Health Plan Trustee Board
Agenda

Wednesday, August 19, 2026, 3:30 PM

203 Main Ave E, Rm 303
Twin Falls, ID 83301

Members: Travis Rothweiler; Mitch Humble; Gretchen Scott; Kristen Kohntopp; Breanna Howard

1) Call Meeting to Order/Confirmation of Quorum
2) Consent Calendar
   a) **ACTION ITEM:** Approve minutes from July 24, 2026, Meeting.
      By: Gretchen Scott, Deputy City Manager
3) Items of Consideration
   a) **ACTION ITEM:** Approve the process of prepayments for monthly premiums as well as the first payment in the amount of $4,456.38 to Optum to bind and issue the Health Plan Trust's Organ Transplant Carveout coverage.
      By: Gretchen G. Scott, Deputy City Manager
   b) **INFORMATION:** Receive and review the Health Plan Trust's current financial statements and financial condition.
      By: Breanna Howard, CFO
   c) **ACTION ITEM:** Organization of the Trustee Board - Selection of Chair
      By: Gretchen Scott, Deputy City Manager
   d) **ACTION ITEM:** Organization of the Trustee Board - Selection of Vice Chair
      By: Gretchen Scott, Deputy City Manager
   e) **ACTION ITEM:** A request to set the minimum reserve level for the Health Plan Trust.
      By: Breanna Howard, CFO
   f) **INFORMATION:** Current expenses for Health Plan Trust.
      By: Breanna Howard, CFO
4) General Public Input
5) Adjournment

Any person(s) needing special accommodation to participate in the above-noticed meeting could contact Rachael Long (208) 735-7287 at least two working days before the meeting. Si Desae Esta information in Español, Por favor llama a Rachael Long al telephone (208) 735-7287.

City of Twin Falls Health Plan Trust
Minutes

Friday, July 24, 2026 1:30 PM
203 Main Ave E Room 303

Members: Breanna Howard, Mitch Humble (12/28), Gretchen Scot (12/29), Travis Rothweiler, Kristen Kohntopp (via Microsoft teams)

Guests: Amelia Kohntopp

1. Call to Order

A. The meeting was called to order at 1:30 PM.

2. Consent Calendar

A. Travis made a motion to approve the minutes from June 25, 2026 and July 15, 2026. Motion was seconded by Mitch Humble. Motion passed unanimously. No Nays

3. Items of Consideration

A. **Approve funding levels for the 2027 Health Trust Plan Year -** The purpose of the meeting was to finalize the funding levels for the 2027 Health Plan Trust plan year based on the actuarial scenarios previously presented by the Trust's actuary. Trustees discussed the three funding scenarios prepared by Paul Windsor and focused their discussion on Scenario Three.

Travis Rothweiler reviewed his analysis of the actuarial report and explained that he independently evaluated the funding assumptions using the projected enrollment of 313 participants. He noted that Scenario Three maintains current employee contribution rates while incorporating the projected reductions in expected claims, updated stop-loss costs following the transition to Tokio Marine HCC, the newly approved organ transplant and gene and cell therapy carve-out coverages, and a contingency margin that remains comparable to the current plan year. Trustees discussed the projected safety margin associated with the scenario and reconciled the difference between Mr. Rothweiler's calculations and the actuary's report, ultimately determining that the variance resulted from the annual increase in HUB International's consulting fees, which had not been reflected in the initial comparison.

The Board discussed the philosophy of maintaining stable employee contribution rates while continuing to strengthen the financial position of the Health Plan Trust. Trustees acknowledged that the Trust is projected to perform favorably during its first year and discussed alternatives for returning value to employees in future years, including potential increases to employer Health Savings Account (HSA) contributions rather than reducing premium rates. The Board agreed that maintaining stable contribution rates provides greater long-term predictability than reducing rates in one year only to increase them in subsequent years.

Breanna Howard discussed reserve planning and noted that, while the Trust remains financially healthy, the Board should con□nue evalua□ng the amount of unrestricted reserves needed to manage cash flow associated with catastrophic claims, par□cularly for organ transplant and gene and cell therapy claims. Trustees discussed how the newly approved carve-out coverages, stop-loss insurance, and exis□ng reserves work together to limit the Trust's financial exposure while recognizing that future catastrophic claims could affect subsequent stop-loss renewal costs. The Board concluded that maintaining current funding levels remains a prudent approach while reserve targets con□nue to be evaluated.

Trustees also discussed the City's current employer contribu□on strategy, and the percentage of healthcare premiums paid on behalf of employees. The Board recognized that future discussions may include evalua□ng employer contribu□on levels, dependent premium subsidies, and comparisons with other public employers to ensure the Health Plan Trust remains both financially sustainable and compe□□ve in the labor market.

A□er reviewing the available funding scenarios and discussing the Trust's current financial posi□on, the Board agreed that Scenario Three best balances financial stability, reserve growth, and predictable employee contribu□on rates for the 2027 plan year.

Mo□on: Travis Rothweiler moved to adopt **Scenario Three** as presented by the Trust's actuary for funding the 2027 Health Plan Trust plan year, maintaining current employee contribu□on rates and exis□ng plan copays. Mitch Humble seconded the mo□on. **Vote:** Mo□on passed unanimously. No nays

4. General Public Comment

Amelia said bye and no addi□onal commitee comments were noted.

The mee□ng was adjourned at 1:54 p.m.

Date: Wednesday, August 19, 2026

To: Health Plan Board Trustees

From: Gretchen G. Scott, Deputy City Manager

ACTION ITEM

Request:

Approve the process of prepayments for monthly premiums as well as the first payment in the amount of $4,456.38 to Optum to bind and issue the Health Plan Trust's Organ Transplant Carveout coverage.

Time Estimate:

10 minutes

Background:

As part of the Health Plan Trust's medical stop-loss and specialty risk management program, the Trust has elected to participate in an Organ Transplant Carveout program through Optum. The Organ Transplant Carveout provides separate coverage for qualifying organ transplant expenses and is intended to reduce the Trust's exposure to significant transplant-related claims.

The Trust's broker, Strategic Benefit Resources, has advised that Optum is unable to waive the initial binder payment requirement. Unlike the Stop Loss carrier, which agreed to waive its initial payment requirement, Optum requires payment of the first month's premium before it will proceed with issuing the Organ Transplant Carveout policy.

The initial monthly premium is $4,456.38. The payment will be applied to the first month of coverage and is necessary to bind the Organ Transplant Carveout program.

The Trust's preference is to self-bill and remit premiums directly to the applicable vendors. Strategic Benefit Resources has provided the premium payment instructions and required premium documentation for Optum.

Approval Process:

A majority of the board present.

Budget Impact:

Approval of this item will authorize the expenditure of $4,456.38 from the Health Plan Trust for one month of Organ Transplant Carveout premium. This is a premium payment for coverage and is not an additional administrative expense.

Regulatory Impact:

N/A

History:

N/A

Analysis:

Conclusion:

Staff recommends that the Health Plan Trust Board approve the process of prepayments of the monthly premium as well as the payment of one month of Organ Transplant Carveout premium to Optum in the amount of $4,456.38 and authorize staff to remit the payment necessary to bind and issue the coverage.

Attachments:

1. Optum MTP Sample Policy - Idaho
2. MTP Premium Statement Excel

UnitedHealthcare Insurance Company
Specified Disease Policy
Organ and Tissue Transplant
185 Asylum Street
Hartford, Connecticut 06103-3408

Enrolling Group: Primary Counterparty
Policy Number: Policy No.
Policy Effective Date: Policy Effective Date (Domestic)
Premium Due Date: Month Premium Due 1 and the first day of each month thereafter
Policy Anniversaries will be each Anniversary Month 1.
This policy is issued in Idaho.

UnitedHealthcare Insurance Company ("we", "us" or "our") agrees to provide, for Eligible Persons becoming insured under this Policy, benefits according to the terms, provisions, conditions, exclusions and limitations of this Policy, including the *Certificate of Coverage*. The following pages, including the *Certificate of Coverage*, any Riders, endorsements or Amendments, are part of the Policy.

The Policy is issued in consideration of the Enrolling Group's application, a copy of which is attached.

This Policy replaces and supersedes any previous agreements relating to Coverage for Transplant Services between the Enrolling Group and us.

We shall not be deemed or construed as an employer for any purpose with respect to the administration or provision of benefits under the Enrolling Group's benefit plan. We shall not be responsible for fulfilling any duties or obligations of an employer with respect to the Enrolling Group's benefit plan.

The Policy becomes effective at 12:01 A.M. Eastern Standard time on the Policy Effective Date shown above. The Policy will continue in force by the payment of Premiums when due. The Policy is renewable and is subject to termination according to its terms.

Read the Policy Carefully

This is a legal contract between the Enrolling Group and us. If the Enrolling Group has any questions or problems with the Policy, we are ready to help the Enrolling Group. The Enrolling Group may call upon its agent or our Home Office for assistance at any time.

Our President and Secretary have executed the Policy at Hartford, Connecticut. If the Enrolling Group or the Covered Person has questions, needs information about their insurance, or needs assistance in resolving complaints, the Enrolling Group or the Covered Person may call 1-800-367-4436.

NOTICE TO BUYER: This is a limited benefit health policy. This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

William J Golden, President

Timothy Burch, Secretary

POLICY GENERAL PROVISIONS

Article 1: Definitions

The terms used in this Policy have the same meaning given those terms *Section 13: Definitions* in the *Certificate of Coverage ("Certificate")*, unless otherwise specifically defined in this Policy.

Article 2: Coverage

Subscribers and their Enrolled Dependents are entitled to Coverage for Transplant Services subject to the terms, conditions, limitations and exclusions set forth in the *Certificate* and *Schedule of Benefits* included in this Policy. The *Certificate* and *Schedule of Benefits* describes the Transplant Services, including any optional Riders and Amendments, required Coinsurance, and the terms, conditions, limitations and exclusions related to Coverage.

Article 3: Premium Rates and Policy Charge

Premiums

Monthly Premiums payable by or on behalf of Covered Persons are specified on Exhibit 1 to this Policy entitled "Premiums." We reserve the right to change the schedule of rates for Premiums after a 31-day prior written notice on the first anniversary of the effective date of this Policy specified in the application or on any monthly due date thereafter, or on any date the provisions of this Policy are amended. We also reserve the right to change the schedule of rates for Premiums, retroactive to the effective date, if a material misrepresentation relating to health status has resulted in a lower schedule of rates.

Computation of Policy Charge

The Policy Charge will be calculated based on the number of Subscribers in each coverage classification that we show in our records at the time of calculation. The Policy Charge will be calculated as follows using the Premium rates in effect at that time:

A full month's Premium shall be charged for any Covered Person who is covered under this Policy for any portion of a calendar month.

Adjustments to the Policy Charge

We may make retroactive adjustments for any additions or terminations of Subscribers, or changes in coverage classification that are not reflected in our records at the time we calculate the Policy Charge. We will not grant retroactive credit for any change occurring more than 60 days prior to the date we receive notification of the change from the Enrolling Group. We also will not grant retroactive credit for any calendar month in which a Subscriber has received Coverage.

The Enrolling Group must notify us in writing within 31 days of the effective date of enrollments, terminations or other changes. The Enrolling Group must notify us in writing each month, of any change in the coverage classification for any Subscriber.

If premium taxes, guarantee or uninsured fund assessments, or other governmental charges relating to or calculated in regard to Premium are either imposed or increased, those charges shall be automatically added to the Premium. In addition, any change in law or regulation that significantly affects our cost of operation shall result in an increase in Premium, in an amount we determine.

Payment of the Policy Charge

The Policy Charge is payable in advance by the Enrolling Group to us on a monthly basis. The first Policy Charge is due and payable on the effective date of this Policy. Subsequent Policy

Charges are due and payable no later than the first day of each period thereafter that this Policy is in effect.

A late payment charge will be assessed for any Policy Charge not received within 10 calendar days following the due date. A service charge will be assessed for any non-sufficient-fund check received in payment of the Policy Charge. All Policy Charge payments shall be accompanied by supporting documentation that states the names of the Covered Persons for whom payment is made.

The Enrolling Group shall reimburse us for attorney's fees and any other costs related to collecting delinquent Policy Charges.

Grace Period

A grace period of 31 days shall be granted for the payment of any Policy Charge, during which time this Policy shall continue in force. The grace period will not extend beyond the date this Policy terminates.

The Enrolling Group is liable for payment of the Policy Charge during the grace period. If we receive written notice from the Enrolling Group to terminate the Policy during the grace period, we will adjust the Policy Charge so that it applies only to the number of days the Policy was in force during the grace period.

This Policy shall automatically terminate on the date the grace period expires if the Policy Charge remains unpaid.

Article 4: Policy Termination

Conditions for Termination of This Entire Policy

This Policy and all Coverage for Transplant Services under this Policy shall automatically terminate on the earliest of the dates specified below:

A. On the last day of the grace period if the Policy Charge remains unpaid. The Enrolling Group remains liable for payment of the Policy Charge for the period of time the Policy remained in force during the grace period.

B. On the date specified by the Enrolling Group, after at least 31 days prior written notice to us, that this Policy shall be terminated.

C. On the date specified by us, after at least 31 days prior written notice to the Enrolling Group, that this Policy shall be terminated due to the Enrolling Group’s violation of participation and/or contribution rules.

D. On the date specified by us, after at least 31 days prior written notice to the Enrolling Group, that this Policy shall be terminated because the Enrolling Group performed an act, practice or omission that constituted fraud or made an intentional misrepresentation of a fact that was material to the execution of this Policy or to the provision of Coverage under this Policy. In this case, we have the right to rescind this Policy back to either:

    1. the effective date of this Policy.
    2. the date of the act, practice or omission, if later.

E. On the date specified by us in written notice to the Enrolling Group that this Policy will be terminated because the Enrolling Group does not provide us with information that we need to administer the Policy or fails to perform any of its obligations that relate to the Policy.

F. On the date specified by us, after at least 90 days prior written notice to the Enrolling Group, that this Policy shall be terminated because we, in our sole discretion, will no longer issue this particular type of group limited benefit organ transplant plan within the applicable market.

G. On the date specified by us, after at least 180 days prior written notice to the applicable state authority and to the Enrolling Group, that this Policy shall be terminated because we will no longer issue any employer health benefit plan within the applicable market.

H. At our election on the Premium due date following the date the number of Eligible Persons insured under this Policy is less than fifty-one (51).

Payment and Reimbursement Upon Termination

Upon any termination of this Policy, the Enrolling Group shall be and shall remain liable to us for the payment of any and all Premiums which are unpaid at the time of termination, including a pro rata fee for any period this Policy was in force during the grace period preceding the termination.

If the Enrolling Group cancels this Policy for any reason, the Company shall refund the pro rata portion of the unused collected Premium to the beginning of the next monthly billing cycle.

As used in this provision, "unused collected Premium" means that portion of any Premium collected which is not used, on a pro rata basis to the beginning of the next monthly billing cycle at the time of cancellation, by the insurer to insure against loss as there is no risk of loss from the Enrolling Group.

Article 5: General Legal Provisions

Entire Policy

The group Policy, including the *Certificate of Coverage*, the application of the Enrolling Group, Amendments and Riders shall constitute the entire Policy between parties. All statements made by the Enrolling Group or by a Subscriber shall, in the absence of fraud, be deemed representations and not warranties. No statement made by the Covered Person will be used to contest the insurance provided by the Policy; unless: 1) it is contained in a written statement signed by the Covered Person; and 2) a copy of the statement is furnished to the Covered Person or his/her beneficiary.

Dispute Resolution

The parties acknowledge that because this Policy affects interstate commerce, the Federal Arbitration Act applies. If the Enrolling Group wishes to seek further review of the decision or the complaint or dispute, it shall submit the complaint or dispute to binding arbitration pursuant to the rules of the American Arbitration Association. This is the only right the Enrolling Group has for further consideration of any dispute that arises out of or is related to this Policy. Arbitration will take place in Hartford, Connecticut.

The matter must be submitted to binding arbitration within 1 year of the date a final decision was furnished to the Enrolling Group, as described in *Section 7: Questions, Complaints and Appeals* of the *Certificate*. The arbitrators shall have no power to award any punitive or exemplary damages or to vary or ignore the provisions of this Policy, and shall be bound by controlling law.

Time Limit on Certain Defenses

No statement made by the Enrolling Group, except a fraudulent statement, shall be used to void this Policy after it has been in force for a period of two years.

Amendments and Alterations

Amendments to this Policy are effective 31 calendar days after we send prior written notice to the Enrolling Group. Riders are effective on the date specified by us. No change will be made to this Policy unless made by an Amendment or a Rider that is signed by one of our authorized executive officers. No agent has authority to change this Policy or to waive any of its provisions.

Relationship Between Parties

The relationships between us and Network providers, and relationships between us and Enrolling Groups, are **solely** contractual relationships between independent contractors. Network providers and Enrolling Groups are not our agents or employees, nor are we or any of our employees an agent or employee of Network providers or Enrolling Groups. The relationship between a Network provider and any Covered Person is that of provider and patient. The Network provider is solely responsible for the services provided by it to any Covered Person. The relationship between any Enrolling Group and any Covered Person is that of employer and employee, Dependent, or other coverage classification as defined in this Policy. The Enrolling Group is solely responsible for enrollment and coverage classification changes (including termination of a Covered Person's Coverage) and for the timely payment of the Policy Charge.

Records

The Enrolling Group shall furnish us with all information and proofs which we may reasonably require with regard to any matters pertaining to this Policy. We may at any reasonable time inspect all documents furnished to the Enrolling Group by an individual in connection with Coverage under this Policy, the Enrolling Group's payroll, and any other records pertinent to the Coverage under this Policy.

By accepting Coverage under this Policy, each Covered Person authorizes and directs any person or institution that has provided services to them, to furnish us or our designees any and all information and records or copies of records relating to the services provided to the Covered Person. We have the right to request this information at any reasonable time. This applies to all Covered Persons, including Enrolled Dependents whether or not they have signed the Subscriber's enrollment form.

We agree that such information and records will be considered confidential. We have the right to release any and all records concerning health care services which are necessary to implement and administer the terms of this Policy, for appropriate medical review or quality assessment, or as we are required by law or regulation.

During and after the term of this Policy, we and our related entities may use and transfer the information gathered under this Policy for research and analytic purposes.

Administrative Services

The services necessary to administer this Policy and the Coverage provided under it will be provided in accordance with our standard administrative procedures or those standard administrative procedures of its designee. If the Enrolling Group requests that such administrative services be provided in a manner other than in accordance with these standard procedures, including requests for non-standard reports, the Enrolling Group shall pay for such services or reports at the then-current charges for such services or reports.

ERISA

When this Policy is purchased by the Enrolling Group to provide benefits under a welfare plan governed by the Employee Retirement Income Security Act 29 U.S.C., 1001 et seq., the

Company will not be named as and will not be the Plan Administrator or the named fiduciary of the welfare plan, as those terms are used in ERISA.

Examination of Covered Persons

In the event of a question or dispute concerning Coverage for Transplant Services, we may reasonably require that a Physician, acceptable to us, examine the Covered Person at our expense.

Clerical Error

Clerical error shall not deprive any individual of Coverage under this Policy or create a right to Coverage. Failure to report enrollments shall not result in retroactive Coverage for Eligible Persons. Failure to report the termination of Coverage shall not continue such Coverage beyond the date it is scheduled to terminate according to the terms of this Policy. Upon discovery of a clerical error, any necessary appropriate adjustment in Premiums shall be made. However, we shall not grant any such adjustment in Premiums or Coverage to the Enrolling Group for more than 60 days of Coverage prior to the date we received notification of such clerical error.

Workers' Compensation Not Affected

Coverage provided under this Policy does not substitute for and does not affect any requirements for coverage by workers' compensation insurance.

Conformity with Statutes

Any provision of this Policy which, on its effective date, is in conflict with the requirements of any applicable state or federal statutes or regulations (of the jurisdiction in which delivered) is hereby amended to conform to the minimum requirements of such statutes and regulations.

Waiver/Estoppel

Nothing in the Policy, *Certificate(s)* or *Schedule(s) of Benefits* is considered to be waived by any party unless the party claiming the waiver receives the waiver in writing. A waiver of one provision does not constitute a waiver of any other. A failure of either party to enforce at any time any of the provisions of the Policy, *Certificate(s)* or *Schedule(s) of Benefits*, or to exercise any option which is herein provided, will in no way be construed to be a waiver of such provision of the Policy, *Certificate(s)* or *Schedule(s) of Benefits*.

Headings

The headings, titles and any table of contents contained in the Policy, *Certificate(s)* or *Schedule(s) of Benefits* are for reference purposes only and will not in any way affect the meaning or interpretation of the Policy, *Certificate(s)* or *Schedule(s) of Benefits*.

Unenforceable Provisions

If any provision of the Policy, *Certificate(s)* or *Schedule(s) of Benefits* is held to be illegal or unenforceable by a court of competent jurisdiction, the remaining provisions will remain in effect and the illegal or unenforceable provision will be modified so as to conform to the original intent of the Policy, *Certificate(s)* or *Schedule(s) of Benefits* to the greatest extent legally permissible.

Notice

When we provide written notice regarding administration of this Policy to an authorized representative of the Enrolling Group, that notice is deemed notice to all affected Subscribers and their Enrolled Dependents. The Enrolling Group is responsible for giving notice to Covered Persons.

Continuation Coverage

We agree to provide Coverage under this Policy for those Covered Persons who are eligible to continue coverage under federal or state law, as described in *Section 10: Continuation of Coverage under Federal law (COBRA)* of the *Certificate*.

We do not provide any administrative duties with respect to the Enrolling Group's compliance with federal or state law. All duties of the plan sponsor or plan administrator, including but not limited to notification of continuation of coverage under federal law (COBRA), and state law continuation rights, and billing and collection of Premium, remain the sole responsibility of the Enrolling Group.

Subscriber's Individual Certificate

We will issue *Certificates of Coverage* and any attachments to the Enrolling Group who will in turn make them available to each covered Subscriber. Such *Certificates* and any attachments may be provided by the Enrolling Group in electronic format. The *Certificate(s)* and any attachments will show all the benefits and provisions of the Policy.

EXHIBIT 1

Premiums

Monthly Premiums payable by or on behalf of Covered Persons are specified below:

Single: $Single/PMPM Rate

Family: $Family Rate

Premium Statement - Managed Transplant Program

POLICYHOLDER:

POLICY NUMBER:

INSURANCE CARRIER:

POLICY PERIOD:

PREMIUM DUE FOR:

	EMPLOYEES	RATE	PREMIUM
Single			0
Employee + Spouse			0
Employee + Child(ren)			0
Family			0
Composite (if applicable)			0
TOTAL Month's Premium			0

ADJUSTMENTS

	Single	EE + Spouse	EE + Child(ren)	Family	Composite	TOTAL
Employees Previously Reported						
Actual Employee Count						
Adjustment to Count						
Premium Adjustment						
Plus Current Month Premium (above)						
Total Premium Due						

Completed by:

_____ **Date:** _____

Name **Title** **Phone**

Premium Addresses:

Lockbox:

Optum – Managed Transplant Program
62725 Collection Center Drive
Chicago, IL 60693-0627

ACH:

Available Upon Request

Date: Wednesday, August 19, 2026

To: Health Plan Board Trustees

From:

INFORMATIONAL

Request:

Receive and review the Health Plan Trust's current financial statements and financial condition.

Time Estimate:

15 minutes

Background:

Staff will provide the Board with a recurring review of the Health Plan Trust's financial position and year-to-date financial activity. The review is intended to provide the Board with ongoing visibility into the financial health and performance of the Trust and to support the Board's fiduciary oversight responsibilities.

The financial review may include, as applicable, current fund balance, premium revenues, medical and prescription drug claims, administrative expenses, stop-loss reimbursements, investment or interest income, budget-to-actual results, monthly and year-to-date trends, and other significant financial activity or variances.

Staff will also identify material financial trends, emerging concerns, or items that may require future Board consideration or action.

Approval Process:

N/A

Budget Impact:

Regulatory Impact:

N/A

History:

Analysis:

N/A

Conclusion:

N/A

Attachments:

None

Date: Wednesday, August 19, 2026

To: Health Plan Board Trustees

From: Gretchen Scott, Deputy City Manager

ACTION ITEM

Request:

Organization of the Trustee Board - Selection of Chair

Time Estimate:

15 minutes

Background:

The City of Twin Falls Health Plan Trust Bylaws were adopted on April 15, 2026, and became effective upon adoption. The bylaws provide that the Trust is governed by a five-member Board of Trustees consisting of the City Manager (or designee), Finance Director (or designee), Human Resources Director (or designee), and two at-large members appointed by the City Manager.

With the bylaws now in effect, the Board must complete its initial organizational steps. Under Section 3.4, the Board is required to elect a Chair and Vice Chair annually, while the HR Director serves as Secretary unless otherwise designated.

The bylaws also establish the terms for Board members. Section 3.2 provides that designees and at-large Trustees serve three-year staggered terms, and that there is no limit on the number of terms a Trustee may serve. Accordingly, after adoption of the bylaws, the Board should organize itself not only by selecting its officers, but also by establishing or confirming the terms of Board members in a manner consistent with the staggered-term structure required by the bylaws.

Approval Process:

A simple majority of the trustee members present.

Budget Impact:

N/A

Regulatory Impact:

N/A

History:

N/A

Analysis:

N/A

Conclusion:

Following adoption of the bylaws on April 15, 2026, the Board should now formally organize in accordance with those bylaws by electing the officers identified therein and by establishing or confirming Board member terms consistent with the required three-year staggered terms. Section 3.4 requires

annual election of a Chair and Vice Chair, and Section 3.2 establishes staggered three-year terms for designees and at-large Trustees.

Attachments:

None

Date: Wednesday, August 19, 2026

To: Health Plan Board Trustees

From: Gretchen Scott, Deputy City Manager

ACTION ITEM

Request:

Organization of the Trustee Board - Selection of Vice Chair

Time Estimate:

15 minutes

Background:

The City of Twin Falls Health Plan Trust Bylaws were adopted on April 15, 2026, and became effective upon adoption. The bylaws provide that the Trust is governed by a five-member Board of Trustees consisting of the City Manager (or designee), Finance Director (or designee), Human Resources Director (or designee), and two at-large members appointed by the City Manager.

With the bylaws now in effect, the Board must complete its initial organizational steps. Under Section 3.4, the Board is required to elect a Chair and Vice Chair annually, while the HR Director serves as Secretary unless otherwise designated.

The bylaws also establish the terms for Board members. Section 3.2 provides that designees and at-large Trustees serve three-year staggered terms, and that there is no limit on the number of terms a Trustee may serve. Accordingly, after adoption of the bylaws, the Board should organize itself not only by selecting its officers, but also by establishing or confirming the terms of Board members in a manner consistent with the staggered-term structure required by the bylaws.

Approval Process:

A simple majority of the trustee members present.

Budget Impact:

N/A

Regulatory Impact:

N/A

History:

N/A

Analysis:

N/A

Conclusion:

Following adoption of the bylaws on April 15, 2026, the Board should now formally organize in accordance with those bylaws by electing the officers identified therein and by establishing or confirming Board member terms consistent with the required three-year staggered terms. Section 3.4 requires

annual election of a Chair and Vice Chair, and Section 3.2 establishes staggered three-year terms for designees and at-large Trustees.

Attachments:

None

Date: Wednesday, August 19, 2026

To: Health Plan Board Trustees

From: Breanna Howard

ACTION ITEM

Request:

A request to set the minimum reserve level for the Health Plan Trust.

Time Estimate:

20 minutes

Background:

Background:
The Board has previously discussed the importance of establishing a formal reserve level for the Health Plan Trust. At its June 24, 2026 meeting, the Board determined that the actuarial reserve requirements provide a minimum funding threshold, but that the Board should establish its own reserve target to support long-term financial stability and help stabilize future premium increases. Staff was directed to gather additional information and research to support development of a reserve policy.

The Board subsequently discussed reserve planning in connection with the 2027 plan year. Trustees recognized the importance of maintaining adequate unrestricted reserves to manage cash-flow requirements and potential financial impacts associated with catastrophic claims, particularly organ transplant and gene and cell therapy claims. The Board also recognized that stop-loss and carve-out coverage reduce, but do not eliminate, the Trust's financial exposure.

Staff recommends establishing $1,500,000 as the minimum unrestricted reserve level for the Trust.

The reserve level is intended to establish a financial floor, not a required year-end balance or a target for distributing excess funds. Maintaining reserves above the minimum would allow the Trust to strengthen its financial position during favorable claims years and provide greater flexibility when the Trust experiences unfavorable claims experience, changes in stop-loss costs, or other unexpected financial pressures.

The reserve level should be reviewed periodically as the Trust's enrollment, claims experience, plan design, stop-loss structure, and actuarial recommendations change.

Approval Process:

A majority of the board present.

Budget Impact:

Regulatory Impact:

N/A

History:

N/A

Analysis:

N/A

Conclusion:

Staff recommends that the Health Plan Trust Board approve $1,500,000 as the minimum unrestricted reserve level for the City of Twin Falls Health Plan Trust and direct staff to periodically evaluate the adequacy of the reserve level as part of the Trust's ongoing financial and actuarial review.

Attachments:

None

Date: Wednesday, August 19, 2026

To: Health Plan Board Trustees

From:

INFORMATIONAL

Request:

Current expenses for Health Plan Trust.

Time Estimate:

Background:

Approval Process:

Budget Impact:

Regulatory Impact:

History:

Analysis:

Conclusion:

Attachments:

1. P&L - 07-31-26
2. BS - 07-31-26

City of Twin Falls Health Plan Trust

Profit and Loss by Month

October, 2025-July, 2026

	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Total
Income											
Cobra Premiums				9,118.00		1,854.00				2,705.00	13,677.00
Employee Premiums	34,336.83	34,327.17	34,419.50	34,368.50	33,965.00	34,812.29	34,632.29	33,220.29	35,198.29	35,907.49	345,187.65
Employer Premiums	428,526.50	429,400.50	431,930.50	432,483.50	454,224.00	439,056.00	432,302.00	433,644.00	439,219.00	446,217.50	4,367,003.50
Health Equity Admin Fees	604.00	606.00	606.00	610.00	666.00	627.00	614.00	612.00	617.00	631.00	6,193.00
Total for Income	**463,467.33**	**464,333.67**	**466,956.00**	**476,580.00**	**488,855.00**	**476,349.29**	**467,548.29**	**467,476.29**	**475,034.29**	**485,460.99**	**$4,732,061.15**
Gross Profit	**463,467.33**	**464,333.67**	**466,956.00**	**476,580.00**	**488,855.00**	**476,349.29**	**467,548.29**	**467,476.29**	**475,034.29**	**485,460.99**	**$4,732,061.15**
Expenses											
Admin Fees											
HUB International	6,426.00	6,426.00	6,426.00	6,426.00	6,426.00	6,426.00	6,426.00	6,426.00	6,426.00	6,426.00	64,260.00
Select Health											
Bi-Weekly Select Health	1,255.00	1,255.00	1,270.00	1,275.00	1,270.00	1,260.00	1,245.00	1,255.00	1,250.00	1,270.00	$12,605.00
Library - Select Health	80.00	80.00	80.00	80.00	80.00	80.00	80.00	80.00	85.00	85.00	810.00
Total for Bi-Weekly Select Health	**1,335.00**	**1,335.00**	**1,350.00**	**1,355.00**	**1,350.00**	**1,340.00**	**1,325.00**	**1,335.00**	**1,335.00**	**1,355.00**	**$13,415.00**
Cobra - Select Health	10.00	10.00	10.00		5.00	5.00	10.00	10.00	10.00	10.00	80.00
Fire Monthly - Select Health	200.00	200.00	200.00	200.00	210.00	220.00	210.00	205.00	205.00	205.00	2,055.00
Total for Select Health	**1,545.00**	**1,545.00**	**1,560.00**	**1,555.00**	**1,565.00**	**1,565.00**	**1,545.00**	**1,550.00**	**1,550.00**	**1,570.00**	**$15,550.00**
Total for Admin Fees	**7,971.00**	**7,971.00**	**7,986.00**	**7,981.00**	**7,991.00**	**7,991.00**	**7,971.00**	**7,976.00**	**7,976.00**	**7,996.00**	**$79,810.00**
Claims											
Medical Claims	50,999.27	116,635.66	212,121.81	98,374.81	127,201.40	334,295.88	180,448.56	249,208.84	253,145.74	406,064.80	$2,028,496.77
Adjustments								19,250.00			19,250.00
Stop Loss Credit						-60,011.68	-730.05	-2,968.94	-22,960.41	-47,422.97	-134,094.05
Total for Medical Claims	**50,999.27**	**116,635.66**	**212,121.81**	**98,374.81**	**127,201.40**	**274,284.20**	**179,718.51**	**265,489.90**	**230,185.33**	**358,641.83**	**$1,913,652.72**
RX Claims	32,404.36	53,134.54	46,990.15	81,330.84	34,846.66	88,996.34	182,292.71	139,613.06	84,154.15	87,787.63	831,550.44
Total for Claims	**83,403.63**	**169,770.20**	**259,111.96**	**179,705.65**	**162,048.06**	**363,280.54**	**362,011.22**	**405,102.96**	**314,339.48**	**446,429.46**	**$2,745,203.16**
Contractual Services - Windsor	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	3,000.00	30,000.00
Dues & Subscriptions - Quickbooks	57.50	115.00	115.00	1,134.36							1,421.86

City of Twin Falls Health Plan Trust

Profit and Loss by Month

October, 2025-July, 2026

	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Total
Health Equity											
Bi-Weekly Health Equity	488.00	488.00	494.00	498.00	500.00	496.00	488.00	492.00	486.00	498.00	$4,928.00
Library - Health Equity	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	34.00	34.00	324.00
Total for Bi-Weekly Health Equity	**520.00**	**520.00**	**526.00**	**530.00**	**532.00**	**528.00**	**520.00**	**524.00**	**520.00**	**532.00**	**$5,252.00**
Fire Monthly - Health Equity	80.00	80.00	80.00	80.00	84.00	84.00	82.00	80.00	80.00	80.00	810.00
Total for Health Equity	**600.00**	**600.00**	**606.00**	**610.00**	**616.00**	**612.00**	**602.00**	**604.00**	**600.00**	**612.00**	**$6,062.00**
Insurance					0.00		4,464.00				$4,464.00
Credits Received				0.00							0.00
Total for Insurance				**0.00**	**0.00**		**4,464.00**				**$4,464.00**
Legal Fees			1,334.00	1,961.00	318.00		159.00		53.00		3,825.00
Miscellaneous Expense										0.63	0.63
Stop Loss - AGG							0.00				$0.00
Bi-Weekly - Stop - AGG	2,085.81	2,085.81	2,110.74	2,119.05	2,110.74	2,094.12	2,069.19	2,085.81	2,077.50	2,110.74	$20,949.51
Library - Stop - AGG	132.96	132.96	132.96	132.96	132.96	132.96	132.96	132.96	141.27	141.27	1,346.22
Total for Bi-Weekly - Stop - AGG	**2,218.77**	**2,218.77**	**2,243.70**	**2,252.01**	**2,243.70**	**2,227.08**	**2,202.15**	**2,218.77**	**2,218.77**	**2,252.01**	**$22,295.73**
Cobra - Stop - AG	16.62	16.62	16.62		8.31	8.31	16.62	16.62	16.62	16.62	132.96
Fire Monthly - Stop - AGG	332.40	332.40	332.40	332.40	349.02	365.64	349.02	340.71	340.71	340.71	3,415.41
Total for Stop Loss - AGG	**2,567.79**	**2,567.79**	**2,592.72**	**2,584.41**	**2,601.03**	**2,601.03**	**2,567.79**	**2,576.10**	**2,576.10**	**2,609.34**	**$25,844.10**
Stop Loss - SPEC											
Bi-Weekly - Stop SPEC	52,238.12	52,238.12	52,862.48	53,070.60	52,862.48	52,446.24	51,821.88	52,238.12	52,030.00	52,862.48	$524,670.52
Library - Stop - SPEC	3,329.92	3,329.92	3,329.92	3,329.92	3,329.92	3,329.92	3,329.92	3,329.92	3,538.04	3,538.04	33,715.44
Total for Bi-Weekly - Stop SPEC	**55,568.04**	**55,568.04**	**56,192.40**	**56,400.52**	**56,192.40**	**55,776.16**	**55,151.80**	**55,568.04**	**55,568.04**	**56,400.52**	**$558,385.96**
Cobra - Stop - SPEC	416.24	416.24	416.24		208.12	208.12	416.24	416.24	416.24	416.24	3,329.92
Fire Monthly - Stop - SPEC	8,324.80	8,324.80	8,324.80	8,324.80	8,741.04	8,985.87	8,741.04	8,532.92	8,532.92	8,532.92	85,365.91
Total for Stop Loss - SPEC	**64,309.08**	**64,309.08**	**64,933.44**	**64,725.32**	**65,141.56**	**64,970.15**	**64,309.08**	**64,517.20**	**64,517.20**	**65,349.68**	**$647,081.79**
Total for Expenses	**161,909.00**	**248,333.07**	**339,679.12**	**261,701.74**	**241,715.65**	**442,454.72**	**445,084.09**	**483,776.26**	**393,061.78**	**525,997.11**	**$3,543,712.54**
Net Operating Income	**301,558.33**	**216,000.60**	**127,276.88**	**214,878.26**	**247,139.35**	**33,894.57**	**22,464.20**	**-16,299.97**	**81,972.51**	**-40,536.12**	**$1,188,348.61**

City of Twin Falls Health Plan Trust

Profit and Loss by Month

October, 2025-July, 2026

	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Total
Other Income											
Implementation Credit	50,000.00										50,000.00
Interest Income	2,645.41	2,680.96	3,992.46	4,758.77	4,262.53	4,905.39	5,094.69	4,739.50	4,462.25	4,911.54	42,453.50
Rebate, Discounts and Incentives									27,744.07		27,744.07
Total for Other Income	**52,645.41**	**2,680.96**	**3,992.46**	**4,758.77**	**4,262.53**	**4,905.39**	**5,094.69**	**4,739.50**	**32,206.32**	**4,911.54**	**$120,197.57**
Net Other Income	**52,645.41**	**2,680.96**	**3,992.46**	**4,758.77**	**4,262.53**	**4,905.39**	**5,094.69**	**4,739.50**	**32,206.32**	**4,911.54**	**$120,197.57**
Net Income	**354,203.74**	**218,681.56**	**131,269.34**	**219,637.03**	**251,401.88**	**38,799.96**	**27,558.89**	**-11,560.47**	**114,178.83**	**-35,624.58**	**$1,308,546.18**

City of Twin Falls Health Plan Trust

Balance Sheet

As of Jul 31, 2026

		Total
Assets		
Current Assets		
Bank Accounts		
Depositor Account		2,616,696.06
Trust Checking Account		35,742.12
Total for Bank Accounts		**$2,652,438.18**
Accounts Receivable		
Administration Fees - Health Equity	(A/R)	0.00
Plan Member Contributions Receivable		74,776.99
Total for Accounts Receivable		**$74,776.99**
Total for Current Assets		**$2,727,215.17**
Total for Assets		**$2,727,215.17**
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
Claims & Accounts Payable		19,854.01
Total for Accounts Payable		**$19,854.01**
Total for Current Liabilities		**$19,854.01**
Total for Liabilities		**$19,854.01**
Equity		
Retained Earnings - Actuary Surplus		1,394,458.00
Retained Earnings		4,356.98
Net Income		1,308,546.18
Total for Equity		**$2,707,361.16**
Total for Liabilities and Equity		**$2,727,215.17**