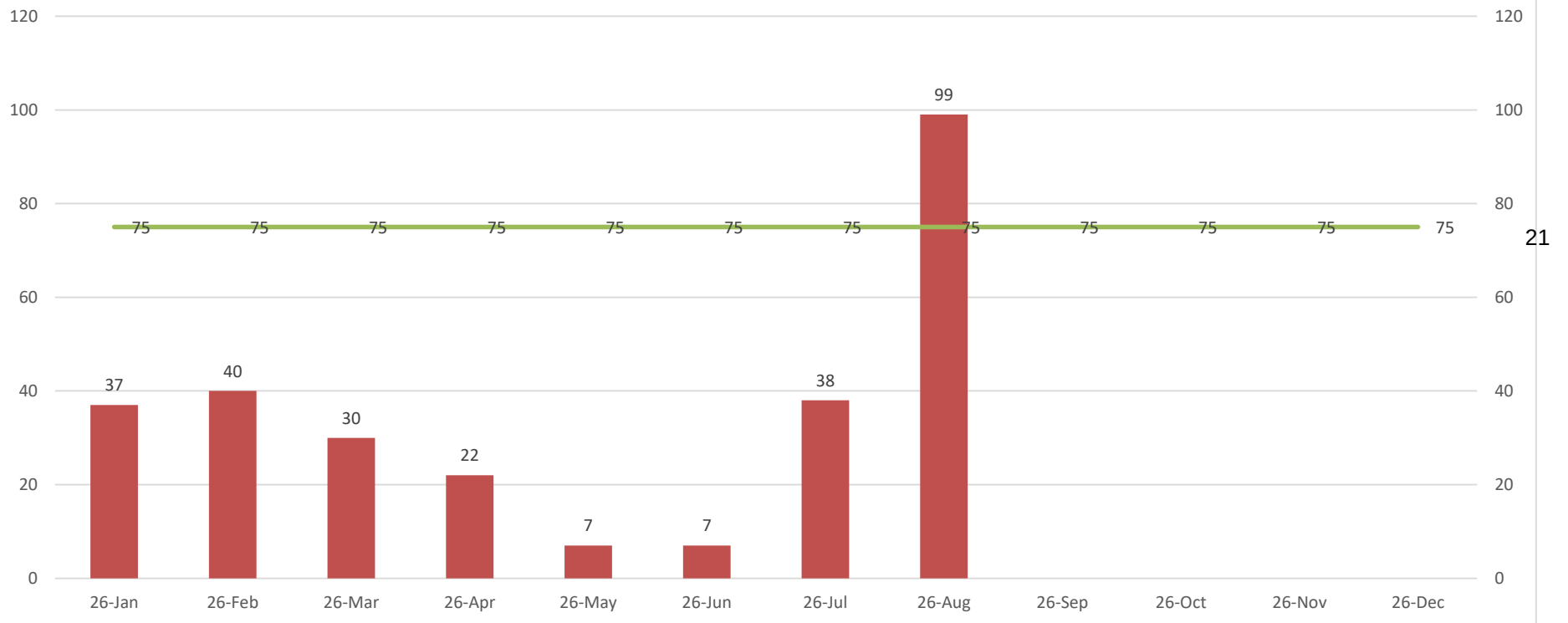


Rpt_2013_Parent_Group_Claims_TAT_DCSD (14).xlsx
As of Data Warehouse Date Tuesday, September 22, 2026

Hometown Health - DCSD Dedicated Phone Number Customer Services Department Abandonment Rate



**Hometown Health - DCSD Dedicated Phone Number
Customer Services Department
Average Seconds to Answer**



2022-2023 Actuals to date	2023-2024 Actuals to date	2024-2025 Actuals to date	2025-26 Actuals to date	2026-27 Actuals to date	
\$649,873	\$1,008,996	\$818,800	\$1,188,429	\$817,065	July
\$937,616	\$1,112,051	\$1,140,749	\$477,214	\$748,679	August
\$540,995	\$735,590	\$867,924	\$508,078		September
\$993,427	\$399,999	\$1,171,815	\$624,109		October
\$214,398	\$762,960	\$879,124	\$660,946		November
\$919,954	\$689,212	\$630,192	\$1,024,689		December
\$520,765	\$685,625	\$509,134	\$945,229		January
\$553,752	\$624,971	\$430,184	\$690,609		February
\$642,894	\$352,799	\$590,875	\$522,953		March
\$561,828	\$491,344	\$699,843	\$820,056		April
\$872,626	\$507,389	\$710,831	\$798,267		May
\$728,608	\$598,594	\$623,455	\$742,366		June
\$8,136,736	\$7,969,530	\$9,072,926	\$9,002,945	\$1,565,744	TOTAL CLAIMS
\$678,061.33	\$664,127.54	\$756,077.17	\$750,245.41	\$782,872.00	
(7.50%)	(2.05%)	13.85%	(0.77%)	4.35%	
(4.56%)	0.00%	(1.13%)	0.00%	0.00%	
773	773	779	779	779	
378	378	359	359	359	
1,151	1,151	1,138	1,138	1,138	
\$ 7,069	\$ 6,924	\$ 7,973	\$ 7,911	\$ 8,255	

ACTUAL	ACTUAL	DEC AMEND	DEC AMEND	DEC AMEND	
\$ 659,909	\$ 322,101	\$ 962,908	\$ 609,406		Fund Balance - 6/30:
\$7,888,920	\$8,328,096	\$8,810,000	\$9,810,000		Premium Pmts
\$1,000,000	\$1,000,000	\$1,000,000	\$0		Transfer from GF
\$0	\$0	\$0	\$0		Insurance Proceeds
(\$31,030)	(\$9,030)	(\$9,030)	(\$9,030)		Other Payments
(\$7,950,000)	(\$8,100,000)	(\$8,100,000)	(\$8,450,000)		Claims Expense
					PEBP Payments
(\$330,000)	(\$325,000)	(\$325,000)	(\$325,000)		Fixed Costs - Admin Payments
(\$793,000)	(\$900,000)	(\$930,000)	(\$930,000)		Fixed Costs - Third-Party Payments
\$5,000	\$10,000	\$10,000	\$10,000		Interest on Inv / Ck Acct
\$449,799	\$326,167	\$1,418,878	\$715,376		Est. Ending Fund Balance - 7/1:

2025-26 Operating Revenues	2025-26 Admin Expenses	2025-26 Claims Expenses	2025-26 Est Cash Flows
\$645,865.51	(\$82,470.45)	(\$817,064.50)	(\$253,669.44)
\$723,829.86	(\$90,231.11)	(\$748,678.92)	(\$115,080.17)
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
\$1,369,695.37	(\$172,701.56)	(\$1,565,743.42)	(\$368,749.61)

Notes:

July Premiums reflect the 'wrap-around' effect of the multiple salary schedules. Revenues associated with premiums that are attributable to FY25/26 but paid out in Jul 2026 are reflected above.

[illegible]

REVENUE	July	Aug	Sept	Oct	Nov	Dec	Jan
Premiums	643,473.51						
Exp Ins	23,398.21						
PERS Ins	66,100.77						
Interest	2,623.63						
Rx Rebates	0.00						
Transfers in	0.00						
Totals	735,596.12	0.00	0.00	0.00	0.00	0.00	0.00

EXPENSE

Claims	1,014,706.25						
Rx Claims	173,635.93						
Rx Fees	0.00						
Other Fees	86.78						
Stop-loss Reimb.	0.00						
Accts Payable	8,030.13						
Admin Fees	95,772.18						
Totals	1,292,231.27	0.00	0.00	0.00	0.00	0.00	0.00

Douglas County School District

Options: Plan Design Changes for January 1, 2027

<i>Benefit</i>	<i>Current Plan Design</i>	<i>Plan Design Change</i>	<i>Est Percentage Savings</i>	<i>Est Total Med / Rx Savings</i>
PPO Plan				
1 Deductible			% Savings	Savings
Option 1 (In/Out)	\$1000 / \$2,000	\$1,250/\$2,500	1.73%	\$108,259
Option 2 (In/Out)	\$1000 / \$2,000	\$1,500/\$3,000	2.51%	\$156,582
Option 3 (In/Out)	\$1000 / \$2,000	\$2,000/\$4,000	3.76%	\$234,546
Option 4 (In/Out)	\$1000 / \$2,000	\$2,500/\$5,000	4.91%	\$306,354
Option 5 (In/Out)	\$1000 / \$2,000	\$3,000/\$6,000	5.60%	\$349,713
Option 6 (In/Out)	\$1000 / \$2,000	\$3,500/\$7,000	6.22%	\$388,260
2 Out of Pocket Maximum				
Option 1 (In/Out)	\$6,000 / \$12,000	\$7,000 / \$14,000	0.82%	\$72,391
Option 2 (In/Out)	\$6,000 / \$12,000	\$7,500 / \$15,000	1.20%	\$74,910
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%	\$50 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		
Dental Plan				
1 Deductible				
Option 1	\$25	\$50	0.41%	\$1,746
2 Major Services				
Option 1	80%	50%	4.02%	\$17,102

Board of Trustees

Douglas County School District

FISCAL MANAGEMENT

Health Fund Reserves Funding and Recovery

Purpose and scope

The Board shall maintain the financial capacity of the District's self-funded employee health plan to pay benefits when due, absorb reasonable claims volatility, and protect District operations. This policy governs the Self-Insurance Health Fund, including medical, prescription, dental, and vision benefits and related plan costs.

Fund stewardship and reserve measurement

The District shall account for the self-funded plan as an internal service fund. Employee deductions and District contributions shall be deposited in a trust fund or otherwise held in trust and used only for the purposes permitted by NRS 287.029. Amounts held for the health plan shall not be treated as available General Fund resources.

The Chief Financial Officer (CFO) shall recognize unpaid claims, including incurred but not reported claims (IBNR), using a documented annual actuarial or professionally supported estimate. IBNR is a liability and shall not be counted toward the reserve cushion. For this policy, reserve net position means Health Fund net position after recognition of all liabilities. Annual plan costs means projected claims and plan administration, stop-loss and other related costs, net of reasonably collectible reimbursements and rebates.

The minimum reserve is reserve net position equal to two months (16.7%) of projected annual plan costs. The target reserve is three months (25%). Four months (33.3%) is the upper range for evaluating prospective plan-related uses. The CFO shall recalculate dollar thresholds at least annually and after the year-end liability estimate. The District shall also maintain adequate liquidity to pay claims and other obligations as they come due.

Annual funding and risk management

Before the Board acts on the annual budget and health plan funding, the Superintendent shall present a forward-looking analysis of claims, enrollment, plan costs, stop-loss terms, unpaid-claim liabilities, contribution levels, cash flow, and an adverse claims scenario. Recommended funding shall cover projected annual plan costs and, while below target, include an identified reserve-recovery component. One-time resources may stabilize the plan temporarily but shall be accompanied by recurring corrective measures. All contribution and benefit changes remain subject to applicable law, plan documents, and collective bargaining obligations.

The District shall annually evaluate specific and aggregate stop-loss options, including coverage terms, premiums, deductibles, exclusions, reimbursement timing, and the financial exposure retained without coverage. The Superintendent shall document the recommendation.

Corrective action and recovery

When reserve net position is below the target but at or above the minimum, the Superintendent shall include a defined recovery contribution in the next budget and rate cycle. When it falls below the minimum, the Superintendent shall present a written corrective plan to the Board within 90 days. The plan shall address rates and contributions, plan cost and procurement actions, liquidity, stop-loss coverage, temporary support, and projected annual reserve milestones. If reserves fall below one month of annual plan costs or the District projects inability to pay claims when due, the Superintendent shall seek Board action within 30 days or sooner as circumstances require.

The District shall first restore recurring operating balance, then rebuild the minimum reserve as soon as practicable and ordinarily within three fiscal years of adoption of a corrective plan. It shall ordinarily restore the target within five to seven fiscal years. The Board may approve a revised schedule upon

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FISCAL MANAGEMENT

written findings explaining updated forecasts, affordability, bargaining constraints, and the actions needed to protect claims payment. Temporary General Fund support shall be separately disclosed and legally reviewed; any repayment terms shall be approved by the Board.

Use of reserve balances

The Health Fund may pay lawful plan claims and expenses, including unexpected claim costs and vendor transition costs. Any discretionary use of the reserve cushion below the minimum requires a Board-approved finding of necessity and a replenishment plan. While below target, the District shall not adopt an unfunded benefit expansion or contribution holiday. A risk-reducing or verified cost-saving action may be approved by the Board after review of its effect on recovery.

A balance above the target shall ordinarily be retained for claim volatility and rate stability. Before approving a discretionary use above target, the Board shall receive a CFO certification of liabilities and reasonably collectible receivables, a three-year expected and adverse forecast, the participant impact, and a description of the proposed use. The projected reserve must remain at or above target under the expected case and at or above minimum under the adverse case. Uses above the upper range may include prospective contribution stabilization, additional risk protection, or lawful one-time health plan investments. Recurring benefit or contribution changes require a recurring funding source. No Health Fund balance shall be transferred for an unrelated District purpose.

Reporting and review

The CFO shall report quarterly to the Board on cash, receivables, unpaid claims and IBNR, reserve net position and months of cost coverage, contributions and claims compared with budget, stop-loss recoveries, projected year-end results, and progress against any recovery plan. Reports shall omit personally identifiable health information. The Board shall review this policy at least every three years and sooner after a material change in funding, benefits, enrollment, or financial condition.

Initial recovery direction

For the initial recovery period, the Superintendent shall bring an annually updated five-year plan to the Board, with a goal of reaching the two-month minimum by June 30, 2029, and the three-month target by June 30, 2031. The plan shall use audited beginning net position, current claims and IBNR estimates, and updated cost projections; illustrative dollar amounts in planning materials are not adopted appropriations. If the annual forecast is more than 10% below an approved milestone, the Superintendent shall present a catch-up plan within 60 days.

Compliance with law

This Board Policy and the adoption of the self-funded employee health plan shall be interpreted in accordance with all applicable provisions of law and regulation, including without limitation NRS 287.010-.040, and any other applicable statutes, regulations, and legally binding requirements pertaining to self-insured health plans provided by the District. In no event shall any provision of this Board Policy be construed to require the occurrence of any act that is prohibited by or that would be in violation of any provision of applicable federal, state, or local law or regulation. To the extent that any provision of this Board Policy is determined to conflict with applicable law, the applicable law shall control, and the conflicting provision shall be construed, limited, or disregarded to the extent necessary to achieve compliance with such law or regulation.

Reference: NRS 287.010, 287.029, 288.150, 354.543

Date Adopted: [To be completed upon Board action]

Date Revised: [Not applicable]

4923-4085-4227, v. 1

Board of Trustees

Douglas County School District

FISCAL MANAGEMENT

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