

**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
David Brady, Member
Susan Jansen, Member
Erinn Miller, 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*)

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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*)

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Only) Presenters: Lloyd Barnes and Nate Kerr

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)*

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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)*

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 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.

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

[Confirm attendance roster]

Absent

[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.

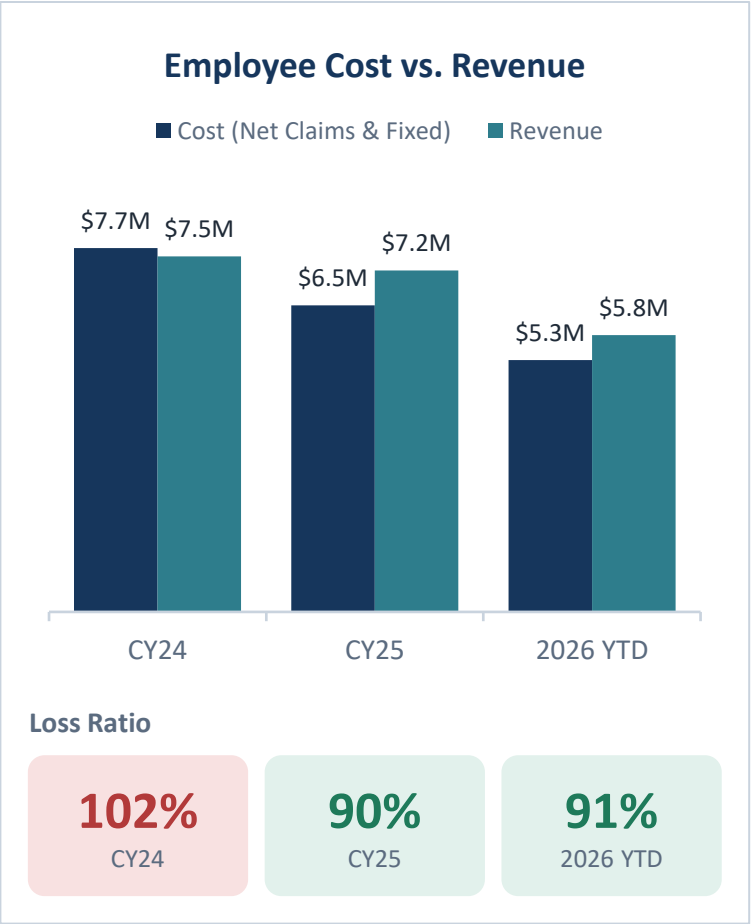
13. Adjournment

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

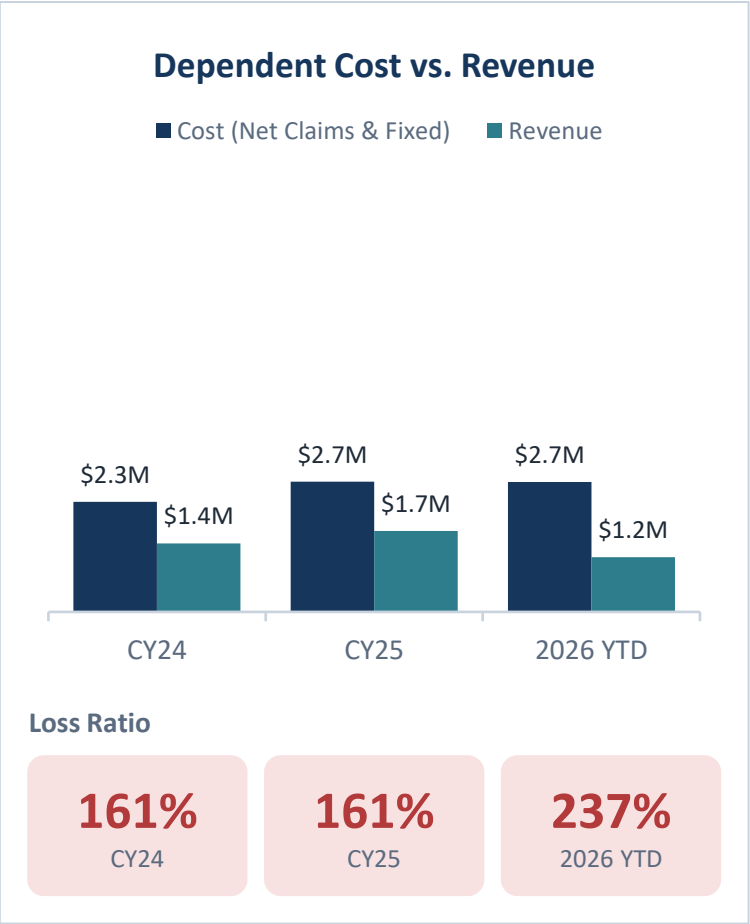
Submitted by,

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.



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



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

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.

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 ⁹
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) 10
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

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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

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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

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*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.

5. Dental, vision and retiree coverage

Monthly dental and vision amounts

District / coverage / period	Employee only	+ Spouse	+ Child(ren)	+ Family	15
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	

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.

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	<u>(550,567.39)</u>
Ending Cash Balance	<u><u>\$ 1,107,335.71</u></u>

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		<u>Opening Balance</u>	<u>Debits</u>	<u>Credits</u>	<u>Ending Balance</u>
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 22
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

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		<u>Opening Balance</u>	<u>Debits</u>	<u>Credits</u>	<u>Ending Balance</u>
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
					23
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

Douglas County School District

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
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End of Report

Douglas County School District

CASH REPORT

Fiscal Year: 2026-2027

From Date: 7/1/2026

To Date: 10/31/2026

☐ 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.sstropole	Accounts Payable	-\$8,092.61
145	0	0	AP Expense Checks	6489.sstropole	Accounts Payable	-\$1,039.92
155	0	0	Direct Voucher Posting	6489.sstropole	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.sstropole	Accounts Payable	-\$4,268.21
255	0	0	REVERSE ENTRY NUMBER : 253	6489.sstropole	Accounts Payable	\$4,268.21
257	0	0	AP Expense Checks	6489.sstropole	Accounts Payable	-\$4,268.21
295	0	0	Direct Voucher Posting	6489.sstropole	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.sstropole	Accounts Payable	-\$5,584.00
6	0	0	AP Expense Checks	6489.sstropole	Accounts Payable	-\$2,365.44
8	0	0	Direct Voucher Posting	6489.sstropole	Accounts Payable	-\$86,965.63
80	0	0	Direct Voucher Posting	6489.sstropole	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%
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**Douglas County
School District**

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2027 Self Insured & Fully Insured Marketing Analysis

Discussion and Review

Douglas County School District

Prepared by LP Insurance Services, LLC | Confidential

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Fully Insured

Finalist Review & Rate Comparison

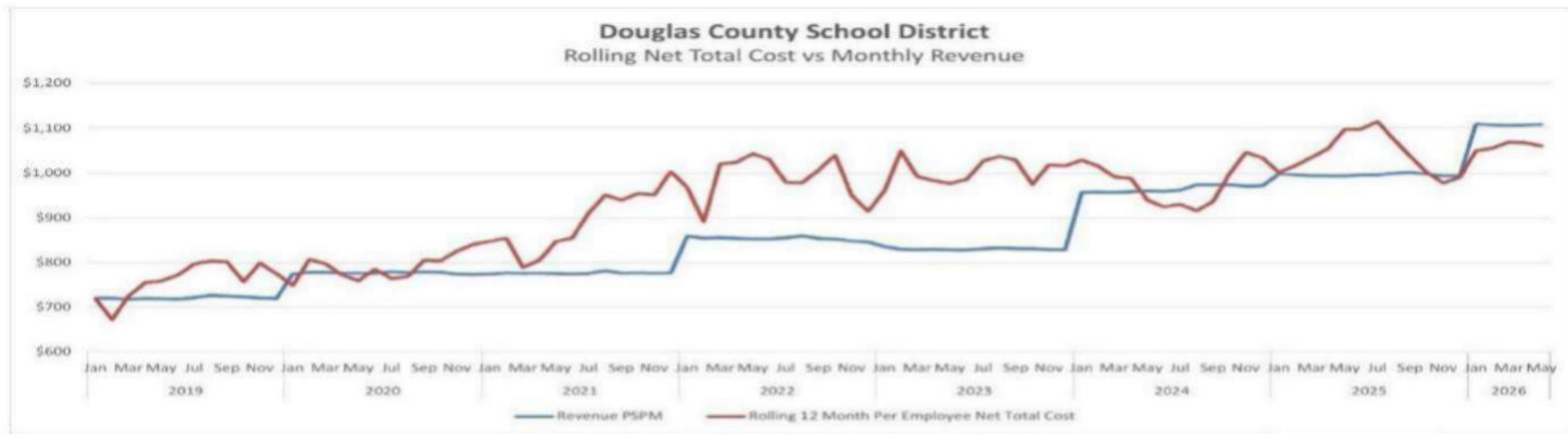
Douglas County School District

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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	—	—

Rolling Net Total Cost vs. Monthly Revenue



	2019	2020	2021	2022	2023	2024	2025	2026 Annualized	30 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%

ASO vs. Fully Insured – Medical Rate Comparison

Douglas County School District

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	31
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
Current Annual: \$9,373,920		2027 SF Projected: \$10,131,524 (+8%)		HH FI Option: \$10,444,842 (+11%)		

Dental – ASO vs FI Benefits & Cost Comparison

Douglas County School District

Benefit	ASO DDS (Current)	Aetna (Proposed)
Deductible – Individual	\$50	\$50
Deductible – Family	\$150	\$150
Out of Network UCR	90 th	80 th
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

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Self Insured

Finalist Review & Rate Comparison

Douglas County School District

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Response to Bid – TPA/ PBM

Douglas County School District

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	<i>Quote Not Presented – Not Competitive</i>	52.0% Above Current
GBS	<i>Quote Not Presented – Not Competitive</i>	64.8% Above Current
ABA	<i>Quote Not Presented – Not Competitive</i>	47.9% Above Current
Cigna	<i>Declined to Quote</i>	—
Advanetech	<i>Declined to Quote</i>	—
University of Utah	<i>Declined to Quote</i>	—

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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

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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

Network Disruption & Pricing— Top 50 Providers

Hometown Health

100%

Network Match

63%

Average Discount

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

Anthem

98%

Network Match

63%

Average Discount

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

Aetna

99%

Network Match

65%

Average Discount

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

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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

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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

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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	---	---

Questions & Concerns?



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INSURANCE