

**Douglas County School District
Board of Trustees
Agenda for the Health Advisory Committee of
Tuesday, May 26, 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

David Brady, Member

Heather Jackson, Member

Susan Jansen, Member

Markus Zinke, Member

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

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

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

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

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

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

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

The Board limits public comment to three minutes per commenter.

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

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

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

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

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

Revised 11/6/2025



Douglas County School District
Health Advisory Committee
Airport Training Center
1126 Airport Road Building G-1
Minden, NV 89423
Tuesday, May 26, 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 April 28, 2026 Meeting (For Possible Action)

Attached are the minutes for the April 28, 2026 Health Advisory Committee Meeting for review and approval.

5. Review of Claims (Information and Discussion) Lloyd Barnes, Nate Kerr **5**
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 **15**
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) ³ **19**

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

8. Review the proposed dates for the Douglas County School District Health Advisory Committee meetings for the 2026–27 fiscal/school year.

Review the dates for the 2026–2027 Health Advisory Committee meetings. Dates include but are not limited to: 8/25/26, 9/29/26, 10/20/26, 11/17/26, 1/26/27, 2/23/27, 3/30/27, 4/27/27, 5/25/27.

9. Self-Funded and Fully Funded Health Insurance TPA Proposal Process — discuss and review information and updates (For Information, Discussion, and Possible Action)

Discuss and review updates and information with LP Insurance regarding the informal process for soliciting self-funded and fully funded TPA proposals, the proposals (if presented), and the process by which proposals may be presented to the School Board.

10. Correspondence (Information and Discussion)

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

11. 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.

12. 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.

13. Adjournment

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

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

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

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



Douglas County School District

April-26

**Group Health Plan
Cost Analysis Report**

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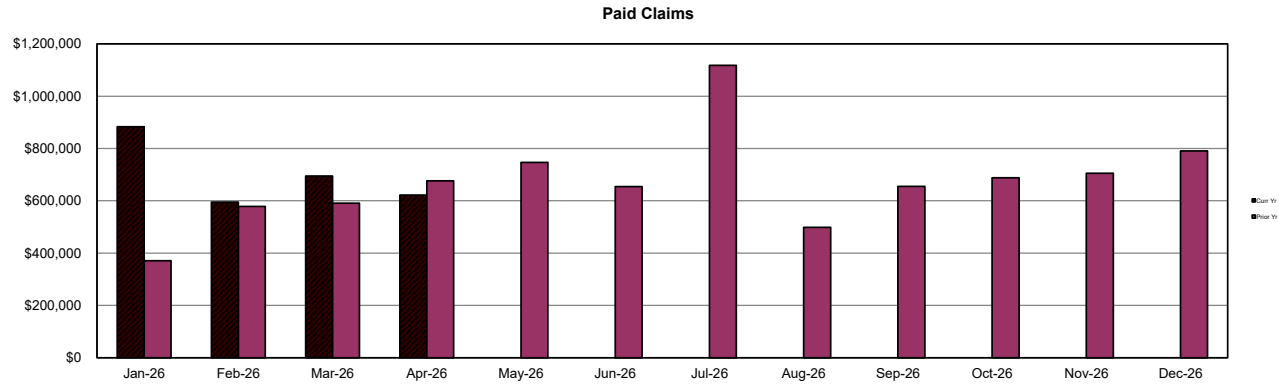
Exhibits	Description
1 & 2	Paid Claims
3 & 4	Total Plan Costs
5	Utilization Report
6	Top 20 Providers
7	Large Claim Data
8	Incurred But Not Reported Liability (IBNR)-Current
9	Incurred But Not Reported Liability (IBNR)-Previous Month



**Douglas County School District
PAID CLAIMS**

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
ENROLLMENT																	
1	Employees	725	718	711	709	0	0	0	0	0	0	0	0	2,863	716	743	-3.72%
2	Dependent Units	180	178	175	176	0	0	0	0	0	0	0	0	709	177	189	-5.97%
3	Total # of Dependents	321	317	315	316	0	0	0	0	0	0	0	0	1,269	317	349	-9.12%
EMPLOYEE CLAIMS																	
4	Medical	\$525,224	\$234,655	\$381,057	\$229,577	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,370,513	\$342,628	\$325,692	5.20%
5	Less Stop Loss Reimbursement	(\$1,688)	(\$967)	(\$7,382)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$10,038)	(\$2,509)	(\$4,859)	-48.36%
6	Net Medical Claims	\$523,536	\$233,688	\$373,674	\$229,577	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,360,475	\$340,119	\$320,832	6.01%
7	Prescription	\$123,157	\$101,732	\$121,868	\$103,877	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$450,634	\$112,658	\$105,642	6.64%
8	Dental	\$27,699	\$43,064	\$42,901	\$35,564	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$149,229	\$37,307	\$28,969	28.78%
9	Vision	\$4,497	\$5,231	\$3,800	\$3,220	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$16,749	\$4,187	\$3,726	12.39%
10	Total Employee	\$678,888	\$383,716	\$542,244	\$372,238	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,977,087	\$494,272	\$459,168	7.64%
11	<i>Cost Per Employee</i>	<i>\$936.40</i>	<i>\$534.42</i>	<i>\$762.65</i>	<i>\$525.02</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>\$2,762.26</i>	<i>\$690.56</i>	<i>\$617.65</i>	<i>11.81%</i>
DEPENDENT CLAIMS																	
12	Medical	\$203,904	\$192,585	\$155,609	\$203,793	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$755,891	\$188,973	\$168,143	12.39%
13	Less Stop Loss Reimbursement	(\$41,524)	(\$61,777)	(\$24,473)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$127,774)	(\$31,943)	(\$17,010)	87.79%
14	Net Medical Claims	\$162,380	\$130,808	\$131,136	\$203,793	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$628,118	\$157,029	\$151,133	3.90%
15	Prescription	\$26,417	\$56,552	(\$7,287)	\$31,133	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$106,815	\$26,704	\$44,294	-39.71%
16	Dental	\$14,195	\$23,469	\$27,360	\$14,785	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$79,809	\$19,952	\$17,171	16.20%
17	Vision	\$1,276	\$591	\$1,322	\$98	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,287	\$822	\$1,036	-20.70%
18	Total Dependent	\$204,268	\$211,420	\$152,532	\$249,808	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$818,029	\$204,507	\$213,634	-4.27%
19	<i>Cost Per Dependent Unit</i>	<i>\$1,134.82</i>	<i>\$1,187.75</i>	<i>\$871.61</i>	<i>\$1,419.36</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>\$4,615.11</i>	<i>\$1,153.78</i>	<i>\$1,133.34</i>	<i>1.80%</i>
20	<i>Cost Per Dependent</i>	<i>\$636.35</i>	<i>\$666.94</i>	<i>\$484.23</i>	<i>\$790.53</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>\$2,578.50</i>	<i>\$644.62</i>	<i>\$611.99</i>	<i>5.33%</i>
EMPLOYEE + DEPENDENT																	
21	Medical	\$729,128	\$427,240	\$536,666	\$433,370	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,126,404	\$531,601	\$493,835	7.65%
22	Less Stop Loss Reimbursement	(\$43,212)	(\$62,744)	(\$31,856)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$137,811)	(\$34,453)	(\$21,869)	57.54%
23	Net Medical Claims	\$685,916	\$364,497	\$504,810	\$433,370	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,988,593	\$497,148	\$471,965	5.34%
24	Prescription	\$149,573	\$158,284	\$114,582	\$135,009	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$557,449	\$139,362	\$149,935	-7.05%
25	Dental	\$41,894	\$66,533	\$70,261	\$50,349	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$229,038	\$57,259	\$46,139	24.10%
26	Vision	\$5,773	\$5,822	\$5,123	\$3,318	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,036	\$5,009	\$4,762	5.19%
27	Total Claims	\$883,156	\$595,136	\$694,777	\$622,046	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,795,115	\$698,779	\$672,802	3.86%
28	<i>Composite Cost Per Employee</i>	<i>\$1,218.15</i>	<i>\$828.88</i>	<i>\$977.18</i>	<i>\$877.36</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>\$3,905.16</i>	<i>\$976.29</i>	<i>\$905.01</i>	<i>7.88%</i>
29	Composite Cost Per Member	\$844.32	\$575.01	\$677.17	\$606.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,705.82	\$676.46	\$615.84	9.84%

**Douglas County School District
PAID CLAIMS**

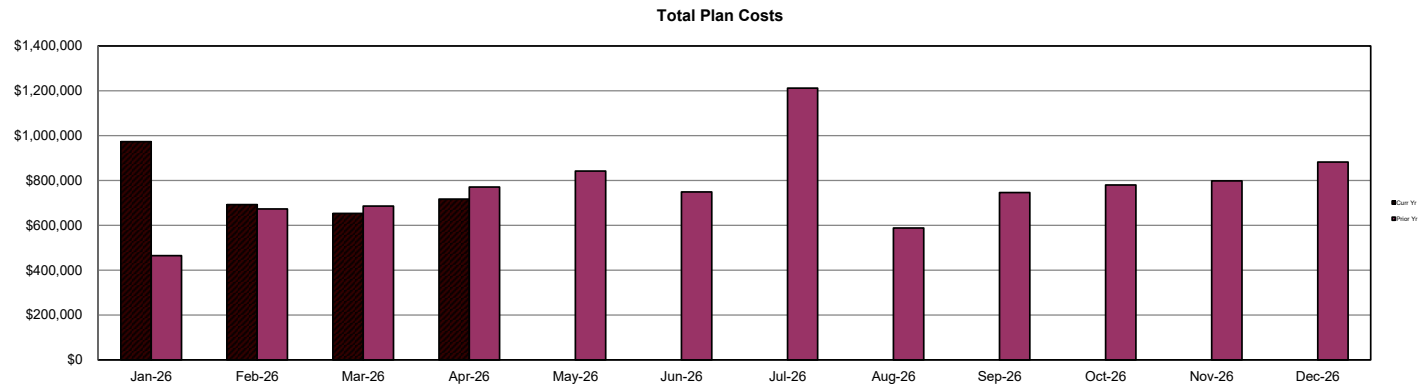


**Douglas County School District
TOTAL PLAN COSTS**

Line #		Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Totals	Current Year Mo. Average	Prior Year Mo. Average	% Difference
EMPLOYEE																	
1	TPA / UTIL REVIEW / COBRA / TELE DOC	\$30.18	\$30.18	\$30.18	\$30.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$86,405	\$21,601	\$21,574	0.13%
2	Specific Stop Loss	\$58.15	\$58.15	\$58.15	\$58.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$166,483	\$41,621	\$53,608	-22.36%
3	PPO Networks (Dental)	\$0.70	\$0.70	\$0.70	\$0.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,004	\$501	\$520	-3.72%
4	VSP	\$1.68	\$1.68	\$1.68	\$1.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,810	\$1,202	\$1,249	-3.72%
5	Consulting Fee (Estimated)	\$2.07	\$2.09	\$2.11	\$2.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,000	\$1,500	\$1,500	0.00%
6	Total Fixed	\$92.78	\$92.80	\$92.82	\$92.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$265,703	\$66,426	\$78,451	-15.33%
7	Exposures	725	718	711	709	0	0	0	0	0	0	0	0	2,863	716	743	-3.72%
8	Employee Fixed Costs	\$67,265	\$66,630	\$65,995	\$65,813	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$265,703	\$66,426	\$78,451	-15.33%
9	Total Gross Claims	\$680,577	\$384,683	\$549,627	\$372,238	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,987,124	\$496,781	\$464,028	7.06%
10	Gross Plan Costs	\$747,841	\$451,312	\$615,622	\$438,051	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,252,827	\$563,207	\$542,479	3.82%
11	Stop-Loss Reimbursements	(\$1,688)	(\$967)	(\$7,382)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$10,038)	(\$2,509)	(\$4,859)	-48.36%
12	Net Plan Costs	\$746,153	\$450,346	\$608,239	\$438,051	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,242,789	\$560,697	\$537,619	4.29%
13	Per Employee Gross Plan Costs	\$1,031.51	\$628.57	\$865.85	\$617.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,147.51	\$786.88	\$729.71	7.83%
14	Per Employee Net Plan Costs	\$1,029.18	\$627.22	\$855.47	\$617.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,133.48	\$783.37	\$723.17	8.32%
DEPENDENT																	
15	Specific Stop Loss (+ 1 Dep.)	\$111.76	\$111.76	\$111.76	\$111.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40,457	\$10,114	\$7,174	40.99%
16	Specific Stop Loss (+ Fam.)	\$111.76	\$111.76	\$111.76	\$111.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38,781	\$9,695	\$7,673	26.36%
17	Dependent Units (+ 1 Dep.)	91	90	89	92	0	0	0	0	0	0	0	0	362	91	91	-0.64%
18	Dependent Units (Fam.)	89	88	86	84	0	0	0	0	0	0	0	0	347	87	97	-10.95%
19	Dependent Fixed Costs	\$20,117	\$19,893	\$19,558	\$19,670	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$79,238	\$19,809	\$14,846	33.43%
20	Total Gross Claims	\$245,792	\$273,197	\$177,005	\$249,808	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$945,802	\$236,451	\$230,644	2.52%
21	Gross Plan Costs	\$265,909	\$293,090	\$196,563	\$269,478	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,025,040	\$256,260	\$245,490	4.39%
22	Stop-Loss Reimbursements	(\$41,524)	(\$61,777)	(\$24,473)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$127,774)	(\$31,943)	(\$17,010)	87.79%
23	Net Plan Costs	\$224,385	\$231,314	\$172,090	\$269,478	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$897,266	\$224,317	\$228,480	-1.82%
24	Per Dependent Unit Gross Plan Costs	\$1,477.27	\$1,646.58	\$1,123.22	\$1,531.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,445.75	\$1,445.75	\$1,302.34	11.01%
25	Per Dependent Unit Net Plan Costs	\$1,246.58	\$1,299.51	\$983.37	\$1,531.12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,265.54	\$1,265.54	\$1,212.10	4.41%
26	Per Dependent Net Plan Costs	\$699.02	\$729.70	\$546.32	\$852.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,827.81	\$706.95	\$654.21	8.06%
EMPLOYEE + DEPENDENT																	
27	*Fixed Costs	\$90,052	\$97,387	\$80,980	\$95,052	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$363,470	\$90,868	\$93,297	-2.60%
28	Total Claims	\$926,369	\$657,880	\$726,632	\$622,046	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,932,927	\$733,232	\$694,672	5.55%
29	Gross Plan Costs	\$1,016,421	\$755,266	\$807,612	\$717,098	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,296,397	\$824,099	\$787,969	4.59%
30	Stop-Loss Reimbursements	(\$43,212)	(\$62,744)	(\$31,856)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$137,811)	(\$34,453)	(\$21,869)	57.54%
31	Pharmacy Rebates	\$0	\$0	(\$122,540)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$122,540)	(\$30,635)	(\$34,452)	-11.08%
32	Net Plan Costs	\$973,209	\$692,523	\$665,216	\$717,098	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,036,045	\$759,011	\$731,648	3.74%
33	Composite Gross Plan Cost Per Employee	\$1,401.96	\$1,051.90	\$1,135.88	\$1,011.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,605.51	\$1,151.38	\$1,059.93	8.63%
34	Composite Net Plan Cost Per Employee	\$1,342.36	\$964.52	\$918.73	\$1,011.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,241.77	\$1,060.44	\$984.17	7.75%
35	Composite Net Plan Cost Per Member	\$930.41	\$669.10	\$636.66	\$699.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$734.76	\$734.76	\$669.70	9.72%

*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 4/1/2026

Plan Paid Row Labels	Period					Grand Total	Percent of Medical
	01/01/26	02/01/26	03/01/26	04/01/26			
Dental							
Professional							
OFFICE	\$41,894	\$66,533	\$70,261	\$50,349	\$229,038		9.7%
Professional Total	\$41,894	\$66,533	\$70,261	\$50,349	\$229,038		9.7%
Dental Total	\$41,894	\$66,533	\$70,261	\$50,349	\$229,038		9.7%
Medical							
Institutional							
AMBULATORY SURGICAL CENTER	\$191,843	\$40,798	\$103,118	\$120,122	\$455,882		19.4%
INPATIENT HOSPITAL	\$152,583	\$135,808	\$101,704	\$57,352	\$447,448		19.0%
ON CAMPUS - OUTPATIENT HOSPITAL	\$119,547	\$68,697	\$101,855	\$57,202	\$347,302		14.7%
EMERGENCY ROOM - HOSPITAL	\$45,235	\$34,222	\$41,827	\$36,242	\$157,526		6.7%
URGENT CARE FACILITY	\$64	\$192	\$1,074	\$274	\$1,604		0.1%
Institutional Total	\$509,273	\$279,717	\$349,579	\$271,192	\$1,409,760		59.9%
Professional							
OFFICE	\$60,413	\$63,829	\$71,476	\$79,705	\$275,423		11.7%
AMBULATORY SURGICAL CENTER	\$27,492	\$16,769	\$48,693	\$23,119	\$116,074		4.9%
ON CAMPUS - OUTPATIENT HOSPITAL	\$22,069	\$22,803	\$22,975	\$17,685	\$85,531		3.6%
AMBULANCE - AIR OR WATER	\$76,518				\$76,518		3.2%
EMERGENCY ROOM - HOSPITAL	\$7,620	\$5,488	\$10,131	\$9,486	\$32,724		1.4%
INDEPENDENT LABORATORY	\$7,188	\$3,223	\$7,283	\$7,925	\$25,620		1.1%
HOME	\$1,946	\$2,074	\$6,176	\$5,013	\$15,209		0.6%
TELEHEALTH - PROVIDED IN PATIENT'S HOME	\$2,418	\$3,547	\$4,495	\$4,126	\$14,586		0.6%
RURAL HEALTH CLINIC	\$2,464	\$2,006	\$3,344	\$949	\$8,763		0.4%
URGENT CARE FACILITY	\$1,895	\$1,432	\$3,849	\$1,134	\$8,311		0.4%
AMBULANCE - LAND	\$2,228	\$728		\$3,605	\$6,561		0.3%
TELEHEALTH - PROVIDED OTHER THAN IN PATIENT'S HOME	\$1,370	\$1,774	\$1,376	\$1,600	\$6,119		0.3%
OFF CAMPUS - OUTPATIENT HOSPITAL	\$0	\$220	\$212	\$353	\$786		0.0%
PUBLIC HEALTH CLINIC	\$133	\$0	\$31	\$100	\$265		0.0%
SKILLED NURSING FACILITY			\$122		\$122		0.0%
END-STAGE RENAL DISEASE TREATMENT FACILITY			\$0		\$0		0.0%
COMMUNITY MENTAL HEALTH CENTER		\$0		\$0	\$0		0.0%
MOBILE UNIT			\$0		\$0		0.0%
Professional Total	\$219,854	\$147,524	\$187,087	\$162,178	\$716,644		30.4%
Medical Total	\$729,128	\$427,240	\$536,666	\$433,370	\$2,126,404		90.3%
Grand Total	\$771,022	\$493,773	\$606,927	\$483,719	\$2,355,442		100.0%

CONFIDENTIAL

L/P Insurance Services, Inc.

Douglas County School District

Top 20 Providers

Paid Claims Between

1/1/2026

thru

4/1/2026

Provider	Members	Claims	MemberPaid	PlanPaid
CARSON TAHOE REGIONAL HEALTHCARE	151	257	\$119,208	\$412,431
BARTON MEMORIAL HOSPITAL	17	45	\$44,039	\$372,307
CARSON VALLEY MEDICAL CENTER	165	355	\$99,869	\$353,137
RENOWN REGIONAL MEDICAL CENTER	46	81	\$25,382	\$230,492
REACH AIR MEDICAL SERVICES LLC	1	2	-\$15,296	\$76,518
RENO ORTHOPAEDIC SURGERY CENTER	13	24	\$17,287	\$73,595
LIM, PETER C	3	13	\$540	\$21,524
RENOWN SOUTH MEADOWS MEDICAL CENTER	18	20	\$13,019	\$19,197
UNRUH, THOMAS C	31	41	\$2,168	\$13,264
BUDD, DANIEL B	41	61	\$1,637	\$11,944
CVMC BEHAVIORAL HEALTH CLINIC	11	45	\$1,156	\$11,890
RASCHILLA, FRANK L	33	53	\$1,888	\$11,289
CHRISTENSEN, CARTER C	28	39	\$1,877	\$10,408
CARSON ENDOSCOPY CENTER	12	12	\$0	\$9,874
WILDMAN, PAYDEN T	34	50	\$1,096	\$9,373
PINTHER, TIMOTHY T	34	40	\$1,308	\$9,356
SYNDERGAARD, BENJAMIN D	11	14	\$2,408	\$9,043
GAHN, GREGGORY M	1	3	\$3,888	\$8,884
PARSONS, HEATHER M	28	39	\$858	\$8,856
ERIC S PARK DDS	35	43	\$1,175	\$8,819

Note: Members may be represented within multiple providers

Douglas County School District

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

CLAIMANT		Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26
Claim #	<u>Total Amount of Claim Year to Date</u>												
1	Dependent	\$0	\$160,045	\$160,179	\$160,281								
2		\$0	\$0	\$0	\$0								
3		\$0	\$0	\$0	\$0								
4		\$0	\$0	\$0	\$0								
5		\$0	\$0	\$0	\$0								
6		\$0	\$0	\$0	\$0								
7		\$0	\$0	\$0	\$0								
8		\$0	\$0	\$0	\$0								
9		\$0	\$0	\$0	\$0								
10		\$0	\$0	\$0	\$0								
Total		\$0	\$160,045	\$160,179	\$160,281	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Increase Over Previous Month:			\$160,045	\$134	\$102	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12 \$0

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

Douglas County School District

Hometown Health self-funded health plan reserve as of April 30, 2026

Based on claims from May 01, 2025 through April 30, 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 May 01, 2025 through April 30, 2026

Medical	\$ 6,179,916
Dental	\$ 598,191
Prescription Drugs	\$ 1,815,392
Vision	<u>\$ 58,697</u>
Total Claims	\$ 8,652,195

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 = 709 : 60 day lagged enrollment = 738

Current enrollment all Dental Plans = 709 : 60 day lagged enrollment = 738

Current enrollment all Rx Plans = 709 : 60 day lagged enrollment = 738

Current enrollment all Vision Plans = 709 : 60 day lagged enrollment = 738

Estimated IBNR Calculation

Medical	\$6,179,916 X (55/365) X (709/738) =	\$ 894,224	14.5%
+			
Dental	\$598,191 X (30/365) X (709/738) =	\$ 47,213	7.9%
+			
Rx	\$1,815,392 X (11/365) X (709/738) =	\$ 52,537	2.9%
+			
Vision	\$58,697 X (22/365) X (709/738) =	<u>\$ 3,397</u>	5.8%
=			
Total estimated IBNR as of April 30, 2026 =		\$ 997,371	11.5%

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 March 31, 2026

Based on claims from April 01, 2025 through March 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 April 01, 2025 through March 31, 2026

Medical	\$ 6,245,166
Dental	\$ 588,988
Prescription Drugs	\$ 1,812,239
Vision	<u>\$ 60,264</u>
Total Claims	\$ 8,706,658

Average Estimated Lag Days

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

Number of employees covered:

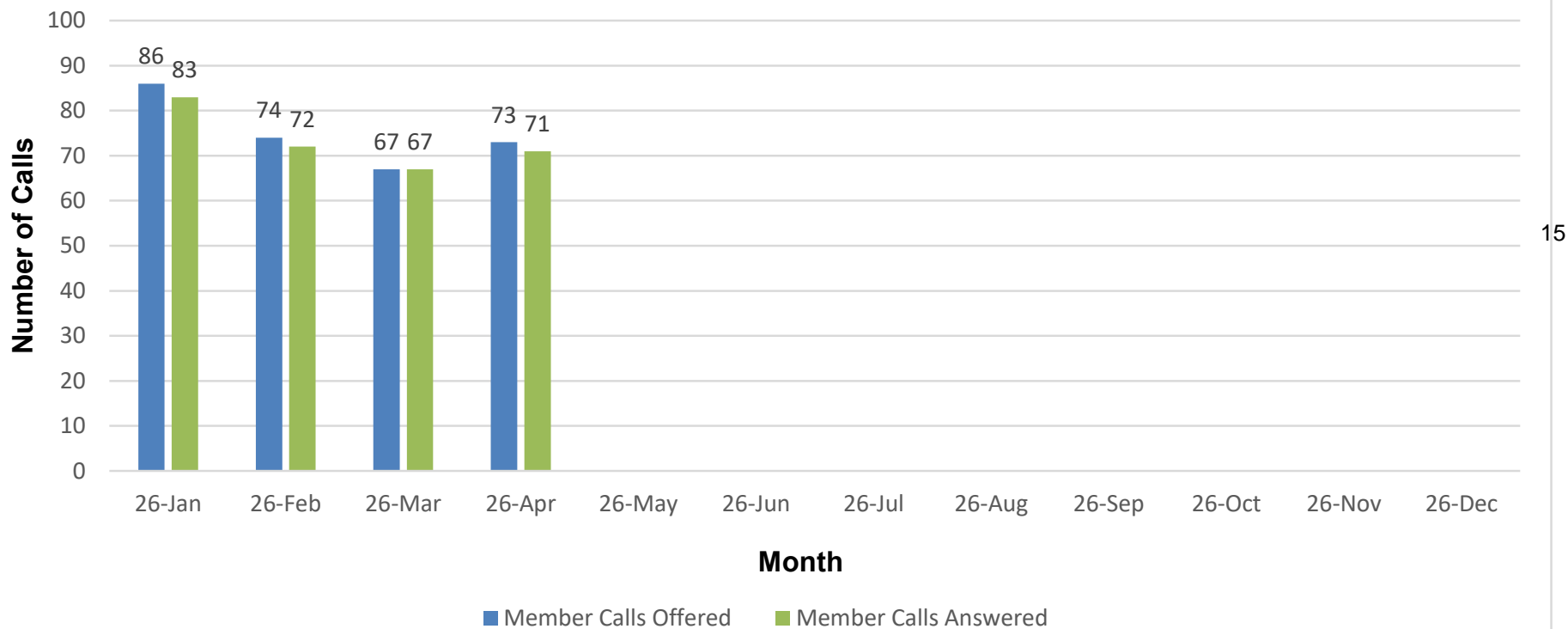
Current enrollment all Medical Plans = 711 : 60 day lagged enrollment = 742
 Current enrollment all Dental Plans = 711 : 60 day lagged enrollment = 742
 Current enrollment all Rx Plans = 711 : 60 day lagged enrollment = 742
 Current enrollment all Vision Plans = 711 : 60 day lagged enrollment = 742

Estimated IBNR Calculation

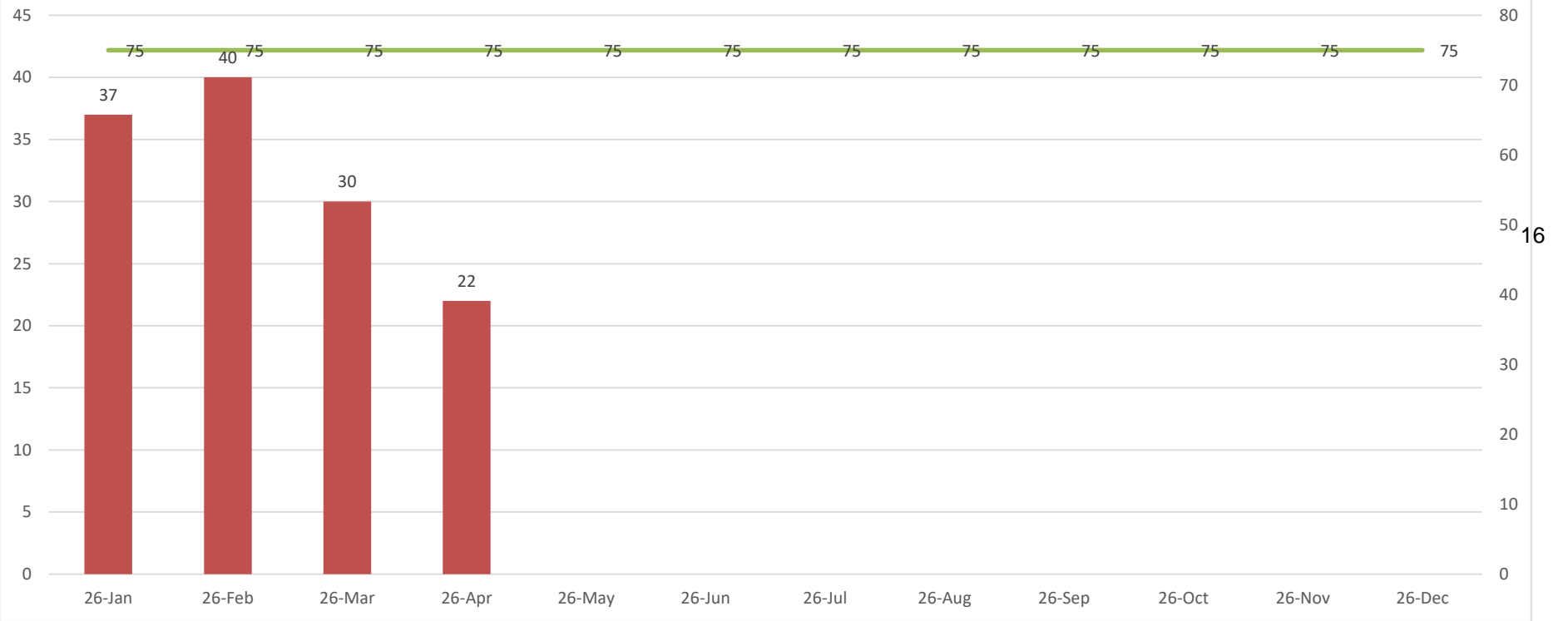
Medical	\$6,245,166 X (55/365) X (711/742) =	\$ 902,344	14.4%
+			
Dental	\$588,988 X (30/365) X (711/742) =	\$ 46,419	7.9%
+			
Rx	\$1,812,239 X (11/365) X (711/742) =	\$ 52,369	2.9%
+			
Vision	\$60,264 X (22/365) X (711/742) =	<u>\$ 3,483</u>	5.8%
=			
Total estimated IBNR as of March 31, 2026 =		\$ 1,004,615	11.5%

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.

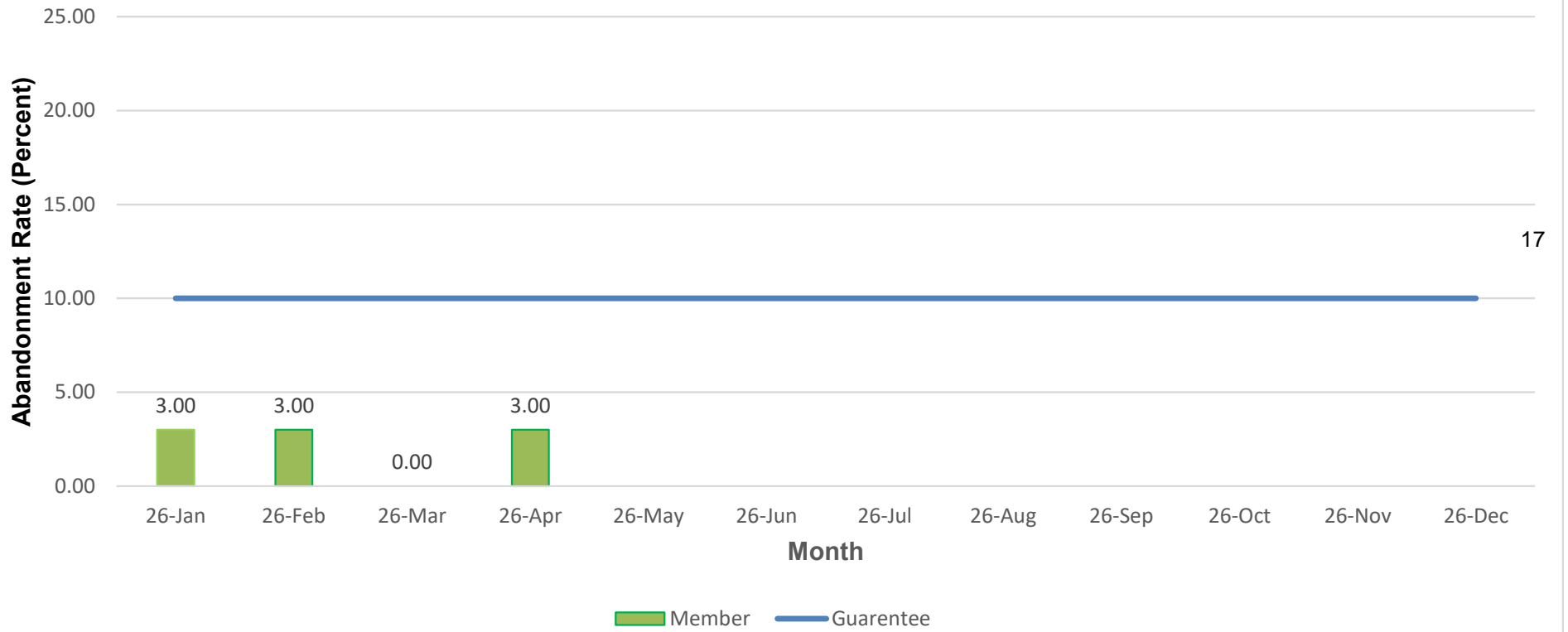
Hometown Health - DCSD Dedicated Phone Number Customer Services Department Call Volume



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



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





Claims Turnaround Time

Excludes Non-Business Days

332 - DOUGLAS COUNTY SCHOOL DISTRICT

	2026	January	February	March	April
Total					
Total Claims Received During Month	1,389	1,280	1,545	1,490	1,240
Total Claims Paid During Month	1,578	1,354	1,684	1,673	1,600
Claims Open at End of Month	419	363	383	486	443
Percentage of Claims Paid Within 30 Days	96.4%	97.4%	94.8%	95.8%	97.7%
Number of Claims Paid Over 30 Days	58	35	88	70	37

	2026	January	February	March	April
Medical					
Total Claims Received During Month	1,193	1,029	1,320	1,306	1,117
Total Claims Paid During Month	1,344	1,140	1,414	1,420	1,400
Claims Open at End of Month	113	74	78	175	124
Percentage of Claims Paid Within 30 Days	98.9%	99.4%	99.0%	99.1%	98.4%
Number of Claims Paid Over 30 Days	14	7	14	13	23

	2026	January	February	March	April
Dental					
Total Claims Received During Month	196	251	225	184	123
Total Claims Paid During Month	234	214	270	253	200
Claims Open at End of Month	233	216	232	238	246
Percentage of Claims Paid Within 30 Days	81.5%	86.9%	72.6%	77.5%	93.0%
Number of Claims Paid Over 30 Days	43	28	74	57	14

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Breakdown by month for insurance revenue & expense												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
REVENUE												
Premiums	643,473.51	591,319.68	608,549.43	613,263.08	618,477.81	619,120.57	688,058.00	686,678.00	682,583.00	675,428.00		
Exp Ins	23,398.21	39,430.48	34,990.38	29,751.80	28,354.88	0.00	59,620.84	31,660.77	28,351.61	35,370.60		
PERS Ins	66,100.77	72,232.69	71,784.05	71,784.05	69,685.68	74,904.19	72,279.19	67,529.19	68,479.19	72,519.19		
Interest	2,623.63	2,232.22	0.00	4,951.67	2,545.33	2,556.25	1,627.97	1,621.62	999.35	1,522.60		
Rx Rebates	0.00	0.00	0.00	0.00	0.00	119,102.66	0.00	0.00	122,540.05	0.00		
Transfers in	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
Totals	735,596.12	705,215.07	715,323.86	719,750.60	719,063.70	815,683.67	821,586.00	787,489.58	902,953.20	784,840.39	0.00	0.00
EXPENSE												
Claims	1,014,706.25	352,629.71	393,135.61	413,174.69	540,696.55	792,861.44	881,425.18	515,463.30	417,468.83	657,205.57		
Rx Claims	173,635.93	124,470.55	130,670.21	210,909.89	120,225.75	231,686.70	103,052.96	175,089.00	136,188.65	162,849.02		
Rx Fees	0.00	0.00	0.00	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	56.32	1,151.02	1.76		
Stop-loss Reimb.	0.00	0.00	-15,840.05	-111,875.57	-43,496.30	0.00	-43,212.12	-102,698.10	-31,855.50	0.00		
Accts Payable	8,030.13	8,204.10	9,350.59	6,742.74	5,170.39	6,569.67	4,871.49	12,508.42	7,366.37	10,881.71		
Admin Fees	95,772.18	94,682.03	86,266.73	94,702.25	93,398.89	93,858.84	88,739.24	87,983.28	86,473.71	88,057.77		
Totals	1,292,231.27	580,100.04	603,695.42	613,678.64	716,018.95	1,125,117.51	1,038,839.79	688,402.22	616,793.08	918,995.83	0.00	0.00

2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-26	
Actuals to date	Actuals to date	Actuals to date	Actuals to date	Actuals to date	Actuals to date	
\$593,957	\$1,047,051	\$649,873	\$1,008,996	\$818,800	\$1,188,429	July
\$533,442	\$801,080	\$937,616	\$1,112,051	\$1,140,749	\$477,214	August
\$922,103	\$709,220	\$540,995	\$735,590	\$867,924	\$508,078	September
\$580,104	\$758,601	\$993,427	\$399,999	\$1,171,815	\$624,109	October
\$974,578	\$820,396	\$214,398	\$762,960	\$879,124	\$617,450	November
\$606,620	\$1,754,598	\$919,954	\$689,212	\$630,192	\$660,946	December
\$508,567	\$211,099	\$520,765	\$685,625	\$509,134	\$945,229	January
\$454,486	-\$155,452	\$553,752	\$624,971	\$430,184	\$690,609	February
-\$63,850	\$1,124,963	\$642,894	\$352,799	\$590,875	\$522,953	March
\$581,293	\$116,358	\$561,828	\$491,344	\$699,843	\$820,056	April
\$735,299	\$610,376	\$872,626	\$507,389	\$710,831		May
\$833,568	\$997,886	\$728,608	\$598,594	\$623,455		June
\$7,260,167	\$8,796,176	\$8,136,736	\$7,969,530	\$9,072,926	\$7,055,073	TOTAL CLAIMS

\$605,013.95	\$733,014.69	\$678,061.33	\$664,127.54	\$756,077.17	\$705,507.30
11.53%	21.16%	(7.50%)	(2.05%)	13.85%	(6.69%)
5.05%	(3.29%)	(4.56%)	0.00%	(1.13%)	0.00%
795	763	773	773	779	779
452	443	378	378	359	359
1,247	1,206	1,151	1,151	1,138	1,138
\$ 5,822	\$ 7,294	\$ 7,069	\$ 6,924	\$ 7,973	\$ 7,439

ACTUAL	ACTUAL	ACTUAL	ACTUAL	DEC AMEND	DEC AMEND	
\$ 3,055,107	\$ 1,713,523	\$ 659,909	\$ 322,101	\$ 962,908	\$ 609,406	Fund Balance - 6/30:
\$7,564,729	\$8,007,604	\$7,888,920	\$8,328,096	\$8,810,000	\$9,810,000	Premium Pmts
	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$0	Transfer from GF
\$657,098	\$1,979	\$0	\$0	\$0	\$0	Insurance Proceeds
(\$3,955)	(\$3,845)	(\$31,030)	(\$9,030)	(\$9,030)	(\$9,030)	Other Payments
(\$8,541,210)	(\$9,067,362)	(\$7,950,000)	(\$8,100,000)	(\$8,100,000)	(\$8,450,000)	Claims Expense
						PEBP Payments
(\$284,913)	(\$287,536)	(\$330,000)	(\$325,000)	(\$325,000)	(\$325,000)	Fixed Costs - Admin Payments
(\$742,720)	(\$707,462)	(\$793,000)	(\$900,000)	(\$930,000)	(\$930,000)	Fixed Costs - Third-Party Payments
\$9,387	\$3,008	\$5,000	\$10,000	\$10,000	\$10,000	Interest on Inv / Ck Acct
\$1,713,523	\$659,909	\$449,799	\$326,167	\$1,418,878	\$715,376	Est. Ending Fund Balance - 7/1:

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)
\$890,187.68	(\$100,491.70)	(\$690,608.62)	\$99,087.36
\$902,953.20	(\$93,840.08)	(\$522,953.00)	\$286,160.12
\$784,840.39	(\$98,939.48)	(\$820,056.35)	(\$134,155.44)
			\$0.00
			\$0.00
\$7,965,572.16	(\$989,630.51)	(\$7,462,312.19)	(\$486,370.54)

Notes:
 July Premiums reflect the 'wrap-around' effect of the multiple salary schedules.
 Revenues associated with premiums that are attributable to FY24/25 but paid out in Jul 2025 are reflected above.