

**Douglas County School District  
Board of Trustees  
Agenda for the Health Advisory Committee of  
Tuesday, February 24, 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**

**Erinn Miller, Legislative Representative**

**Heather Jackson, Member**

**Susan Jansen, Member**

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**District 7, Vacant**

**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](mailto: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, February 24, 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 November 18, 2025 Meeting (For Possible Action)**

Attached are the minutes of the November 18, 2025 Health Advisory Committee Meeting for review and approval.

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

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

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)**

**5**

**8**

**28**

**36**

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

**8. Hometown Health Reporting (For Information, Discussion, and for Possible Action).**Sam Bradley

**38**

Hometown Health will share new reporting they can provide at future Health Advisory Committee meetings. This reporting will be in addition to the standard reporting that is prepared for the Committee.

**9. Correspondence (Information and Discussion)**

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

**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](http://www.dcsd.k12.nv.us)

State of Nevada website: <https://notice.nv.gov>

**DRAFT - Minutes of the Health Advisory  
Committee Meeting – November 18, 2025**

**Committee Members Present**

Jeannie Dwyer, Executive Director of HR  
Michelle Baugh, DCPEA  
Ethan Petite, DCPEA  
Kerry Stack, DCPEA  
Andrew Fromdahl, DCAA  
Elizabeth Martin, DCSSO

**Absent**

Karen Carter, Chapter #6 Bus Drivers Assoc.

Lloyd Barnes, LP Insurance, Nate Kerr, LP Insurance, Camille Barba, LP Insurance, Nick Connell, LP Insurance, Sam Bradley, Hometown Health, Lisa Schloemer Gaub, Hometown Health, Melinda Gneiting, DCSD School Board Trustee, and Leeann Caires, DCSD Human Resources.

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 4:30 p.m. Mrs. Stack made a motion to accept the agenda as presented, Mrs. Baugh seconded the motion. Motion passed 6-0.

**2. Public Comment #1**

No public comment.

**3. Committee Members' Comment**

Mr. Fromdahl thanked the members of the committee that attended the October School Board meeting and answered Trustee questions about the proposed health insurance changes.

**4. Approval of Minutes of the October 7, 2025 meeting (For Possible Action)**

Ms. Martin made a motion to approve the minutes for the October 7, 2025 meeting, Mr. Fromdahl seconded the motion. Motion passed 6 – 0.

**5. Review of Claims (Information and Discussion)**

Mr. Kerr reported on the paid claims through September 2025. Complete data was not available from Maxor for October, so the September data was reviewed.

Exhibit 1 – Employee and dependent enrollment remained slightly lower for the plan year through September 2025 (compared to plan year 2024). Total employee claims (Line 10) for September were \$498,842. Cost per employee (Line 11) was \$686. Total dependent claims (Line 18) for September were \$171,877. Cost per dependent unit (Line 19) was \$904 in September. Total claims (line 27) for the month of September were \$670,719. Average composite cost per employee (Line 28) was \$922.

Exhibit 3 – Total Plan Costs - paid claims plus fixed costs (fees such as operating costs, admin fees for Hometown Health, consulting fees for LP Insurance, pharmacy rebates, Stop-Loss reimbursements, etc.). Net plan costs (Line 32) were \$653,814 in September. Average monthly composite net plan cost per employee per month was \$899 in September (Line 34).

LP Insurance provided additional data in their reporting that reflects where plan spend is going – hospital (institutional), providers (professional), etc. This exhibit only provides nine months' worth of data and

typically in these types of exhibits, we like to compare a prior period (plan year). Once we have a prior year to compare to, there will be a reference point for performance indicators. There may be additional updates and changes to this data as Hometown Health continues to develop their future reporting data for the committee. One committee member referenced the low utilization at Barton but the high amount of money spent there. The committee discussed Barton usage and if the plan should restrict usage or make changes to the benefit structure (elective surgeries and labs are two options) related to Barton usage. In general, Barton is more expensive than Carson Tahoe and Renown.

Exhibit 5 – Large claims report. Large claim tracking begins when a claim reaches approximately 50% of Stop-Loss deductible (\$275,000). There were no new large claims reported in September but four large claims continue to be tracked and appear to have stabilized. Two of the large claims have exceeded DCSD’s 2025 plan year deductible of \$275,000 which will result in stop-loss reimbursement.

Exhibit 6 - Incurred but Not Reported (IBNR) is the outstanding estimated liability that DCSD carries on an on-going basis. September 2025 estimated IBNR is \$1,021,937.

## **6. Customer Service Review (Information and Discussion)**

Ms. Bradley from Hometown Health reported on customer service from October 2025. Customer Service Call Volume report data shows approximately 90 member calls in October (88 were answered). For October, the Average Seconds to Answer (ASA) was 10 seconds (performance guarantee is 75 seconds). October 2025 Abandonment rate was 2% (performance guarantee is 10%). The claims report shows 1,301 claims received during the month of October. 1,462 claims were paid in October. The number of claims paid within 30 days was 97% (performance guarantee is 95%).

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

For the month of October, paid claims were \$624,109 and admin expenses were \$101,445. Total claims for fiscal year 25-26 are \$2,797,830. Total operating revenues for the fiscal year 25-26 are \$831,626. Estimated cash flow was positive in October.

## **8. Stop-Loss Insurance Renewal (Information, Discussion and Possible Action)**

Mr. Kerr reported on the Stop Loss analysis and proposals for plan year 2026. Stop Loss carriers typically like to wait until the last minute to provide a quote so they can obtain as much data as possible for their quote. 12 carriers were contacted, 9 declined to quote (not competitive and one for adverse claims), 3 carriers provided quotes that were 6% (Granular/Wellpoint – current carrier), 5% (IISI Companion), and 28% (Voya) over the current premium rate. Decline to quote is normal in this process and it is an indicator that the pricing is good.

There were 3 options for the committee’s consideration and review: RENEWAL with Granular/Wellpoint – increase premium by 6%, no lasers, \$275,000 deductible (which is the current deductible); OPTION 1 with IISI Companion - increase premium by 5%, no lasers, \$275,00 deductible; OPTION 2 with IISI Companion – decrease premium by 6%, no lasers, \$300,000 deductible. The committee discussed the pros, cons, and details of each of the three options. It was noted that stop loss premium increases in the single digits are favorable.

The committee reviewed and discussed in detail the renewal option and the new options with LP Insurance.

Mrs. Stack made a motion to accept the renewal with the current stop loss provider, Granular/Wellpoint. Seconded by Mrs. Baugh. Motion passed 6-0.

**9. Review and update plan language to comply with current regulations for some services included in Douglas County School District's summary plan document. (Information, Discussion and Possible Action)**

Ms. Bradley reviewed updated plan language related to autism, genetic counseling and testing, fertility preservation, and prior authorization to comply with current NRS regulations for some services included in Douglas County School District's summary plan document.

Mr. Petite made a motion to approve the changes and updates for the summary plan document, as recommended and reported by Hometown Health. Mr. Fromdahl seconded the motion. Motion passed 6-0.

**10. Correspondence (Information and Discussion)**

No correspondence.

**11. Future Agenda Items (For Possible Action)**

- 1 – Continue to develop training/information for staff about insurance.
- 2 – Begin discussion about dependent premium rates (spring 2026?).

\*\*NOTE: HAC meeting dates for 2025-26: 08/26/2025, 09/23/2025, 10/07/2025, 11/18/2025, 01/27/2026, 02/24/2025, 03/31/2025, 04/28/2025, 05/26/2025.

**12. Public Comment #2**

No public comment.

**13. Adjournment**

The meeting was adjourned at 5:46 p.m. by Mrs. Dwyer

Submitted by,

Leeann Caires,  
Benefits & Risk Management Coordinator  
Douglas County School District  
(775) 782-7177

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# Douglas County School District

**December-25**

**Group Health Plan  
Cost Analysis Report**

8

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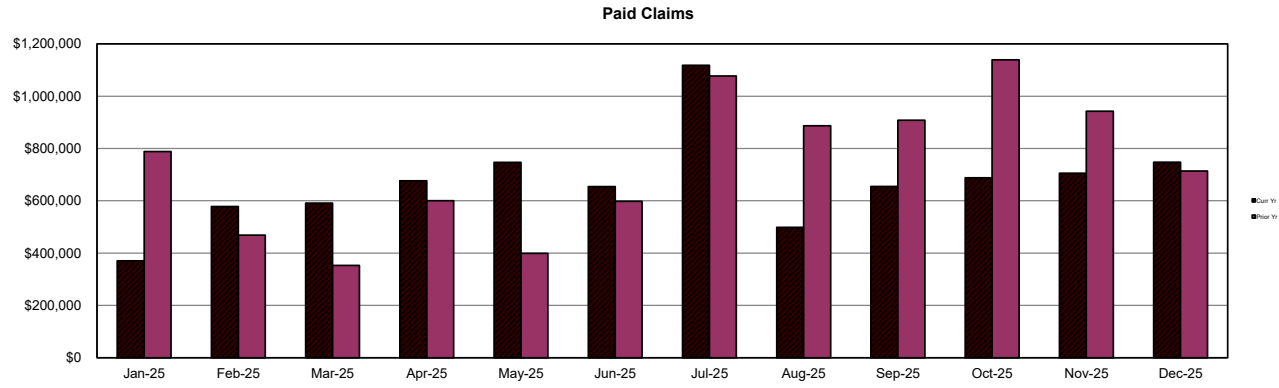
<b>Exhibits</b>	<b>Description</b>
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Utilization Report
6	Top 20 Providers
7	Large Claim Data
8	Incurred But Not Reported Liability (IBNR)-Current
9	Incurred But Not Reported Liability (IBNR)-Previous Month



**Douglas County School District  
PAID CLAIMS**

Line #		Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
<b>ENROLLMENT</b>																	
1	Employees	748	756	757	757	758	755	751	710	727	729	739	734	8,921	743	771	-3.57%
2	Dependent Units	191	192	190	189	189	191	190	183	190	187	186	184	2,262	189	192	-2.04%
3	Total # of Dependents	354	352	352	350	354	352	352	344	350	346	343	340	4,189	349	362	-3.52%
<b>EMPLOYEE CLAIMS</b>																	
4	Medical	\$315,847	\$191,204	\$260,127	\$333,719	\$361,195	\$240,445	\$494,389	\$205,675	\$357,952	\$323,523	\$419,324	\$404,901	\$3,908,300	\$325,692	\$411,501	-20.85%
5	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$15,840)	(\$40,936)	(\$1,535)	(\$1,688)	(\$60,000)	(\$5,000)	(\$7,121)	-29.79%
6	Net Medical Claims	\$315,847	\$191,204	\$260,127	\$333,719	\$361,195	\$240,445	\$494,389	\$205,675	\$342,112	\$282,586	\$417,788	\$403,213	\$3,848,301	\$320,692	\$404,380	-20.70%
7	Prescription	\$81,434	\$92,214	\$78,421	\$86,892	\$110,033	\$100,357	\$77,782	\$94,227	\$105,518	\$185,930	\$133,270	\$121,622	\$1,267,700	\$105,642	\$124,554	-15.18%
8	Dental	\$19,644	\$9,765	\$58,705	\$31,453	\$18,571	\$32,532	\$49,595	\$39,160	\$32,680	\$19,000	\$14,516	\$22,003	\$347,623	\$28,969	\$27,984	3.52%
9	Vision	\$3,112	\$3,967	\$3,538	\$4,041	\$3,229	\$4,325	\$5,592	\$5,736	\$2,693	\$2,414	\$2,136	\$3,923	\$44,707	\$3,726	\$3,980	-6.38%
10	Total Employee	\$420,037	\$297,150	\$400,791	\$456,105	\$493,029	\$377,659	\$627,358	\$344,798	\$483,002	\$489,930	\$567,710	\$550,760	\$5,508,331	\$459,028	\$560,898	-18.16%
11	Cost Per Employee	\$561.55	\$393.06	\$529.45	\$602.52	\$650.43	\$500.21	\$835.36	\$485.63	\$664.38	\$672.06	\$768.21	\$750.35	\$7,409.48	\$617.46	\$727.57	-15.13%
<b>DEPENDENT CLAIMS</b>																	
12	Medical	\$52,049	\$207,620	\$108,955	\$164,902	\$167,124	\$210,322	\$447,697	\$83,623	\$106,829	\$140,409	\$147,440	\$180,750	\$2,017,719	\$168,143	\$150,120	12.01%
13	Less Stop Loss Reimbursement	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,961)	(\$41,524)	(\$245,646)	(\$20,471)	\$0	0.00%
14	Net Medical Claims	(\$108,003)	\$205,512	\$108,955	\$164,902	\$167,124	\$210,322	\$447,697	\$83,623	\$106,829	\$140,409	\$105,479	\$139,226	\$1,772,073	\$147,673	\$150,120	-1.63%
15	Prescription	\$47,664	\$60,559	\$49,132	\$44,964	\$72,108	\$46,816	\$21,714	\$43,633	\$49,318	\$42,045	\$22,392	\$31,178	\$531,524	\$44,294	\$15,553	184.79%
16	Dental	\$9,851	\$14,406	\$31,004	\$9,694	\$13,843	\$18,430	\$20,438	\$24,687	\$14,616	\$15,216	\$8,062	\$25,804	\$206,051	\$17,171	\$12,291	39.70%
17	Vision	\$1,085	\$534	\$1,360	\$844	\$872	\$1,109	\$798	\$1,815	\$1,115	\$405	\$1,881	\$617	\$12,435	\$1,036	\$888	16.74%
18	Total Dependent	(\$49,404)	\$281,012	\$190,451	\$220,404	\$253,947	\$276,677	\$490,647	\$153,758	\$171,877	\$198,075	\$137,813	\$196,825	\$2,522,083	\$210,174	\$178,851	17.51%
19	Cost Per Dependent Unit	(\$258.66)	\$1,463.60	\$1,002.37	\$1,166.16	\$1,343.64	\$1,448.57	\$2,582.35	\$840.21	\$904.61	\$1,059.23	\$740.93	\$1,069.70	\$13,379.75	\$1,114.98	\$929.50	19.95%
20	Cost Per Dependent	(\$139.56)	\$798.33	\$541.05	\$629.73	\$717.37	\$786.01	\$1,393.88	\$446.97	\$491.08	\$572.47	\$401.79	\$578.90	\$7,224.87	\$602.07	\$494.29	21.81%
<b>EMPLOYEE + DEPENDENT</b>																	
21	Medical	\$367,896	\$398,825	\$369,082	\$498,621	\$528,319	\$450,766	\$942,085	\$289,298	\$464,780	\$463,931	\$566,763	\$585,651	\$5,926,019	\$493,835	\$561,621	-12.07%
22	Less Stop Loss Reimbursement	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	(\$15,840)	(\$40,936)	(\$43,496)	(\$43,212)	(\$305,646)	(\$25,470)	(\$7,121)	257.68%
23	Net Medical Claims	\$207,843	\$396,716	\$369,082	\$498,621	\$528,319	\$450,766	\$942,085	\$289,298	\$448,940	\$422,995	\$523,267	\$542,439	\$5,620,373	\$468,364	\$554,500	-15.53%
24	Prescription	\$129,098	\$152,773	\$127,553	\$131,857	\$182,141	\$147,174	\$99,496	\$137,860	\$154,835	\$227,976	\$155,661	\$152,800	\$1,799,224	\$149,935	\$140,107	7.01%
25	Dental	\$29,495	\$24,171	\$89,709	\$41,147	\$32,414	\$50,962	\$70,033	\$63,847	\$47,296	\$34,216	\$22,577	\$47,807	\$553,674	\$46,139	\$40,276	14.56%
26	Vision	\$4,197	\$4,501	\$4,898	\$4,885	\$4,102	\$5,434	\$6,390	\$7,551	\$3,807	\$2,819	\$4,017	\$4,540	\$57,143	\$4,762	\$4,867	-2.16%
27	Total Claims	\$370,633	\$578,162	\$591,242	\$676,509	\$746,977	\$654,336	\$1,118,005	\$498,556	\$654,879	\$688,006	\$705,523	\$747,586	\$8,030,414	\$669,201	\$739,749	-9.54%
28	Composite Cost Per Employee	\$495.50	\$764.76	\$781.03	\$893.67	\$985.46	\$866.67	\$1,488.69	\$702.19	\$900.80	\$943.77	\$954.70	\$1,018.51	\$10,802.04	\$900.17	\$959.57	-6.19%
29	Composite Cost Per Member	\$336.33	\$521.81	\$533.13	\$611.12	\$671.74	\$591.09	\$1,013.60	\$473.01	\$608.06	\$640.01	\$652.05	\$696.08	\$7,350.49	\$612.54	\$653.06	-6.20%

**Douglas County School District  
PAID CLAIMS**

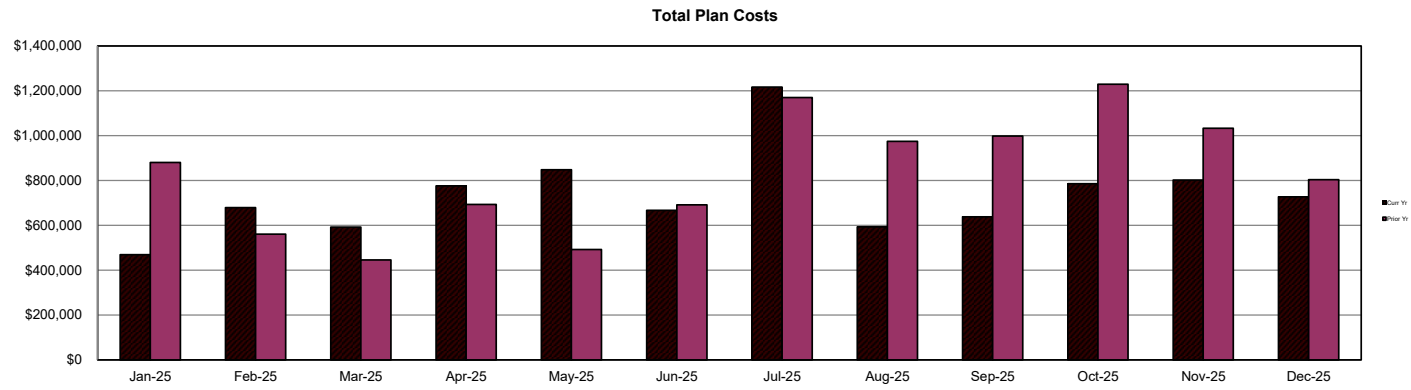


**Douglas County School District  
TOTAL PLAN COSTS**

Line #	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference	
<b>EMPLOYEE</b>																	
1	TPA / UTIL REVIEW / COBRA / TELE DOC	\$29.02	\$29.02	\$29.02	\$29.02	\$29.02	\$29.02	\$29.02	\$29.02	\$29.02	\$29.02	\$29.02	\$258,887	\$21,574	\$21,509	0.30%	
2	Specific Stop Loss	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$72.11	\$643,293	\$53,608	\$52,253	2.59%	
3	PPO Networks (Dental)	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$0.70	\$6,245	\$520	\$540	-3.57%	
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$1.68	\$14,987	\$1,249	\$1,295	-3.57%	
5	Consulting Fee (Estimated)	\$2.01	\$1.98	\$1.98	\$1.98	\$1.98	\$1.99	\$2.00	\$2.11	\$2.06	\$2.06	\$2.03	\$2.04	\$18,000	\$1,500	\$1,500	0.00%
6	Total Fixed	\$105.52	\$105.49	\$105.49	\$105.49	\$105.49	\$105.50	\$105.51	\$105.62	\$105.57	\$105.57	\$105.54	\$105.55	\$941,413	\$78,451	\$77,096	1.76%
7	Exposures	748	756	757	757	758	755	751	710	727	729	739	734	8,921	743	771	-3.57%
8	Employee Fixed Costs	\$78,925	\$79,754	\$79,857	\$79,857	\$79,961	\$79,650	\$79,236	\$74,992	\$76,752	\$76,959	\$77,994	\$77,476	\$941,413	\$78,451	\$77,096	1.76%
9	Total Gross Claims	\$420,037	\$297,150	\$400,791	\$456,105	\$493,029	\$377,659	\$627,358	\$344,798	\$498,842	\$530,867	\$569,245	\$552,449	\$5,568,330	\$464,028	\$568,019	-18.31%
10	Gross Plan Costs	\$498,963	\$376,904	\$480,648	\$535,962	\$572,990	\$457,309	\$706,594	\$419,790	\$575,594	\$607,825	\$647,239	\$629,925	\$6,509,743	\$542,479	\$645,115	-15.91%
11	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$15,840)	(\$40,936)	(\$1,535)	(\$1,688)	(\$60,000)	(\$5,000)	(\$7,121)	-29.79%
12	Net Plan Costs	\$498,963	\$376,904	\$480,648	\$535,962	\$572,990	\$457,309	\$706,594	\$419,790	\$559,754	\$566,889	\$645,704	\$628,237	\$6,449,743	\$537,479	\$637,994	-15.75%
13	Per Employee Gross Plan Costs	\$667.06	\$498.55	\$634.94	\$708.01	\$755.92	\$605.71	\$940.87	\$591.25	\$791.74	\$833.78	\$875.83	\$858.21	\$8,756.52	\$729.71	\$836.82	-12.80%
14	Per Employee Net Plan Costs	\$667.06	\$498.55	\$634.94	\$708.01	\$755.92	\$605.71	\$940.87	\$591.25	\$769.95	\$777.63	\$873.75	\$855.91	\$8,675.81	\$722.98	\$827.58	-12.64%
<b>DEPENDENT</b>																	
15	Specific Stop Loss (+ 1 Dep.)	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$86,085	\$7,174	\$6,997	2.53%	
16	Specific Stop Loss (+ Fam.)	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$78.76	\$92,070	\$7,673	\$7,250	5.83%	
17	Dependent Units (+ 1 Dep.)	93	93	93	91	91	92	91	87	92	90	91	1,093	91	95	-6.2%	
18	Dependent Units (Fam.)	98	99	97	98	98	99	99	96	98	97	95	1,169	97	98	-0.51%	
19	Dependent Fixed Costs	\$15,043	\$15,122	\$14,964	\$14,886	\$14,886	\$15,043	\$14,964	\$14,413	\$14,964	\$14,728	\$14,649	\$14,492	\$178,155	\$14,846	\$14,247	4.21%
20	Total Gross Claims	\$110,649	\$283,120	\$190,451	\$220,404	\$253,947	\$276,677	\$490,647	\$153,758	\$171,877	\$198,075	\$179,774	\$238,349	\$2,767,729	\$230,644	\$178,851	28.96%
21	Gross Plan Costs	\$125,692	\$298,242	\$205,416	\$235,289	\$268,833	\$291,720	\$505,612	\$168,172	\$186,841	\$212,804	\$194,424	\$252,841	\$2,945,884	\$245,490	\$193,098	27.13%
22	Stop-Loss Reimbursements	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$41,961)	(\$41,524)	(\$245,646)	(\$20,471)	\$0	0.00%
23	Net Plan Costs	(\$34,361)	\$296,133	\$205,416	\$235,289	\$268,833	\$291,720	\$505,612	\$168,172	\$186,841	\$212,804	\$152,462	\$211,317	\$2,700,238	\$225,020	\$193,098	16.53%
24	Per Dependent Unit Gross Plan Costs	\$658.07	\$1,553.34	\$1,081.13	\$1,244.92	\$1,422.40	\$1,527.33	\$2,661.11	\$918.97	\$983.37	\$1,137.99	\$1,045.29	\$1,374.14	\$15,608.06	\$1,300.67	\$1,003.54	29.61%
25	Per Dependent Unit Net Plan Costs	(\$179.90)	\$1,542.36	\$1,081.13	\$1,244.92	\$1,422.40	\$1,527.33	\$2,661.11	\$918.97	\$983.37	\$1,137.99	\$819.69	\$1,148.46	\$14,307.84	\$1,192.32	\$1,003.54	18.81%
26	Per Dependent Net Plan Costs	(\$97.06)	\$841.29	\$583.57	\$672.26	\$759.41	\$828.75	\$1,436.40	\$488.87	\$533.83	\$615.04	\$444.50	\$621.52	\$7,728.37	\$644.03	\$530.13	21.49%
<b>EMPLOYEE + DEPENDENT</b>																	
27	*Fixed Costs	\$98,579	\$100,940	\$98,319	\$99,304	\$101,011	\$98,031	\$98,630	\$94,380	\$94,970	\$97,667	\$96,473	\$98,169	\$1,176,473	\$98,039	\$91,343	7.33%
28	Total Claims	\$530,686	\$580,270	\$591,242	\$676,509	\$746,977	\$654,336	\$1,118,005	\$498,556	\$670,719	\$728,942	\$749,019	\$790,798	\$8,336,059	\$694,672	\$746,870	-6.99%
29	Gross Plan Costs	\$629,265	\$681,210	\$689,561	\$775,813	\$847,988	\$752,367	\$1,216,635	\$592,936	\$765,689	\$826,610	\$845,492	\$888,966	\$9,512,532	\$792,711	\$838,213	-5.43%
30	Stop-Loss Reimbursements	(\$160,053)	(\$2,108)	\$0	\$0	\$0	\$0	\$0	\$0	(\$15,840)	(\$40,936)	(\$43,496)	(\$43,212)	(\$305,646)	(\$25,470)	(\$7,121)	257.68%
31	Pharmacy Rebates	\$0	\$0	(\$97,430)	\$0	\$0	(\$85,376)	\$0	\$0	(\$111,876)	\$0	\$0	(\$118,740)	(\$413,422)	(\$34,452)	(\$38,008)	-9.36%
32	Net Plan Costs	\$469,213	\$679,102	\$592,131	\$775,813	\$847,988	\$666,991	\$1,216,635	\$592,936	\$637,974	\$785,673	\$801,996	\$727,014	\$8,793,465	\$732,789	\$793,084	-7.60%
33	Composite Gross Plan Cost Per Employee	\$841.26	\$901.07	\$910.91	\$1,024.85	\$1,118.72	\$996.51	\$1,620.02	\$835.12	\$1,053.22	\$1,133.90	\$1,144.10	\$1,211.13	\$12,795.69	\$1,066.31	\$1,087.29	-1.93%
34	Composite Net Plan Cost Per Employee	\$627.29	\$898.28	\$782.21	\$1,024.85	\$1,118.72	\$883.43	\$1,620.02	\$835.12	\$877.54	\$1,077.74	\$1,085.24	\$990.48	\$11,828.45	\$985.70	\$1,028.75	-4.18%
35	Composite Net Plan Cost Per Member	\$425.78	\$612.91	\$533.93	\$700.82	\$762.58	\$602.52	\$1,103.02	\$562.56	\$592.36	\$730.86	\$741.22	\$676.92	\$7,956.09	\$663.01	\$733.69	-9.63%

\*MAXOR Admin Fee Added to Employee & Dependent Fixed Costs

**Douglas County School District**  
**TOTAL PLAN COSTS**



Douglas County School District

Top 20 Providers  
Paid Claims Between

1/1/2025 thru 12/1/2025

Plan Paid Row Labels	Period													Grand Total	Percent of Medical
	01/01/25	02/01/25	03/01/25	04/01/25	05/01/25	06/01/25	07/01/25	08/01/25	09/01/25	10/01/25	11/01/25	12/01/25			
<b>Dental</b>															
<b>Professional</b>															
OFFICE	\$29,451	\$24,171	\$89,520	\$41,147	\$32,414	\$50,962	\$70,033	\$63,847	\$47,296	\$34,216	\$22,577	\$47,807	\$553,441		
WALK-IN RETAIL HEALTH CLINIC			\$189										\$189		
<b>Professional Total</b>	<b>\$29,451</b>	<b>\$24,171</b>	<b>\$89,709</b>	<b>\$41,147</b>	<b>\$32,414</b>	<b>\$50,962</b>	<b>\$70,033</b>	<b>\$63,847</b>	<b>\$47,296</b>	<b>\$34,216</b>	<b>\$22,577</b>	<b>\$47,807</b>	<b>\$553,630</b>		
<b>Dental Total</b>	<b>\$29,451</b>	<b>\$24,171</b>	<b>\$89,709</b>	<b>\$41,147</b>	<b>\$32,414</b>	<b>\$50,962</b>	<b>\$70,033</b>	<b>\$63,847</b>	<b>\$47,296</b>	<b>\$34,216</b>	<b>\$22,577</b>	<b>\$47,807</b>	<b>\$553,630</b>		
<b>Medical</b>															
<b>Institutional</b>															
ON CAMPUS - OUTPATIENT HOSPITAL	\$144,693	\$63,565	\$47,411	\$96,476	\$106,057	\$99,337	\$101,062	\$69,828	\$97,476	\$117,083	\$145,874	\$199,796	\$1,288,659	22%	
AMBULATORY SURGICAL CENTER	\$5,198	\$103,810	\$80,699	\$14,266	\$22,226	\$132,123	\$414,721	\$33,249	\$39,691	\$24,597	\$71,357	\$60,047	\$1,001,983	17%	
INPATIENT HOSPITAL	\$26,793	\$45,191	\$792	\$110,310	\$216,839	\$22,150	\$165,350	\$19,082	\$62,207	\$50,859	\$24,108	\$3,571	\$747,250	13%	
EMERGENCY ROOM - HOSPITAL	\$29,791	\$19,459	\$28,423	\$47,827	\$20,197	\$30,908	\$33,064	\$28,336	\$32,953	\$35,859	\$47,211	\$39,155	\$393,183	7%	
URGENT CARE FACILITY	\$986	\$120	\$178	\$321	\$260	\$119	\$179		\$131	\$933	\$453	\$177	\$3,856	0%	
TELEHEALTH - PROVIDED OTHER THAN IN PATIENT'S HOME	\$409						\$108						\$517	0%	
OFF CAMPUS - OUTPATIENT HOSPITAL			\$0										\$0	0%	
<b>Institutional Total</b>	<b>\$207,870</b>	<b>\$232,145</b>	<b>\$157,504</b>	<b>\$269,199</b>	<b>\$365,579</b>	<b>\$284,637</b>	<b>\$714,484</b>	<b>\$150,495</b>	<b>\$232,458</b>	<b>\$229,330</b>	<b>\$289,002</b>	<b>\$302,746</b>	<b>\$3,435,448</b>	<b>58%</b>	
<b>Professional</b>															
OFFICE	\$68,754	\$66,070	\$71,902	\$90,192	\$68,891	\$64,968	\$94,189	\$86,591	\$101,667	\$77,668	\$124,510	\$103,398	\$1,018,799	17%	
ON CAMPUS - OUTPATIENT HOSPITAL	\$15,279	\$27,021	\$18,460	\$10,999	\$18,409	\$29,952	\$64,778	\$14,753	\$21,184	\$20,362	\$28,318	\$39,535	\$309,050	5%	
EMERGENCY ROOM - HOSPITAL	\$6,253	\$7,106	\$12,263	\$14,650	\$10,908	\$12,221	\$9,688	\$7,320	\$41,235	\$10,367	\$8,983	\$11,536	\$152,531	3%	
INPATIENT HOSPITAL	(\$4,527)	\$11,543	\$15,712	\$5,651	\$4,924	\$6,208	\$9,783	\$1,336	\$4,794	\$57,402	\$8,037	\$29,458	\$150,323	2%	
HOME	\$4,273	\$4,005	\$4,382	\$8,508	\$6,441	\$10,796	\$12,275	\$5,536	\$11,185	\$7,044	\$6,639	\$10,981	\$92,066	3%	
INDEPENDENT LABORATORY	\$4,719	\$5,339	\$4,911	\$4,087	\$3,807	\$1,843	\$6,358	\$5,598	\$7,204	\$8,664	\$14,646	\$3,710	\$70,885	1%	
END-STAGE RENAL DISEASE TREATMENT FACILITY	\$15,512	\$11,527	\$12,829	\$8,944	\$0	\$0							\$48,811	1%	
TELEHEALTH - PROVIDED IN PATIENT'S HOME	\$3,165	\$2,912	\$4,079	\$5,371	\$4,014	\$4,452	\$4,712	\$4,009	\$3,876	\$3,708	\$4,393	\$3,225	\$47,917	1%	
RURAL HEALTH CLINIC	\$2,707	\$2,035	\$3,981	\$4,009	\$3,031	\$2,418	\$2,475	\$3,222	\$4,443	\$3,942	\$2,061	\$3,325	\$37,648	1%	
AMBULANCE - LAND	\$942	\$777	\$1,567	\$3,787	\$1,928	\$0	\$2,345	\$517	\$7,013	\$6,135	\$3,667	\$5,777	\$34,455	13%	
HOSPICE	\$4,929	\$3,059	\$3,339	\$3,697	\$994	\$4,452		\$2,022		\$0	\$3,776	\$4,134	\$30,402	0%	
URGENT CARE FACILITY	\$2,350	\$2,139	\$2,366	\$2,588	\$2,199	\$2,450	\$2,273	\$1,257	\$2,192	\$1,426	\$2,809	\$4,463	\$28,513	0%	
TELEHEALTH - PROVIDED OTHER THAN IN PATIENT'S HOME	(\$1,965)	\$1,715	\$2,516	\$2,383	\$2,523	\$2,288	\$3,061	\$2,015	\$2,369	\$3,474	\$2,456	\$3,543	\$26,377	0%	
AMBULANCE - AIR OR WATER					\$17,476					\$4,395			\$21,871	1%	
OFF CAMPUS - OUTPATIENT HOSPITAL	\$116	\$73	\$1,282	\$273	\$286	\$724	\$367	\$256	\$931	\$427	\$808	\$101	\$5,645	0%	
SKILLED NURSING FACILITY				\$1,307	\$4,125							\$0	\$5,432	0%	
PSYCHIATRIC RESIDENTIAL TREATMENT CENTER		\$4,200											\$4,200	0%	
INPATIENT PSYCHIATRIC FACILITY				\$3,825									\$3,825	0%	
PUBLIC HEALTH CLINIC	\$122	\$138	\$238	\$17	\$186		\$348	\$106		\$33			\$1,188	0%	
FEDERALLY QUALIFIED HEALTH CENTER	\$283	\$212		\$268									\$0	\$763	0%
COMPREHENSIVE INPATIENT REHABILITATION FACILITY	\$26	\$146											\$172	0%	
INDEPENDENT CLINIC				\$109					\$0		\$0	\$0	\$109	0%	
OTHER PLACE OF SERVICE	\$0						\$0		\$94				\$94	0%	
RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY											\$0		\$0	0%	
COMMUNITY MENTAL HEALTH CENTER										\$0			\$0	0%	
MOBILE UNIT												\$0	\$0	42%	
<b>Professional Total</b>	<b>\$159,757</b>	<b>\$166,680</b>	<b>\$212,797</b>	<b>\$229,422</b>	<b>\$162,740</b>	<b>\$166,129</b>	<b>\$227,602</b>	<b>\$138,804</b>	<b>\$232,322</b>	<b>\$234,601</b>	<b>\$277,761</b>	<b>\$282,905</b>	<b>\$2,491,520</b>	100%	
<b>Medical Total</b>	<b>\$367,626</b>	<b>\$398,825</b>	<b>\$370,300</b>	<b>\$498,621</b>	<b>\$528,319</b>	<b>\$450,766</b>	<b>\$942,086</b>	<b>\$289,298</b>	<b>\$464,780</b>	<b>\$463,931</b>	<b>\$566,763</b>	<b>\$585,651</b>	<b>\$5,926,968</b>		
<b>Vision</b>															
<b>Professional</b>															
OFFICE							\$217		\$114				\$330		
<b>Professional Total</b>							<b>\$217</b>		<b>\$114</b>				<b>\$330</b>		
<b>Vision Total</b>							<b>\$217</b>		<b>\$114</b>				<b>\$330</b>		
<b>Grand Total</b>	<b>\$397,077</b>	<b>\$422,996</b>	<b>\$460,009</b>	<b>\$539,767</b>	<b>\$560,734</b>	<b>\$501,728</b>	<b>\$1,012,335</b>	<b>\$353,145</b>	<b>\$512,190</b>	<b>\$498,147</b>	<b>\$589,341</b>	<b>\$633,458</b>	<b>\$6,480,928</b>		

# Douglas County School District

Top 20 Providers

Paid Claims Between

1/1/2025

thru

12/1/2025

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

*Note: Members may be represented within multiple providers*

**Douglas County School District**

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

		<b>CLAIMANT</b>											
		<b>Jan-25</b>	<b>Feb-25</b>	<b>Mar-25</b>	<b>Apr-25</b>	<b>May-25</b>	<b>Jun-25</b>	<b>Jul-25</b>	<b>Aug-25</b>	<b>Sep-25</b>	<b>Oct-25</b>	<b>Nov-25</b>	<b>Dec-25</b>
Claim #	<b><u>Total Amount of Claim Year to Date</u></b>												
1	Dependent	\$0	\$0	\$0	\$155,339	\$199,066	\$223,101	\$275,461	\$315,415	\$357,377	\$398,900	\$460,677	\$485,151
2	Subscriber	\$0	\$0	\$0	\$0	\$251,502	\$255,108	\$257,466	\$263,114	\$264,864	\$269,192	\$270,569	\$272,320
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$290,379	\$291,361	\$292,896	\$294,584	\$295,551	\$302,934
4	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$160,018	\$162,501	\$163,155	\$163,826	\$168,314	\$172,448
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$206,119
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$155,339</b>	<b>\$450,568</b>	<b>\$478,209</b>	<b>\$983,323</b>	<b>\$1,032,391</b>	<b>\$1,078,292</b>	<b>\$1,126,503</b>	<b>\$1,195,112</b>	<b>\$1,438,972</b>
<b>Increase Over Previous Month:</b>			<b>\$0</b>	<b>\$0</b>	<b>\$155,339</b>	<b>\$295,229</b>	<b>\$27,642</b>	<b>\$505,114</b>	<b>\$49,068</b>	<b>\$45,901</b>	<b>\$48,211</b>	<b>\$68,609</b>	<b>\$243,860</b>

Claim #	<b><u>Amount Over Specific Stop-Loss (\$275,000)</u></b>												
1	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$461	\$40,415	\$82,377	\$123,900	\$185,677	\$210,151
2	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$15,379	\$16,361	\$17,896	\$19,584	\$20,551	\$27,934
4	Dependent	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5	Subscriber	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Total</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,840</b>	<b>\$56,776</b>	<b>\$100,273</b>	<b>\$143,485</b>	<b>\$206,229</b>	<b>\$238,084</b>
<b>Increase Over Previous Month:</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,840</b>	<b>\$40,936</b>	<b>\$43,496</b>	<b>\$43,212</b>	<b>\$62,744</b>	<b>\$31,855</b>

## Douglas County School District

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

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

FORMULA

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

Net Paid Claims from January 01, 2025 through December 31, 2025

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

Average Estimated Lag Days

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

Number of employees covered:

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

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

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

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

### Estimated IBNR Calculation

Medical	\$5,620,373 X (55/365) X (734/747) =	\$ 832,167	14.8%
+			
Dental	\$553,674 X (30/365) X (734/747) =	\$ 44,715	8.1%
+			
Rx	\$1,799,224 X (11/365) X (734/747) =	\$ 53,280	3.0%
+			
Vision	\$57,143 X (22/365) X (734/747) =	<u>\$ 3,384</u>	5.9%
=			
<b>Total estimated IBNR as of December 31, 2025 =</b>		<b>\$ 933,546</b>	<b>11.6%</b>

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

**Douglas County School District**

Hometown Health self-funded health plan reserve as of November 30, 2025

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

FORMULA

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

Net Paid Claims from December 01, 2024 through November 30, 2025

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

Average Estimated Lag Days

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

Number of employees covered:

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

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

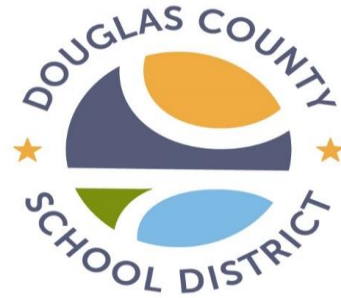
Current enrollment all Rx Plans = 739 : 60 day lagged enrollment = 749

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

**Estimated IBNR Calculation**

Medical	\$5,598,387 X (55/365) X (739/749) =	\$ 832,330	14.9%
+			
Dental	\$573,072 X (30/365) X (739/749) =	\$ 46,473	8.1%
+			
Rx	\$1,769,052 X (11/365) X (739/749) =	\$ 52,602	3.0%
+			
Vision	\$55,995 X (22/365) X (739/749) =	<u>\$ 3,330</u>	5.9%
=			
<b>Total estimated IBNR as of November 30, 2025 =</b>		<b>\$ 934,735</b>	<b>11.7%</b>

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

**January-26**

**Group Health Plan  
Cost Analysis Report**

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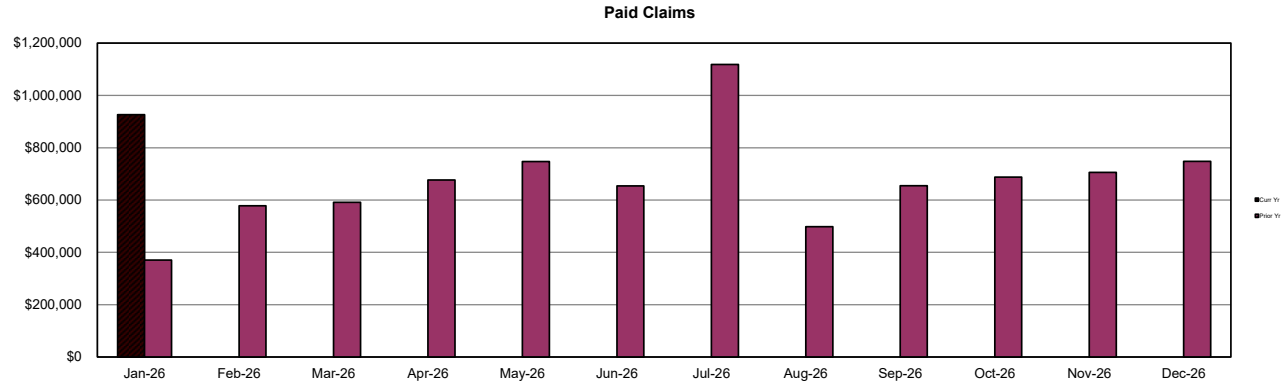
<b>Exhibits</b>	<b>Description</b>
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Utilization Report
6	Top 20 Providers
7	Large Claim Data
8	Incurred But Not Reported Liability (IBNR)-Current
9	Incurred But Not Reported Liability (IBNR)-Previous Month



**Douglas County School District  
PAID CLAIMS**

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
<b>ENROLLMENT</b>																	
1	Employees	725	0	0	0	0	0	0	0	0	0	0	0	725	725	743	-2.48%
2	Dependent Units	180	0	0	0	0	0	0	0	0	0	0	0	180	180	189	-4.51%
3	Total # of Dependents	321	0	0	0	0	0	0	0	0	0	0	0	321	321	349	-8.04%
<b>EMPLOYEE CLAIMS</b>																	
4	Medical	\$525,224	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$525,224	\$525,224	\$325,692	61.26%
5	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$5,000)	-100.00%
6	Net Medical Claims	\$525,224	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$525,224	\$525,224	\$320,692	63.78%
7	Prescription	\$123,157	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$123,157	\$123,157	\$105,642	16.58%
8	Dental	\$27,699	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,699	\$27,699	\$28,969	-4.38%
9	Vision	\$4,497	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,497	\$4,497	\$3,726	20.70%
10	<b>Total Employee</b>	<b>\$680,577</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$680,577</b>	<b>\$680,577</b>	<b>\$459,028</b>	<b>48.26%</b>
11	<i>Cost Per Employee</i>	<i>\$938.73</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$938.73</i>	<i>\$938.73</i>	<i>\$617.46</i>	<i>52.03%</i>
<b>DEPENDENT CLAIMS</b>																	
12	Medical	\$203,904	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$203,904	\$203,904	\$168,143	21.27%
13	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$20,471)	-100.00%
14	Net Medical Claims	\$203,904	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$203,904	\$203,904	\$147,673	38.08%
15	Prescription	\$26,417	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,417	\$26,417	\$44,294	-40.36%
16	Dental	\$14,195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,195	\$14,195	\$17,171	-17.33%
17	Vision	\$1,276	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,276	\$1,276	\$1,036	23.15%
18	<b>Total Dependent</b>	<b>\$245,792</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$245,792</b>	<b>\$245,792</b>	<b>\$210,174</b>	<b>16.95%</b>
19	<i>Cost Per Dependent Unit</i>	<i>\$1,365.51</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$1,365.51</i>	<i>\$1,365.51</i>	<i>\$1,114.98</i>	<i>22.47%</i>
20	<i>Cost Per Dependent</i>	<i>\$765.71</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$765.71</i>	<i>\$765.71</i>	<i>\$602.07</i>	<i>27.18%</i>
<b>EMPLOYEE + DEPENDENT</b>																	
21	Medical	\$729,128	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$729,128	\$729,128	\$493,835	47.65%
22	Less Stop Loss Reimbursement	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$25,470)	-100.00%
23	Net Medical Claims	\$729,128	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$729,128	\$729,128	\$468,364	55.68%
24	Prescription	\$149,573	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$149,573	\$149,573	\$149,935	-0.24%
25	Dental	\$41,894	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,894	\$41,894	\$46,139	-9.20%
26	Vision	\$5,773	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,773	\$5,773	\$4,762	21.24%
27	<b>Total Claims</b>	<b>\$926,369</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$926,369</b>	<b>\$926,369</b>	<b>\$669,201</b>	<b>38.43%</b>
28	<i>Composite Cost Per Employee</i>	<i>\$1,277.75</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$0.00</i>	<i>\$1,277.75</i>	<i>\$1,277.75</i>	<i>\$900.17</i>	<i>41.95%</i>
29	Composite Cost Per Member	\$885.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$885.63	\$885.63	\$612.54	44.58%

**Douglas County School District  
PAID CLAIMS**

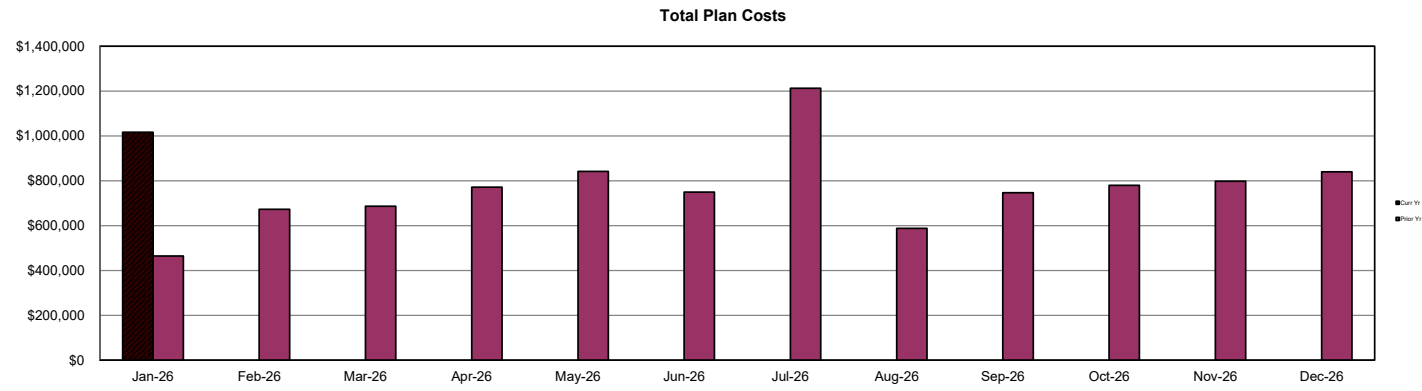


**Douglas County School District  
TOTAL PLAN COSTS**

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
<b>EMPLOYEE</b>																	
1	TPA / UTIL REVIEW / COBRA / TELE DOC	\$30.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,881	\$21,881	\$21,574	1.42%
2	Specific Stop Loss	\$58.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,159	\$42,159	\$53,608	-21.36%
3	PPO Networks (Dental)	\$0.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$508	\$508	\$520	-2.48%
4	VSP	\$1.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,218	\$1,218	\$1,249	-2.48%
5	Consulting Fee (Estimated)	\$2.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500	\$1,500	\$1,500	0.00%
6	Total Fixed	\$92.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$67,265	\$67,265	\$78,451	-14.26%
7	Exposures	725	0	0	0	0	0	0	0	0	0	0	0	725	725	743	-2.48%
8	Employee Fixed Costs	\$67,265	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$67,265	\$67,265	\$78,451	-14.26%
9	Total Gross Claims	\$680,577	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$680,577	\$680,577	\$464,028	46.67%
10	Gross Plan Costs	\$747,841	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$747,841	\$747,841	\$542,479	37.86%
11	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$5,000)	-100.00%
12	Net Plan Costs	\$747,841	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$747,841	\$747,841	\$537,479	39.14%
13	Per Employee Gross Plan Costs	\$1,031.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,031.51	\$1,031.51	\$729.71	41.36%
14	Per Employee Net Plan Costs	\$1,031.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,031.51	\$1,031.51	\$722.98	42.67%
<b>DEPENDENT</b>																	
15	Specific Stop Loss (+ 1 Dep.)	\$111.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,170	\$10,170	\$7,174	41.77%
16	Specific Stop Loss (+ Fam.)	\$111.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,947	\$9,947	\$7,673	29.64%
17	Dependent Units (+ 1 Dep.)	91	0	0	0	0	0	0	0	0	0	0	0	91	91	91	0.09%
18	Dependent Units (Fam.)	89	0	0	0	0	0	0	0	0	0	0	0	89	89	97	-8.64%
19	Dependent Fixed Costs	\$20,117	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,117	\$20,117	\$14,846	35.50%
20	Total Gross Claims	\$245,792	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$245,792	\$245,792	\$230,644	6.57%
21	Gross Plan Costs	\$265,909	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$265,909	\$265,909	\$245,490	8.32%
22	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$20,471)	-100.00%
23	Net Plan Costs	\$265,909	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$265,909	\$265,909	\$225,020	18.17%
24	Per Dependent Unit Gross Plan Costs	\$1,477.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,477.27	\$1,477.27	\$1,302.34	13.43%
25	Per Dependent Unit Net Plan Costs	\$1,477.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,477.27	\$1,477.27	\$1,193.74	23.75%
26	Per Dependent Net Plan Costs	\$828.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$828.38	\$828.38	\$644.03	28.62%
<b>EMPLOYEE + DEPENDENT</b>																	
27	*Fixed Costs	\$90,052	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$90,052	\$90,052	\$93,297	-3.48%
28	Total Claims	\$926,369	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$926,369	\$926,369	\$694,672	33.35%
29	Gross Plan Costs	\$1,016,421	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,016,421	\$1,016,421	\$787,969	28.99%
30	Stop-Loss Reimbursements	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$25,470)	-100.00%
31	Pharmacy Rebates	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$34,452)	-100.00%
32	Net Plan Costs	\$1,016,421	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,016,421	\$1,016,421	\$728,047	39.61%
33	Composite Gross Plan Cost Per Employee	\$1,401.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,401.96	\$1,401.96	\$1,059.93	32.27%
34	Composite Net Plan Cost Per Employee	\$1,401.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,401.96	\$1,401.96	\$979.33	43.16%
35	Composite Net Plan Cost Per Member	\$971.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$971.72	\$971.72	\$666.40	45.82%

\*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

1/1/2026

Plan Paid Row Labels	Period		Percent of Medical
	01/01/26	Grand Total	
<b>Dental</b>			
<b>Professional</b>			
OFFICE	\$41,894	\$41,894	5.4%
<b>Professional Total</b>	<b>\$41,894</b>	<b>\$41,894</b>	
<b>Dental Total</b>	<b>\$41,894</b>	<b>\$41,894</b>	<b>5.4%</b>
<b>Medical</b>			
<b>Institutional</b>			
AMBULATORY SURGICAL CENTER	\$191,843	\$191,843	24.9%
INPATIENT HOSPITAL	\$152,583	\$152,583	19.8%
ON CAMPUS - OUTPATIENT HOSPITAL	\$119,547	\$119,547	15.5%
EMERGENCY ROOM - HOSPITAL	\$45,235	\$45,235	5.9%
URGENT CARE FACILITY	\$64	\$64	0.0%
<b>Institutional Total</b>	<b>\$509,273</b>	<b>\$509,273</b>	<b>66.1%</b>
<b>Professional</b>			
AMBULANCE - AIR OR WATER	\$76,518	\$76,518	9.9%
OFFICE	\$60,413	\$60,413	7.8%
AMBULATORY SURGICAL CENTER	\$27,492	\$27,492	3.6%
ON CAMPUS - OUTPATIENT HOSPITAL	\$22,069	\$22,069	2.9%
INDEPENDENT LABORATORY	\$7,188	\$7,188	0.9%
INPATIENT HOSPITAL	\$6,101	\$6,101	0.8%
RURAL HEALTH CLINIC	\$2,464	\$2,464	0.3%
TELEHEALTH - PROVIDED IN PATIENT'S HOME	\$2,418	\$2,418	0.3%
AMBULANCE - LAND	\$2,228	\$2,228	0.3%
HOME	\$1,946	\$1,946	0.3%
URGENT CARE FACILITY	\$1,895	\$1,895	0.2%
TELEHEALTH - PROVIDED OTHER THAN IN PATIENT'S HOME	\$1,370	\$1,370	0.2%
PUBLIC HEALTH CLINIC	\$133	\$133	0.0%
OFF CAMPUS - OUTPATIENT HOSPITAL	\$0	\$0	0.0%
<b>Professional Total</b>	<b>\$219,854</b>	<b>\$219,854</b>	<b>28.5%</b>
<b>Medical Total</b>	<b>\$729,128</b>	<b>\$729,128</b>	<b>94.6%</b>
<b>Grand Total</b>	<b>\$771,022</b>	<b>\$771,022</b>	<b>100.0%</b>

# Douglas County School District

Top 20 Providers

Paid Claims Between

1/1/2026

thru

1/1/2026

Provider	Members	Claims	MemberPaid	PlanPaid
RENOWN REGIONAL MEDICAL CENTER	13	19	\$4,996	\$135,922
CARSON TAHOE REGIONAL HEALTHCARE	39	42	\$25,075	\$134,872
BARTON MEMORIAL HOSPITAL	9	14	\$14,746	\$116,202
CARSON VALLEY MEDICAL CENTER	46	61	\$17,405	\$113,451
REACH AIR MEDICAL SERVICES LLC	1	2	-\$15,296	\$76,518
RENO ORTHOPAEDIC SURGERY CENTER	4	4	\$3,047	\$21,270
REGENTS OF THE UNIVERSITY OF CALIFORNIA	2	4	\$2,466	\$7,398
SHIELDS, TROY G	5	5	\$240	\$7,095
WILDMAN, PAYDEN T	16	16	\$710	\$5,049
EDMUNDS, MICHAEL R	2	3	\$276	\$4,611
PARSONS, HEATHER M	16	18	\$335	\$4,142
ACEVEDO, JASON R	10	13	\$800	\$4,070
TALBOTT, LADAWN M	1	1	\$963	\$3,851
CHRISTENSEN, CARTER C	9	11	\$719	\$3,697
CARSON ENDOSCOPY CENTER	3	3	\$0	\$2,915
ROST, BLAKE T	10	12	\$319	\$2,812
LABCORP PHOENIX	48	55	\$2,225	\$2,648
LIM, PETER C	1	1	\$60	\$2,533
SEYFRIED, JAMES W	8	10	\$1,148	\$2,403
BUDD, DANIEL B	5	5	\$560	\$2,373

*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)**

<b>CLAIMANT</b>	<b>Jan-26</b>	<b>Feb-26</b>	<b>Mar-26</b>	<b>Apr-26</b>	<b>May-26</b>	<b>Jun-26</b>	<b>Jul-26</b>	<b>Aug-26</b>	<b>Sep-26</b>	<b>Oct-26</b>	<b>Nov-26</b>	<b>Dec-26</b>
Claim # <u>Total Amount of Claim Year to Date</u>												
1	\$0											
2	\$0											
3	\$0											
4	\$0											
5	\$0											
6	\$0											
7	\$0											
8	\$0											
9	\$0											
10	\$0											
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Increase Over Previous Month:</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>250</b>

Claim # <u>Amount Over Specific Stop-Loss (\$300,000)</u>												
1	\$0											
2	\$0											
3	\$0											
4	\$0											
5	\$0											
6	\$0											
7	\$0											
8	\$0											
9	\$0											
10	\$0											
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Increase Over Previous Month:</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Douglas County School District**

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

Based on claims from February 01, 2025 through January 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 February 01, 2025 through January 31, 2026

<b>Medical</b>	\$ 6,141,657
<b>Dental</b>	\$ 566,073
<b>Prescription Drugs</b>	\$ 1,819,700
<b>Vision</b>	<u>\$ 58,719</u>
<b>Total Claims</b>	\$ 8,586,149

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 = 725 : 60 day lagged enrollment = 745  
 Current enrollment all Dental Plans = 725 : 60 day lagged enrollment = 745  
 Current enrollment all Rx Plans = 725 : 60 day lagged enrollment = 745  
 Current enrollment all Vision Plans = 725 : 60 day lagged enrollment = 745

**Estimated IBNR Calculation**

Medical	\$6,141,657 X (55/365) X (725/745) =	\$ 900,309	14.7%
+			
Dental	\$566,073 X (30/365) X (725/745) =	\$ 45,262	8.0%
+			
Rx	\$1,819,700 X (11/365) X (725/745) =	\$ 53,350	2.9%
+			
Vision	\$58,719 X (22/365) X (725/745) =	<u>\$ 3,443</u>	5.9%
=			
<b>Total estimated IBNR as of January 31, 2026 =</b>		<b>\$ 1,002,364</b>	<b>11.7%</b>

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 December 31, 2025

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

FORMULA

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

Net Paid Claims from January 01, 2025 through December 31, 2025

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

Average Estimated Lag Days

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

Number of employees covered:

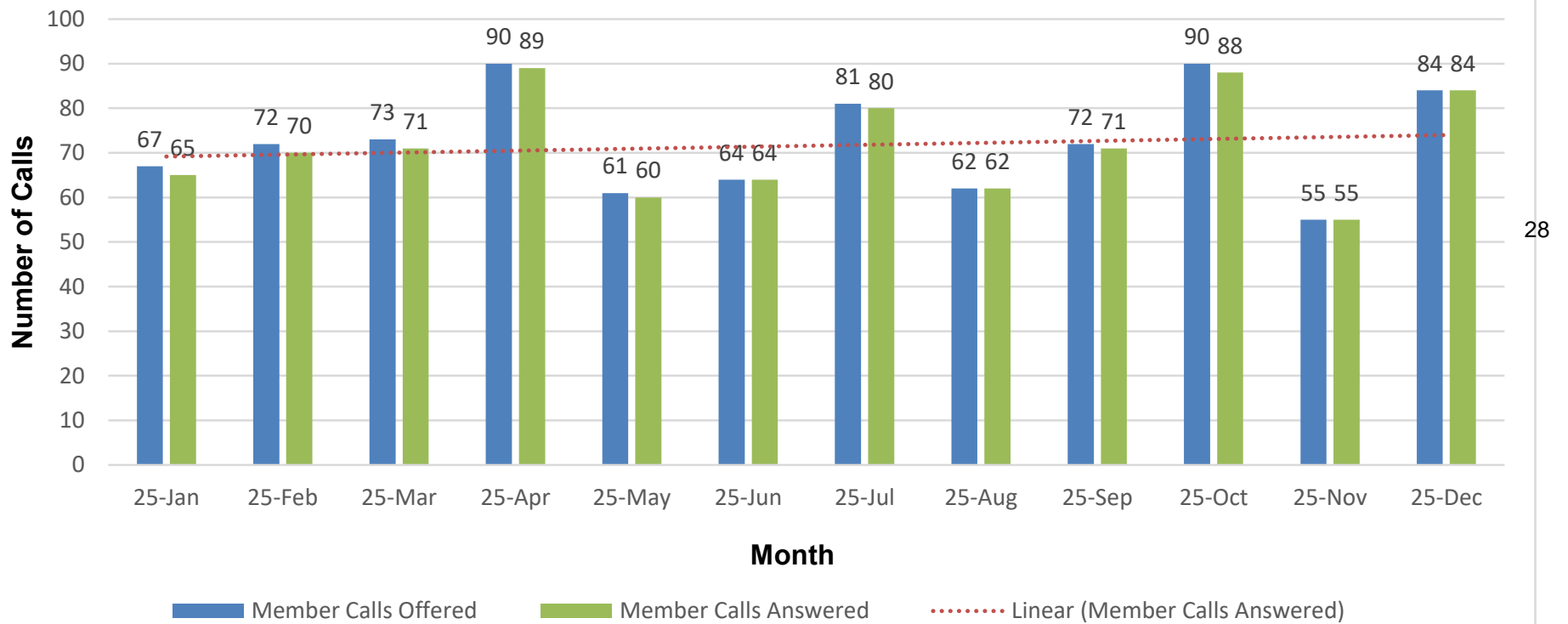
Current enrollment all Medical Plans = 734 : 60 day lagged enrollment = 747  
 Current enrollment all Dental Plans = 734 : 60 day lagged enrollment = 747  
 Current enrollment all Rx Plans = 734 : 60 day lagged enrollment = 747  
 Current enrollment all Vision Plans = 734 : 60 day lagged enrollment =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

**Estimated IBNR Calculation**

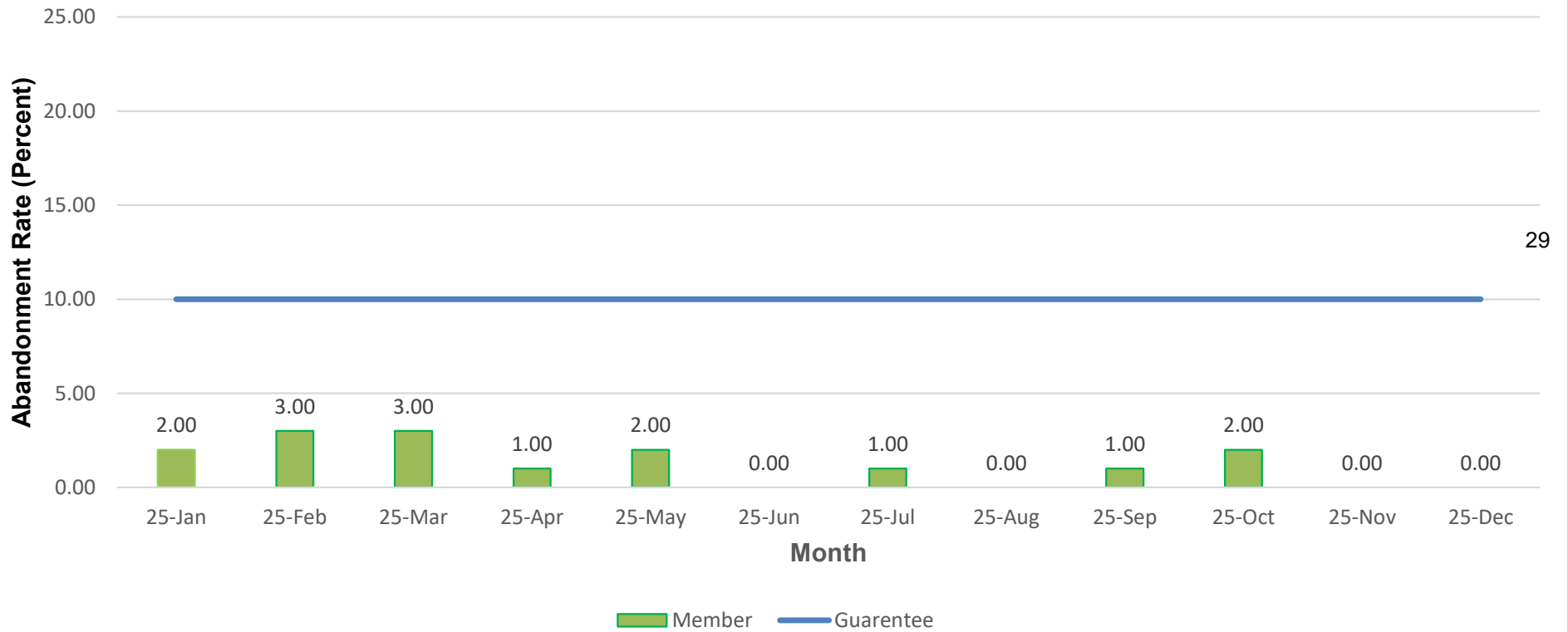
Medical	\$5,620,373 X (55/365) X (734/747) =	\$ 832,167	14.8%
+			
Dental	\$553,674 X (30/365) X (734/747) =	\$ 44,715	8.1%
+			
Rx	\$1,799,224 X (11/365) X (734/747) =	\$ 53,280	3.0%
+			
Vision	\$57,143 X (22/365) X (734/747) =	<u>\$ 3,384</u>	5.9%
=			
<b>Total estimated IBNR as of December 31, 2025 =</b>		<b>\$ 933,546</b>	<b>11.6%</b>

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.

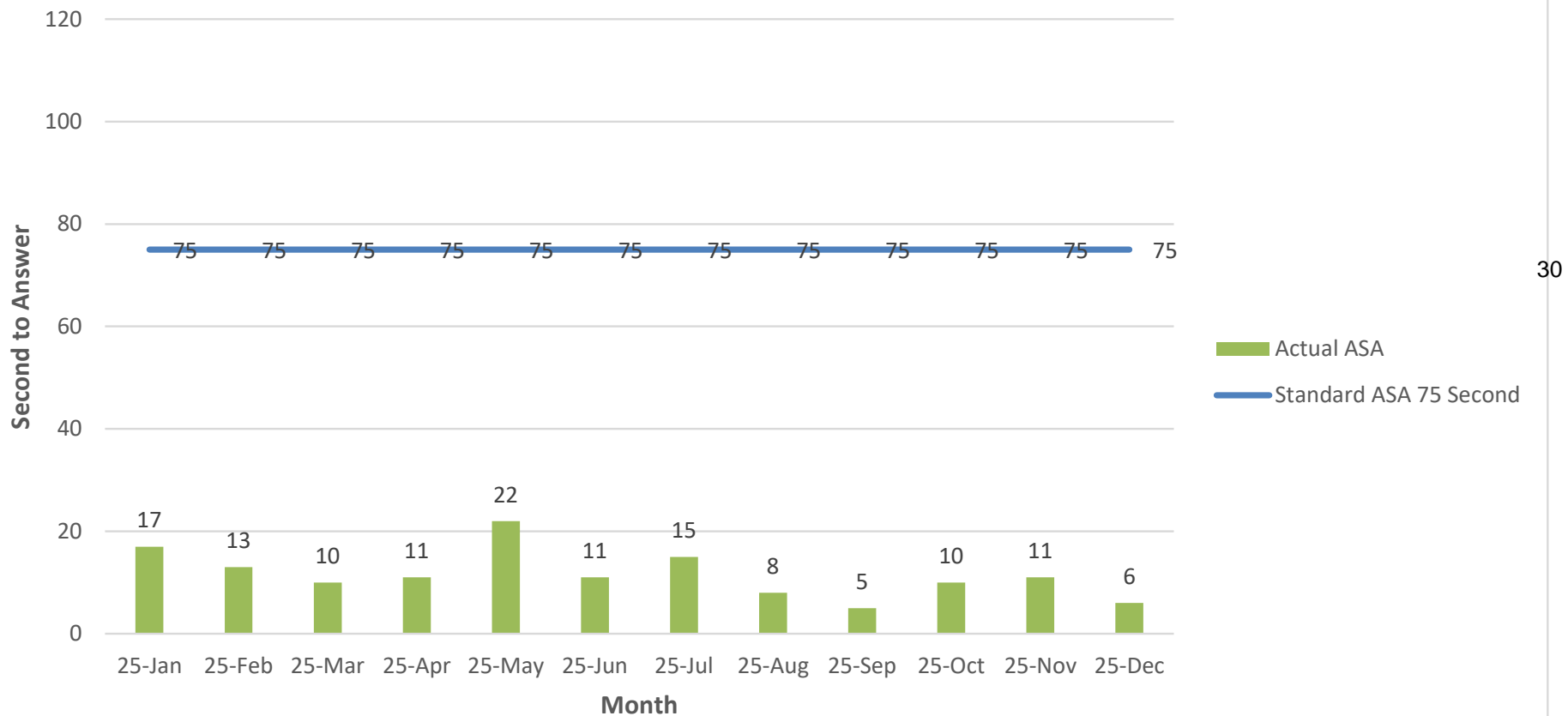
## Hometown Health - DCSD Dedicated Phone Number Customer Services Department Call Volume



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



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



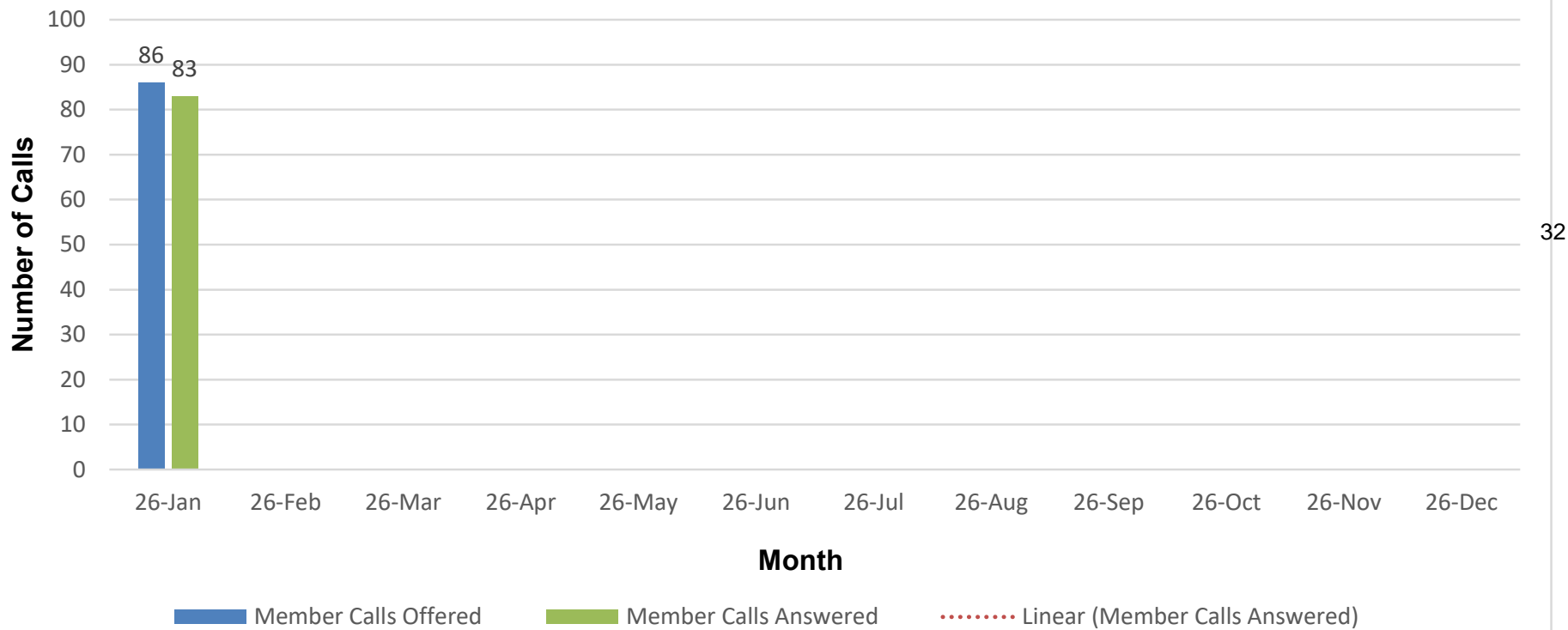


**Claims Turnaround Time**  
**Excludes Non-Business Days**  
**332 - DOUGLAS COUNTY SCHOOL DISTRICT**

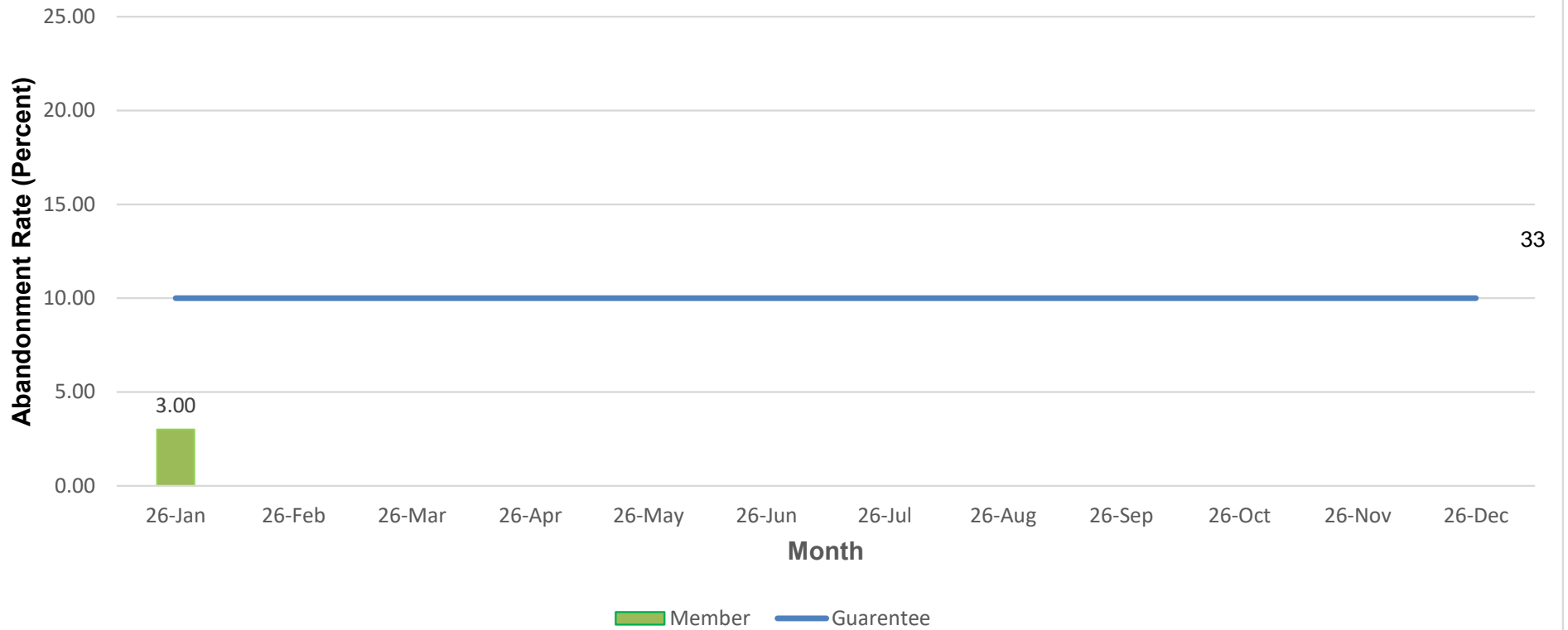
	2025	January	February	March	April	May	June	July	August	September	October	November	December
<b>Total</b>													
Total Claims Received During Month	1,236	1,435	1,230	1,365	1,325	1,291	1,086	1,247	1,313	1,116	1,245	910	1,263
Total Claims Paid During Month	1,457	1,584	1,284	1,735	1,577	1,384	1,283	1,573	1,526	1,224	1,462	1,445	1,407
Claims Open at End of Month	286	245	242	250	260	254	261	276	300	314	316	364	350
Percentage of Claims Paid Within 30 Days	98.1%	96.7%	96.9%	98.2%	97.9%	97.8%	97.9%	98.5%	99.7%	98.4%	97.1%	99.4%	98.2%
Number of Claims Paid Over 30 Days	28	52	40	32	33	30	27	23	5	19	42	8	25
<b>Medical</b>													
Total Claims Received During Month	1,041	1,296	974	1,154	1,162	1,061	911	1,007	1,095	934	1,032	773	1,097
Total Claims Paid During Month	1,263	1,430	1,129	1,348	1,511	1,249	1,062	1,245	1,281	1,058	1,289	1,326	1,231
Claims Open at End of Month	46	43	37	32	40	30	34	35	43	55	46	91	69
Percentage of Claims Paid Within 30 Days	99.0%	99.0%	98.0%	99.8%	98.5%	99.0%	97.9%	99.0%	99.8%	99.2%	98.0%	99.5%	99.8%
Number of Claims Paid Over 30 Days	13	15	23	3	22	12	22	12	3	8	26	7	2
<b>Dental</b>													
Total Claims Received During Month	194	139	256	211	163	230	175	239	218	181	213	137	166
Total Claims Paid During Month	194	154	155	387	66	135	221	327	245	165	173	119	176
Claims Open at End of Month	167	129	132	145	147	151	154	168	184	186	197	200	208
Percentage of Claims Paid Within 30 Days	92.2%	76.0%	89.0%	92.5%	83.3%	86.7%	97.7%	96.6%	99.2%	93.3%	90.8%	99.2%	86.9%
Number of Claims Paid Over 30 Days	15	37	17	29	11	18	5	11	2	11	16	1	23

31

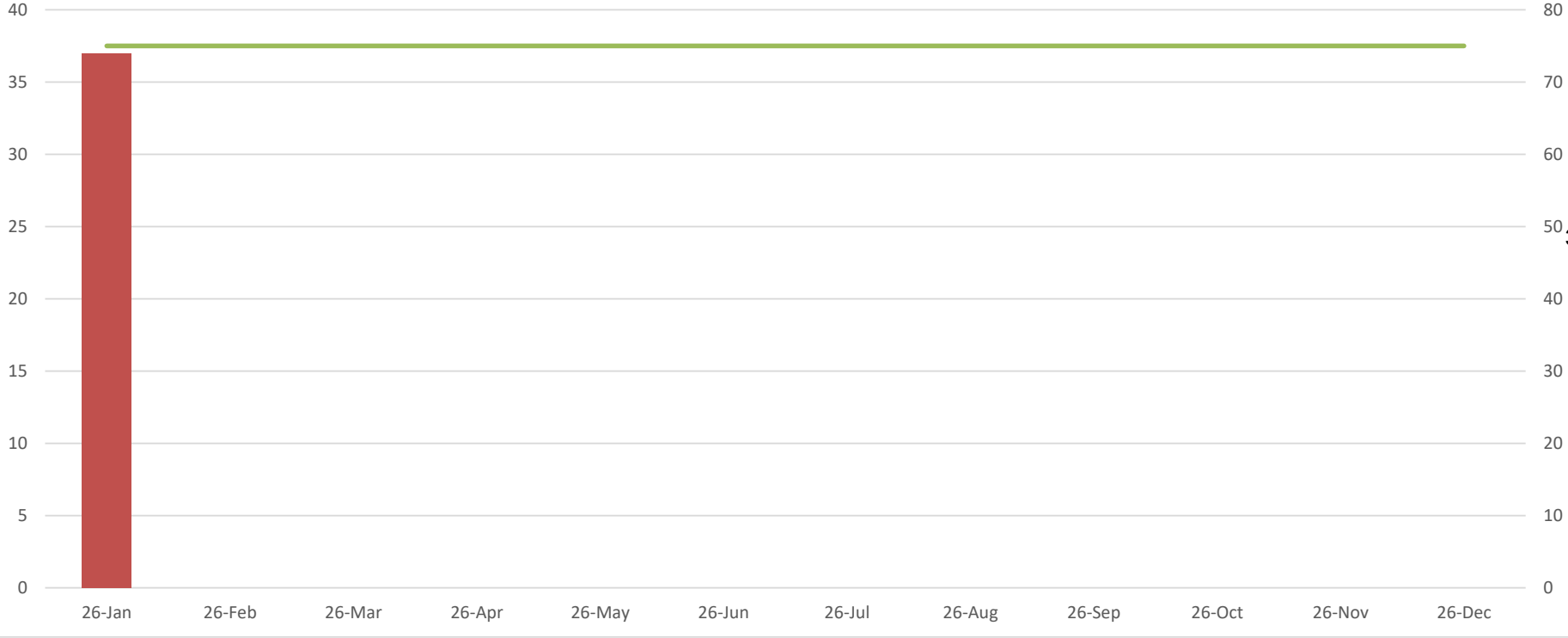
# Hometown Health - DCSD Dedicated Phone Number Customer Services Department Call Volume



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



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





## Claims Turnaround Time

Excludes Non-Business Days

### 332 - DOUGLAS COUNTY SCHOOL DISTRICT

	2026	January	
<b>Total</b>			
Total Claims Received During Month	1,178	1,178	
Total Claims Paid During Month	1,354	1,354	
Claims Open at End of Month	362	362	
Percentage of Claims Paid Within 30 Days	97.4%	97.4%	
Number of Claims Paid Over 30 Days	35	35	
	<b>2026</b>	<b>January</b>	
<b>Medical</b>			
Total Claims Received During Month	1,019	1,019	
Total Claims Paid During Month	1,140	1,140	35
Claims Open at End of Month	73	73	
Percentage of Claims Paid Within 30 Days	99.4%	99.4%	
Number of Claims Paid Over 30 Days	7	7	
	<b>2026</b>	<b>January</b>	
<b>Dental</b>			
Total Claims Received During Month	159	159	
Total Claims Paid During Month	214	214	
Claims Open at End of Month	216	216	
Percentage of Claims Paid Within 30 Days	86.9%	86.9%	
Number of Claims Paid Over 30 Days	28	28	

Unaudited

2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-26
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Actuals to date	Actuals to date	Actuals to date	Actuals to date	Actuals to date	Actuals to date	Actuals to date
\$707,103	\$593,957	\$1,047,051	\$649,873	\$1,008,996	\$818,800	\$1,188,429
\$504,522	\$533,442	\$801,080	\$937,616	\$1,112,051	\$1,140,749	\$477,214
\$419,473	\$922,103	\$709,220	\$540,995	\$735,590	\$867,924	\$508,078
\$575,237	\$580,104	\$758,601	\$993,427	\$399,999	\$1,171,815	\$624,109
\$751,140	\$974,578	\$820,396	\$214,398	\$762,960	\$879,124	\$617,450
\$409,511	\$606,620	\$1,754,598	\$919,954	\$689,212	\$630,192	\$660,946
\$585,200	\$508,567	\$211,099	\$520,765	\$685,625	\$509,134	\$945,229
\$425,889	\$454,486	-\$155,452	\$553,752	\$624,971	\$430,184	
\$463,808	-\$63,850	\$1,124,963	\$642,894	\$352,799	\$590,875	
\$590,274	\$581,293	\$116,358	\$561,828	\$491,344	\$699,843	
\$386,887	\$735,299	\$610,376	\$872,626	\$507,389	\$710,831	
\$690,699	\$833,568	\$997,886	\$728,608	\$598,594	\$623,455	
<b>\$6,509,743</b>	<b>\$7,260,167</b>	<b>\$8,796,176</b>	<b>\$8,136,736</b>	<b>\$7,969,530</b>	<b>\$9,072,926</b>	<b>\$5,021,455</b>

TOTAL CLAIMS

2025-26	2025-26	2025-26	2025-26
Operating Revenues	Admin Expenses	Claims Expenses	Est Cash Flows
\$735,596.12	(\$103,802.31)	(\$1,188,428.96)	(\$556,635.15)
\$705,215.07	(\$102,886.13)	(\$477,213.91)	\$125,115.03
\$715,323.86	(\$95,617.32)	(\$508,078.10)	\$111,628.44
\$831,626.17	(\$101,444.97)	(\$624,109.22)	\$106,071.98
\$762,560.00	(\$98,569.28)	(\$660,945.97)	\$3,044.75
\$815,683.67	(\$100,428.51)	(\$1,024,689.00)	(\$309,433.84)
\$821,586.00	(\$93,610.73)	(\$945,229.06)	(\$217,253.79)
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
<b>\$5,387,590.89</b>	<b>(\$696,359.25)</b>	<b>(\$5,428,694.22)</b>	<b>(\$737,462.58)</b>

\$542,478.58	\$605,013.95	\$733,014.69	\$678,061.33	\$664,127.54	\$756,077.17	\$717,350.71
0.70%	11.53%	21.16%	(7.50%)	(2.05%)	13.85%	(5.12%)
(6.00%)	5.05%	(3.29%)	(4.56%)	0.00%	(1.13%)	0.00%
768	795	763	773	773	779	779
423	452	443	378	378	359	359
1,191	1,247	1,206	1,151	1,151	1,138	1,138
\$ 5,466	\$ 5,822	\$ 7,294	\$ 7,069	\$ 6,924	\$ 7,973	\$ 7,564

**Notes:**  
July Premiums reflect the 'wrap-around' effect of the multiple salary schedules.

ACTUAL	ACTUAL	ACTUAL	ACTUAL	ACTUAL	DEC AMEND	DEC AMEND
<b>\$ 2,900,257</b>	<b>\$ 3,055,107</b>	<b>\$ 1,713,523</b>	<b>\$ 659,909</b>	<b>\$ 322,101</b>	<b>\$ 962,908</b>	<b>\$ 962,908</b>
\$7,339,180	\$7,564,729	\$8,007,604	\$7,888,920	\$8,328,096	\$8,810,000	\$8,810,000
		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
\$452,484	\$657,098	\$1,979	\$0	\$0	\$0	\$0
(\$3,890)	(\$3,955)	(\$3,845)	(\$31,030)	(\$9,030)	(\$9,030)	(\$9,030)
(\$8,731,736)	(\$8,541,210)	(\$9,067,362)	(\$7,950,000)	(\$8,100,000)	(\$8,100,000)	(\$8,100,000)
(\$271,441)	(\$284,913)	(\$287,536)	(\$330,000)	(\$325,000)	(\$325,000)	(\$325,000)
(\$669,791)	(\$742,720)	(\$707,462)	(\$793,000)	(\$900,000)	(\$930,000)	(\$930,000)
\$40,044	\$9,387	\$3,008	\$5,000	\$10,000	\$10,000	\$10,000
<b>\$3,055,107</b>	<b>\$1,713,523</b>	<b>\$659,909</b>	<b>\$449,799</b>	<b>\$326,167</b>	<b>\$1,418,878</b>	<b>\$1,418,878</b>

Fund Balance - 6/30:

Premium Pmts  
Transfer from GF  
Insurance Proceeds  
Other Payments  
Claims Expense  
PEBP Payments  
Fixed Costs - Admin Payments  
Fixed Costs - Third-Party Payments  
Interest on Inv / Ck Acct  
Est. Ending Fund Balance - 7/1:

Breakdown by month for insurance revenue & expense												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
<b>REVENUE</b>												
Premiums	643,473.51	591,319.68	608,549.43	613,263.08	618,477.81	619,120.57	688,058.00					
Exp Ins	23,398.21	39,430.48	34,990.38	29,751.80	28,354.88	0.00	59,620.84					
PERS Ins	66,100.77	72,232.69	71,784.05	71,784.05	69,685.68	74,904.19	72,279.19					
Interest	2,623.63	2,232.22	0.00	4,951.67	2,545.33	2,556.25	1,627.97					
Rx Rebates	0.00	0.00	0.00	0.00	0.00	119,102.66	0.00					
Transfers in	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
<b>Totals</b>	<b>735,596.12</b>	<b>705,215.07</b>	<b>715,323.86</b>	<b>719,750.60</b>	<b>719,063.70</b>	<b>815,683.67</b>	<b>821,586.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
												37
<b>EXPENSE</b>												
Claims	1,014,706.25	352,629.71	393,135.61	413,174.69	540,696.55	792,861.44	881,425.18					
Rx Claims	173,635.93	124,470.55	130,670.21	210,909.89	120,225.75	231,686.70	103,052.96					
Rx Fees	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
Other Fees	86.78	113.65	112.33	24.64	23.67	140.86	3,963.04					
Stop-loss Reimb.	0.00	0.00	-15,840.05	-111,875.57	-43,496.30	0.00	-43,212.12					
Accts Payable	8,030.13	8,204.10	9,350.59	6,742.74	5,170.39	6,569.67	4,871.49					
Admin Fees	95,772.18	94,682.03	86,266.73	94,702.25	93,398.89	93,858.84	88,739.24					
<b>Totals</b>	<b>1,292,231.27</b>	<b>580,100.04</b>	<b>603,695.42</b>	<b>613,678.64</b>	<b>716,018.95</b>	<b>1,125,117.51</b>	<b>1,038,839.79</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

# Douglas County School District Monthly Meeting



## Douglas County School District

EMPOWER • PREPARE • INSPIRE • CONNECT

# Updates

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Reporting

CORP\_NAME

DOUGLAS COUNTY SCHOOL DISTRICT

Reporting Month

202601

Compare Month

202512

## Medical Paid

**Paid**

**\$664.47K**

Compare Month: \$618.84K (+7.37%)

**Claimants**

**446**

Compare Month: 533 (-16.32%)

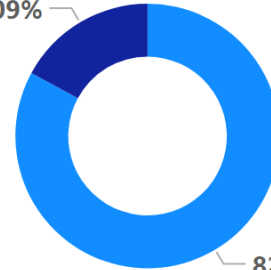
**Claims**

**1,003**

Compare Month: 1,429 (-29.81%)

## Cost Share

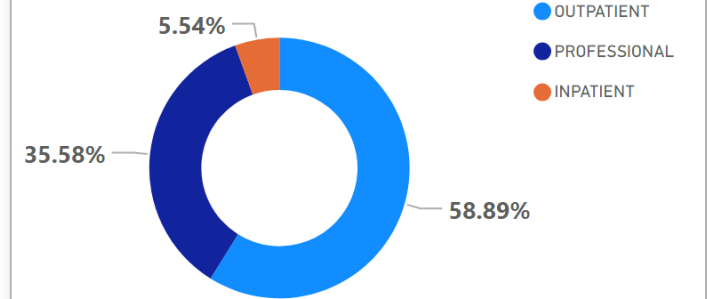
17.09%



82.91%

- Employer
- Employee

## Claim Type Category



## ER Utilization

**Visits**

**16**

Compare Month: 26 (-38.46%)

**Paid**

**\$57.49K**

Compare Month: \$46.72K (+23.05%)

**ER PMPM**

**\$53.05**

Compare Month: \$49.59 (+6.98%)

**ER PMPM All HTH**

**\$38.32**

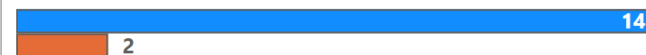
**Selected vs All HTH**

**38.5%**

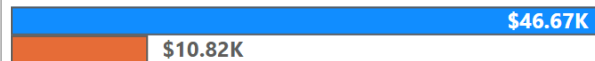
## ER Claims InNetwork/Out of Network

In Network Out of Network

**Visits**

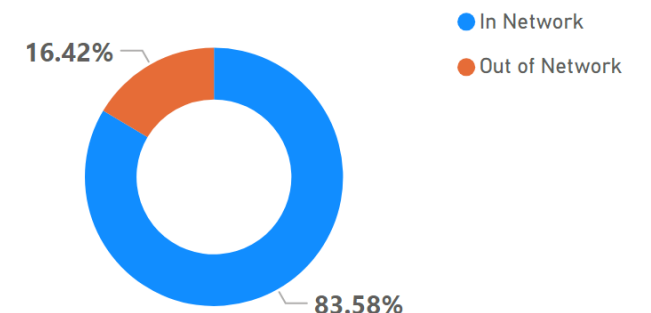


**Paid**



## Network Status (All Claims)

40



CORP\_NAME

DOUGLAS COUNTY SCHOOL DISTRICT

Reporting Month

202601

Compare Month

202512

### Top Places of Service by Paid Amount (YTD)

Place of Service	Claimants	Total Paid	Paid % Change
Ambulatory Surgical Center	12	\$201,646	-100.0%
On Campus - Outpatient Hospital	104	\$165,116	-100.0%
Office	333	\$99,974	-100.0%
Ambulance - Air or Water	1	\$80,913	-100.0%
Emergency Room - Hospital	19	\$54,064	-100.0%
Inpatient Hospital	10	\$43,063	-100.0%
Independent Laboratory	62	\$7,210	-100.0%
Rural Health Clinic	18	\$2,513	-100.0%
Telehealth - Provided in Patient's Home	13	\$2,442	-100.0%
Ambulance - Land	1	\$2,228	-100.0%
Urgent Care Facility	22	\$1,959	-100.0%
Home	17	\$1,824	-100.0%
Telehealth - Provided Other than in Patient's Home	10	\$1,370	-100.0%
Public Health Clinic	4	\$150	-100.0%

### Visits per 1,000

<p><b>Emergency</b></p> <p><b>16.3</b></p> <p>Compare Month: 26.2 (-37.65%)</p>	<p>All HTH</p> <p><b>15.4</b></p> <p>Selected vs All HTH</p> <p><b>6.2%</b></p>
<p><b>Inpatient</b></p> <p><b>3.8</b></p> <p>Compare Month: 0.9 (+310.77%)</p>	<p>All HTH</p> <p><b>4.4</b></p> <p>Selected vs All HTH</p> <p><b>-12.1%</b></p>
<p><b>Outpatient</b></p> <p><b>138.5</b></p> <p>Compare Month: 222.8 (-37.87%)</p>	<p>All HTH</p> <p><b>137.0</b></p> <p>Selected vs All HTH</p> <p><b>1.1%</b></p>

### PCP

<p><b>PCP Visits</b></p> <p><b>64</b></p> <p>Compare Month: 111 (-42.34%)</p>	<p><b>PCP Paid Amount</b></p> <p><b>\$8.81K</b></p> <p>Compare Month: \$18.15K (-51.45%)</p>
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\*Provider Specialties included as PCP: Family Practice, Internal Med, General Practice, & Geriatrics.

CORP\_NAME

DOUGLAS COUNTY SCHOOL DISTRICT

Reporting Month

202601

Compare Month

202512

### Top 10 Vendors by Medical Paid Amount

Vendor	Paid Amount	% Change
WASHOE BARTON MEDICAL CLINIC	\$140,438	-9.4%
CARSON TAHOE REGIONAL MEDICAL CENTER	\$134,872	100.2%
BARTON HEALTHCARE SYSTEMS	\$116,249	414.0%
REACH AIR MEDICAL SERVICES LLC	\$80,913	Infinity
REGENTS OF THE UNIVERSITY OF CA DAVIS	\$14,861	Infinity
RENOWN REGIONAL MEDICAL CENTER	\$13,865	-64.6%
RENO ORTHOPAEDIC CLINIC INC	\$11,968	-15.4%
ARROWHEAD DENTAL CENTER	\$11,558	9296.4%
CARSON MEDICAL GROUP	\$5,530	-77.8%
JAMES J LYNCH MD LTD	\$5,126	48.3%
<b>Total</b>	<b>\$535,379</b>	<b>63.8%</b>

\*\* % Change = *Infinity* indicates \$0 in Paid Amount for Compare Month

### Lab/Path - Top 10 Vendors by Paid Amount

Vendor	Paid Amount
LABORATORY CORPORATION OF AMERICA	\$1,157
EXACT SCIENCES LABORATORIES,LLC	\$1,098
<b>Total</b>	<b>\$2,255</b>

### Imaging - Top 10 Vendors by Paid Amount

Vendor	CT Scan	MRI	X-Ray	Total
WASHOE BARTON MEDICAL CLINIC	\$1,416		\$8,133	<b>\$9,550</b>
BARTON HEALTHCARE SYSTEMS			\$4,969	<b>\$4,969</b>
CARSON TAHOE REGIONAL MEDICAL CENTER	\$896	\$2,068	\$1,535	<b>\$4,499</b>
RENOWN REGIONAL MEDICAL CENTER	\$325	\$1,618		<b>\$1,944</b>
RENOWN MEDICAL GROUP	\$285	\$16	\$1,061	<b>\$1,362</b>
SIERRA NEVADA MEDICAL IMAGING			\$1,254	<b>\$1,254</b>
TAHOE CARSON RADIOLOGY LTD	\$171	\$145	\$345	<b>\$661</b>
RENOWN SOUTH MEADOWS MEDICAL CENTER			\$372	<b>\$372</b>
RENO ORTHOPAEDIC CLINIC INC			\$224	<b>\$224</b>
BARTON MEDICAL FOUNDATION			\$157	<b>\$157</b>
<b>Total</b>	<b>\$3,093</b>	<b>\$3,848</b>	<b>\$18,050</b>	<b>\$24,990</b>

CORP\_NAME

Reporting Month

Compare Month

DOUGLAS COUNTY SCHOOL DISTRICT

202601

202512

Dental Paid

Paid

\$41.89K

Compare Month: \$45.84K (-8.62%)

Claimants

146

Compare Month: 146 (+0%)

Claims

167

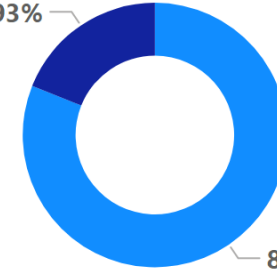
Compare Month: 181 (-7.73%)

Dental Cost Share

18.93%

Employer

Employee



81.07%