Health Plan Trustee Board
Agenda

Wednesday, October 21, 2026, 3:30 PM
203 Main Ave E
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:** Approval of the minutes from September 16, 2026
      By: Gretchen Scott, Deputy City Manager
3) Items of Consideration
   a) **INFORMATIONAL:** City of Twin Falls Health Plant Trust 2026 Governance Planning Letter
      By: Parker Scherer, Assistant CFO
   b) **PRESENTATION:** Presentation from Chief Hicks on First Responder Heart Health
      By: Matt Hicks, Police Chief
   c) **INFORMATIONAL:** Receive and review the Health Plan Trust's current financial statements and financial condition.
      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

Wednesday, September 16, 2026
203 Main Ave E Room 303

Members: Breanna Howard, Gretchen Scott (12/29), Mitch Humble (12/28), Travis Rothweiler, Kristen Kohntopp

Guests: Mitchell Brooks II

1. Call to Order

A. The meeting was called to order at 3:30 PM.

2. Consent Calendar

A. Travis made a motion to approve the minutes from August 19, 2026. Motion was seconded by Kristen Kohntopp. Motion passed unanimously. No Nays

3. Items of Consideration

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

The Board continued its discussion regarding establishing a minimum reserve level for the Health Plan Trust. Staff presented research and several approaches for establishing a reserve target above the minimum amount required by the Idaho Department of Insurance. The Board reviewed the actuarial analysis, including a Monte Carlo simulation estimating a worst-case exposure of approximately $970,000 above the required reserve level. The current actuarial required reserve was approximately $1.42 million and is subject to quarterly updates.

The Board discussed several approaches to establishing an additional reserve target, including maintaining additional months of liquidity, using the actuarial maximum liability, and establishing a broader stabilization margin. Staff presented five potential approaches developed from actuarial information and research into other public entities. The options resulted in reserve targets ranging from approximately $2.39 million to $5.6 million, with the median of the individual recommendations at approximately $2.65 million.

Trustees discussed the purpose of the reserve and whether it should be viewed as a minimum floor, a source for absorbing a future high-claim year, or a means of reducing future premium volatility. Discussion included the potential impact of a significant claims year on future rates, the existing specific and aggregate stop-loss coverage, the importance of maintaining sufficient liquidity, and the potential opportunity cost of holding funds in reserve rather than using them for other plan purposes.

The Board also discussed the importance of establishing a reserve philosophy before considering future plan enhancements or other uses of retained earnings. Trustees noted that the reserve target could be reviewed periodically as the Trust develops additional claims history and experience.

Motion: by Travis Rothweiler was made to establish a reserve target of approximately $3.81 million, representing a three-month reserve floor, maximum liability, and an additional three-month cushion, with the reserve to be funded through routine retained earnings rather than rate increases specifically intended to reach the target. Kristen Kohntopp seconded. **Vote:** Motion passed unanimously. No nays.

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

Breanna Howard presented the Health Plan Trust financial statements for the period from October through August, noting that the Trust was one month away from completing its first full plan year. Year-to-date total income was approximately $5.2 million, including approximately $4.8 million in employee and employer premiums. The City contributed approximately 93% of total premiums.

The Board reviewed expenses, including administrative fees, medical claims, prescription claims, specialty carve-out premiums, and stop-loss coverage. Medical claims totaled approximately $2.885 million through August, with higher monthly claims of approximately $470,000 in June, $358,000 in July, and $406,000 in August. Total claims were approximately $3.8 million. Specific stop-loss premiums totaled approximately $615,000, while aggregate stop-loss premiums were approximately $28,000.

Howard also discussed the Trust's incurred but not reported (IBNR) liability. She explained that the Trust is required to account for claims that have been incurred but not yet reported or billed. The actuary provided updated quarterly calculations, resulting in a current IBNR liability of approximately $565,000. Howard explained that this is an accounting liability rather than a current cash expenditure and represents an estimate of claims that would need to be paid if the Trust were to cease operations.

The balance sheet showed approximately $2.38 million in cash and approximately $283,000 in receivables related to payroll that had been processed but had not yet been received by the Trust. Claims and accounts payable were approximately $44,000, in addition to the IBNR liability. The Trust's net income for the period was approximately $655,000, resulting in total equity of approximately $2 million when combined with the previously established actuarial reserve.

Howard then presented a new financial forecasting tool developed to provide the Board with a forward-looking view of the Trust's financial position. The forecast incorporates actual monthly financial information and allows users to model future results using different assumptions, including year-to-date averages, recent three-month averages, trimmed averages that remove high and low outliers, or budget assumptions.

The Board reviewed how the forecasting tool can be used to evaluate medical and prescription claims, premium revenue, fixed costs, interest income, rebates, and other variables. The model projects year-end retained earnings under different assumptions and provides a dashboard to compare projected outcomes. With only one month remaining in the current plan year, the various forecasting methods produced relatively similar results, with projected ending retained earnings generally ranging from approximately $2.0 million to $2.15 million under the scenarios presented.

The Board also discussed how prescription rebates can be incorporated into the forecast and noted that Select Health has historically netted certain rebates against administrative fees. Staff is working with Select Health to receive rebates separately so the Trust can more clearly identify both expenses and income. Howard noted that approximately $165,000 in rebates had been received previously, with approximately $12,000 reflected in the most recent month.

Trustees expressed support for the forecasting tool and discussed its usefulness in evaluating the Trust's financial position and future decisions. Howard explained that the tool would be presented as part of the ongoing financial reporting process.

4. General Public Comment

No public comment was received.

5. A motion was made and seconded to adjourn the meeting. The motion passed unanimously by voice vote, and the meeting was adjourned at 4:26 PM

Date: Wednesday, October 21, 2026

To: Health Plan Board Trustees

From:

INFORMATIONAL

Request:

City of Twin Falls Health Plant Trust 2026 Governance Planning Letter

Time Estimate:

Background:

Approval Process:

Budget Impact:

Regulatory Impact:

History:

Analysis:

Conclusion:

Attachments:

1. City of Twin Falls Health Plan Trust 2026 Governance Planning Letter

August 31, 2026

To the Board of Trustees
City of Twin Falls Health Plan Trust
Twin Falls, Idaho

This letter is provided in connection with our engagement to audit the financial statements of City of Twin Falls Health Plan Trust as of and for the year ended September 30, 2026. Professional standards require that we communicate with you certain items including our responsibilities with regard to the financial statement audit and the planned scope and timing of our audit, including significant risks we have identified.

Our Responsibilities

As stated in our statement of work dated August 31, 2026, we are responsible for conducting our audit in accordance with auditing standards generally accepted in the United States of America and in accordance with *Government Auditing Standards*, for the purpose of forming and expressing an opinion about whether the financial statements that have been prepared by management, with your oversight, are prepared, in all material respects, in accordance with accounting principles generally accepted in the United States of America. Our audit does not relieve you or management of your respective responsibilities.

Planned Scope of the Audit

Our audit will include examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. Our audit is designed to provide reasonable, but not absolute, assurance about whether the financial statements as a whole are free of material misstatement, whether due to error, fraudulent financial reporting, misappropriation of assets, or violations of laws or governmental regulations. Because of this concept of reasonable assurance and because we will not examine all transactions, there is a risk that material misstatements may exist and not be detected by us.

Our audit will include obtaining an understanding of the entity and its environment, including its internal control, sufficient to assess the risks of material misstatement of the financial statements and as a basis for designing the nature, timing, and extent of further audit procedures, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control over financial reporting. However, we will communicate to you at the conclusion of our audit, any material weaknesses or significant deficiencies identified. We will also communicate to you:

- Any violation of laws or regulations that come to our attention;
- Our views relating to qualitative aspects of the entity's significant accounting practices, including accounting policies, accounting estimates, and financial statement disclosures;
- Significant difficulties, if any, encountered during the audit;

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- Disagreements with management, if any, encountered during the audit;
- Significant unusual transactions, if any;
- The potential effects of uncorrected misstatements on future-period financial statements; and
- Other significant matters that are relevant to your responsibilities in overseeing the financial reporting process.

Professional standards require us to design our audit to provide reasonable assurance that the financial statements are free of material misstatement whether caused by fraud or error. In designing our audit procedures, professional standards require us to evaluate the financial statements and assess the risk that a material misstatement could occur. Areas that are potentially more susceptible to misstatements, and thereby require special audit considerations, are designated as "significant risks." Although we are currently in the planning stage of our audit, we have preliminarily identified the following significant risks that require special audit consideration.

- Management override of controls is considered an inherent risk according to GAA
- Revenue recognition
- Eligible claims paid at appropriate rate
- Actuary calculation calculated correctly
- Meeting the reserve requirement in accordance with State regulation
- Recording of management's estimate of the claims incurred but not paid

We expect to begin our audit in November 2026 and issue our report in December 2026.

This information is intended solely for the information and use of the Board of Trustees and is not intended to be and should not be used by anyone other than these specified parties.

Respectfully,

Eide Bailly LLP

Boise, Idaho

Date: Wednesday, October 21, 2026

To: Health Plan Board Trustees

From: Matt Hicks, Police Chief

PRESENTATION

Request:

Presentation from Chief Hicks on First Responder Heart Health

Time Estimate:

Background:

Chief Hicks will present information on first responder heart health, featuring the research of Dr. Ben Stone and his work identifying cardiovascular risks among first responders. Dr. Stone's research highlights the importance of early detection and the use of targeted screening methods to identify potential cardiac health concerns.

Dr. Stone is scheduled to visit Twin Falls in January 2027. This presentation will familiarize the Health Plan Trust Board with his work and provide an opportunity to consider attending one of his presentations while he is in the community.

Approval Process:

This is a presentation only, no action will be taken by the board.

Budget Impact:

N/A

Regulatory Impact:

N/A

History:

N/A

Analysis:

N/A

Conclusion:

This item is presented for informational purposes. No formal action is requested. Board members are invited to express their interest in attending Dr. Stone's presentations in January 2027.

Attachments:

1. Ben Stone-Course Flyer
2. Ben Stone-Summery Presentation
3. Cardiac Wellness Course

4-HOUR LECTURE COURSE

BULLETPROOFING YOUR HEART POLICE



GUARDING AGAINST THE #1 KILLER OF ACTIVE AND RETIRED COPS

Heart disease remains the leading cause of line-of-duty deaths and retirement loss among law enforcement officers. This science-backed course delivers the latest research, advanced screening strategies, and practical interventions to detect disease early, reduce risk, and extend healthy careers and retirements.

WHY THIS COURSE MATTERS

This course provides law enforcement officers and leaders with the knowledge and tools to understand the unique cardiovascular risks of the profession. You'll learn how heart disease develops silently, how to identify risk long before symptoms appear, and what evidence-based strategies can help prevent tragedy. The mission is simple: empower you to take control of your heart health so you can continue protecting your community—and the people who count on you most.

YOU WILL LEARN

- The latest research on cardiovascular risk factors in active and retired officers
- How to interpret advanced cardiac testing and what the results mean
- Evidence-based strategies to reduce risk and reverse disease progression
- Tactical nutrition, exercise, stress management, and sleep optimization
- Actionable steps to build a heart-healthy culture in your department and at home

WHO SHOULD ATTEND

- Law Enforcement Officers (All Ranks)
- Supervisors & Command Staff
- Sheriffs & Chiefs of Police
- Retired Law Enforcement Officers
- Training & Wellness Coordinators
- Public Safety Professionals

POST ACCREDITED

This 4-hour course is POST accredited and meets state training standards for law enforcement.

PRESENTED BY

DR. BENJAMIN STONE

PHD IN CARDIAC PHYSIOLOGY

Dr. Benjamin Stone is an internationally recognized speaker and expert in proactive healthcare and cardiovascular disease prevention for law enforcement and first responders.

He holds a PhD in Cardiac Physiology with an emphasis in cardiovascular genomics and metabolism from the University of Arkansas and Oxford University.

Dr. Stone was Senior Lecturer at the University of Oxford's Department of Physiology, where he lectured to medical and nursing students on nutritional biochemistry, energy metabolism, and pathophysiology.

He later served as Assistant Professor in the College of Natural Sciences and Mathematics at the University of Arkansas and as an adjunct professor at the University of Arkansas for Medical Sciences.

He is the Founder of Sigma Tactical Wellness (2015) and a leading voice in advanced cardiac prevention and wellness solutions for public safety professionals.

WORLD-CLASS CREDENTIALS. REAL-WORLD IMPACT.

- PhD in Cardiac Physiology
- Former Senior Lecturer, University of Oxford (UK)
- Former Assistant Professor, University of Arkansas
- Internationally Recognized Speaker & Educator
- Specialist in Cardiovascular Disease Prevention for Law Enforcement & First Responders
- 20+ Years of Experience in Cardiac Health

> "You protect others... It's time we take the same serious approach to protecting our own hearts."
>
> – Dr. Benjamin Stone



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EMAIL ben@benjaminstonespeaks.com

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STRONGER HEARTS. | STRONGER OFFICERS. | STRONGER DEPARTMENTS. | STRONGER COMMUNITIES.

Bullet-Proofing Your Heart

Heart Disease: The #1 Killer of Active and Retired Cops

Benjamin Stone PhD
ben@benjaminstonespeaks.com
501-358-2112

Law Enforcement Longevity Statistics

	Law Enforcement	Civilian
Average age of patient with heart attack	49 Years	65 Years
Heart attacks under age 45	45%	7%
Average Life Expectancy	57 Years	79 Years

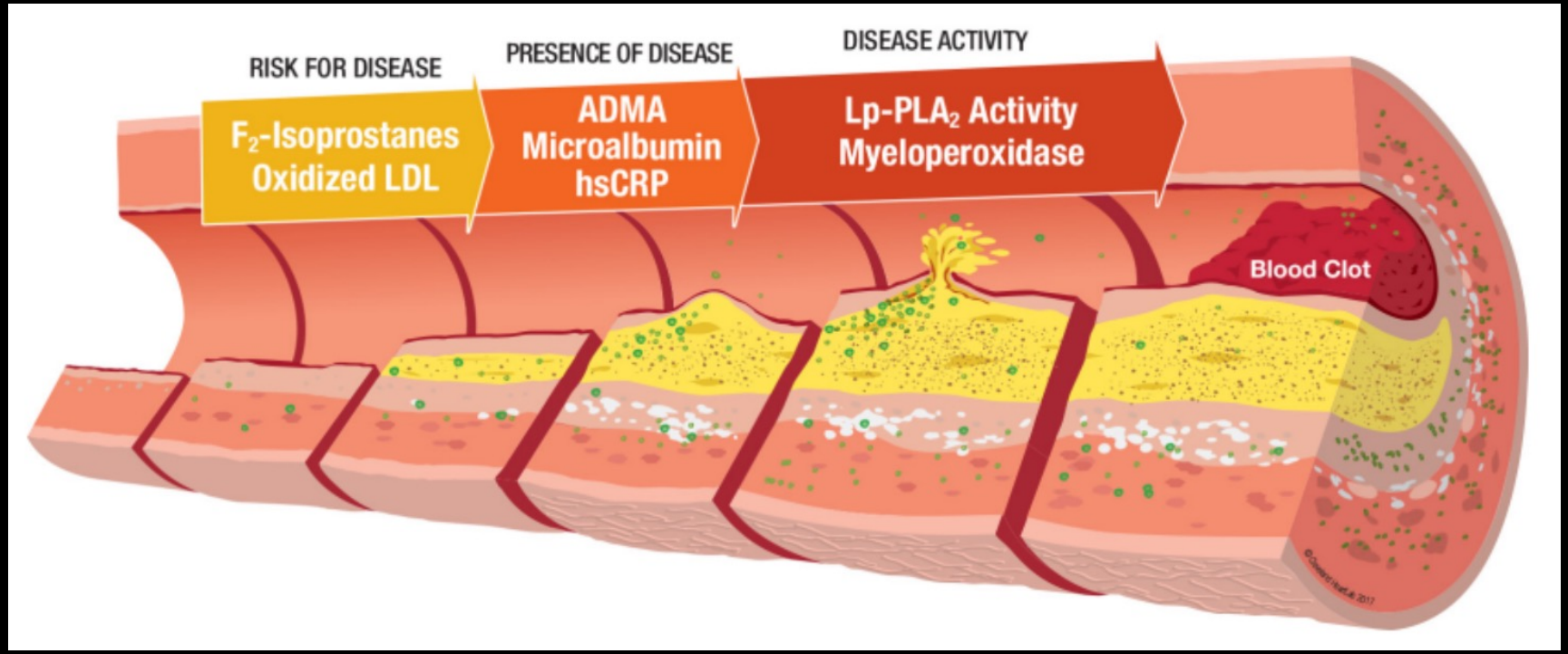
Now 46 Years!

Int J. Emerg Med Health. 2013. 15(4) 217-28

The Way it *really* works…

- Plaque formation doesn't happen the way scaling develops on the inside of PVC pipe
- The amount of cholesterol in circulation doesn't determine one's propensity to develop plaque – It's about the ***CONDITIONS*** for plaque development
- Inflammation inside the vascular space (due to genetics, smoking, poor diet, stress, lack of sleep, etc) contribute to plaque development
- Plaque can develop in the arteries of fit-looking and young men and women who present with normal or low total cholesterol

Cardiology 101



Cardiology 101

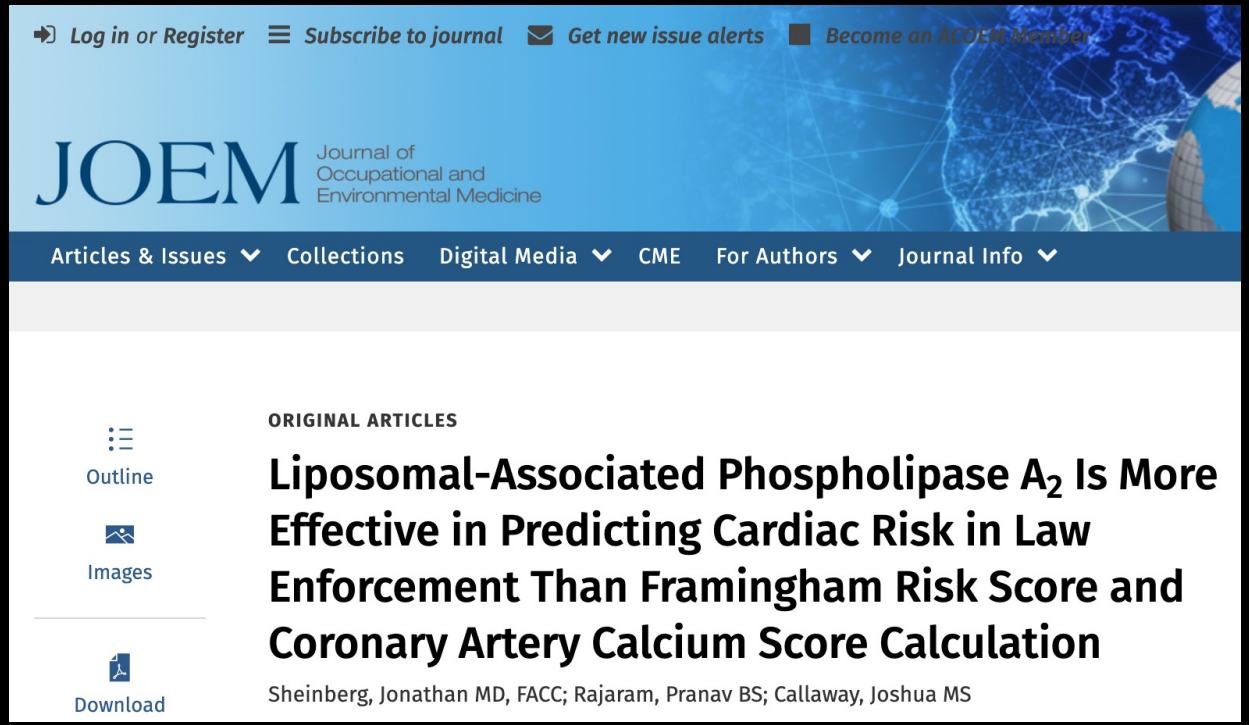
- Cardiac inflammatory markers can determine the stage of plaque development more accurately than traditional civilian-based risk scoring

- Lp-PLA2 indicates late stage, soft plaque development much better than traditional risk scoring which is largely derived from civilian data populations

CAN INDICATE SIGNIFICANT CARDIAC RISK – up to 40% CHANCE OF DEVELOPING A HEART ATTACK IN 4 YEARS…

…regardless of age, cholesterol level, fitness, or physical presentation

How Many Are “We” Missing?



Current Research

- Traditional risk scoring does NOT adequately predict cardiac risk in members of public safety ESPECIALLY LAW-ENFORCEMENT
- 92% MIS-IDENTIFICATION of members in law-enforcement with low-risk according to traditional scoring models (Framingham)
- Traditional risk scoring was only 24% INEFFECTIVE in identifying risk within civilian populations indicating that LEOs could be represented as a special population
- Male and female LEOs are NOT dissimilar in terms of cardiac risk as once suspected – especially seen in younger (20yr-25yr old) populations

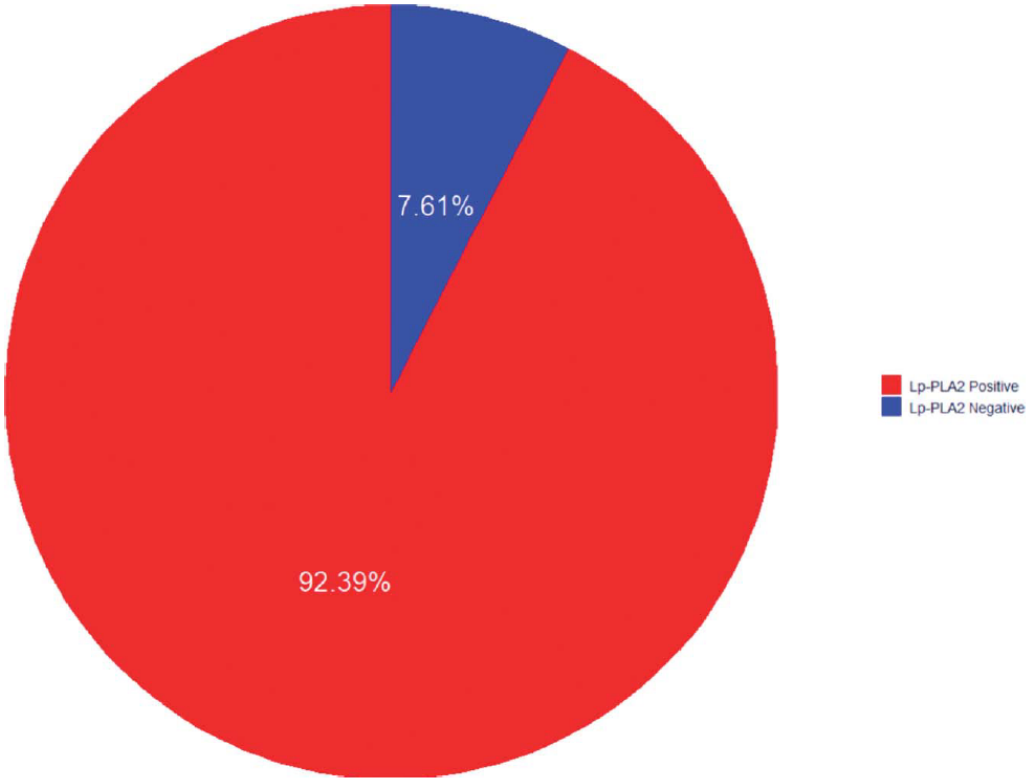
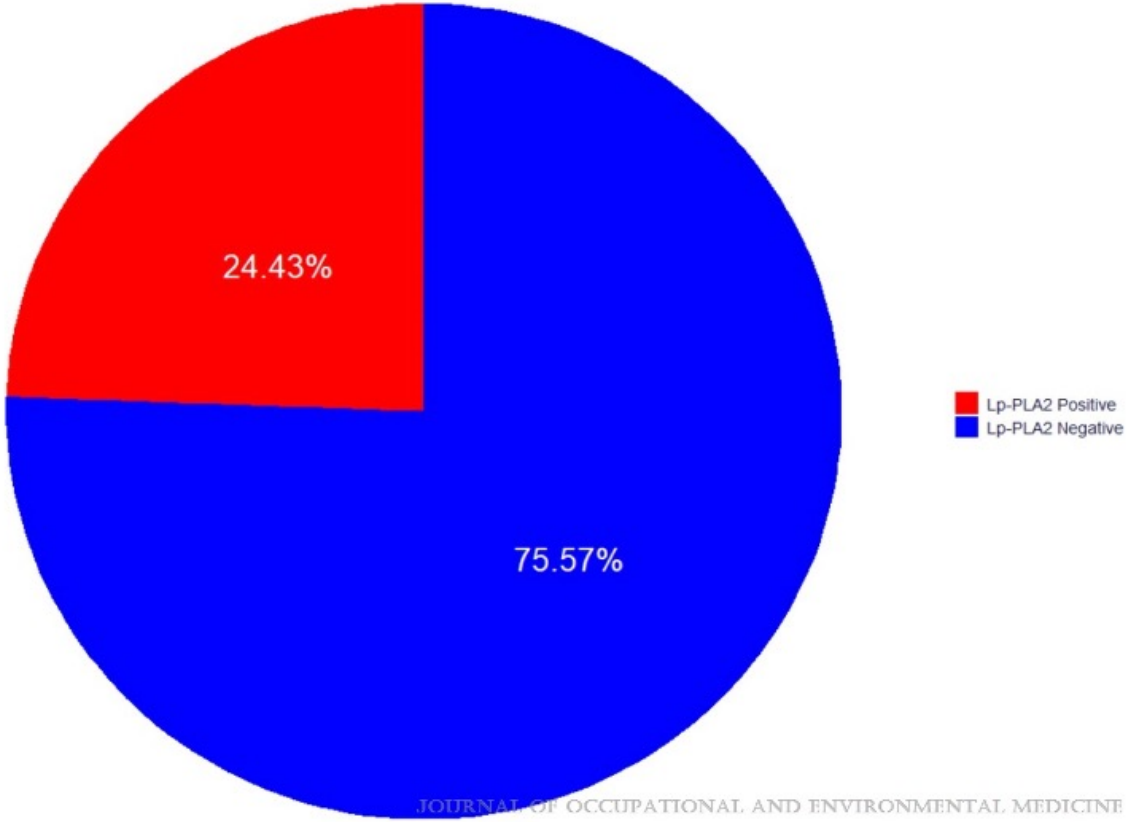
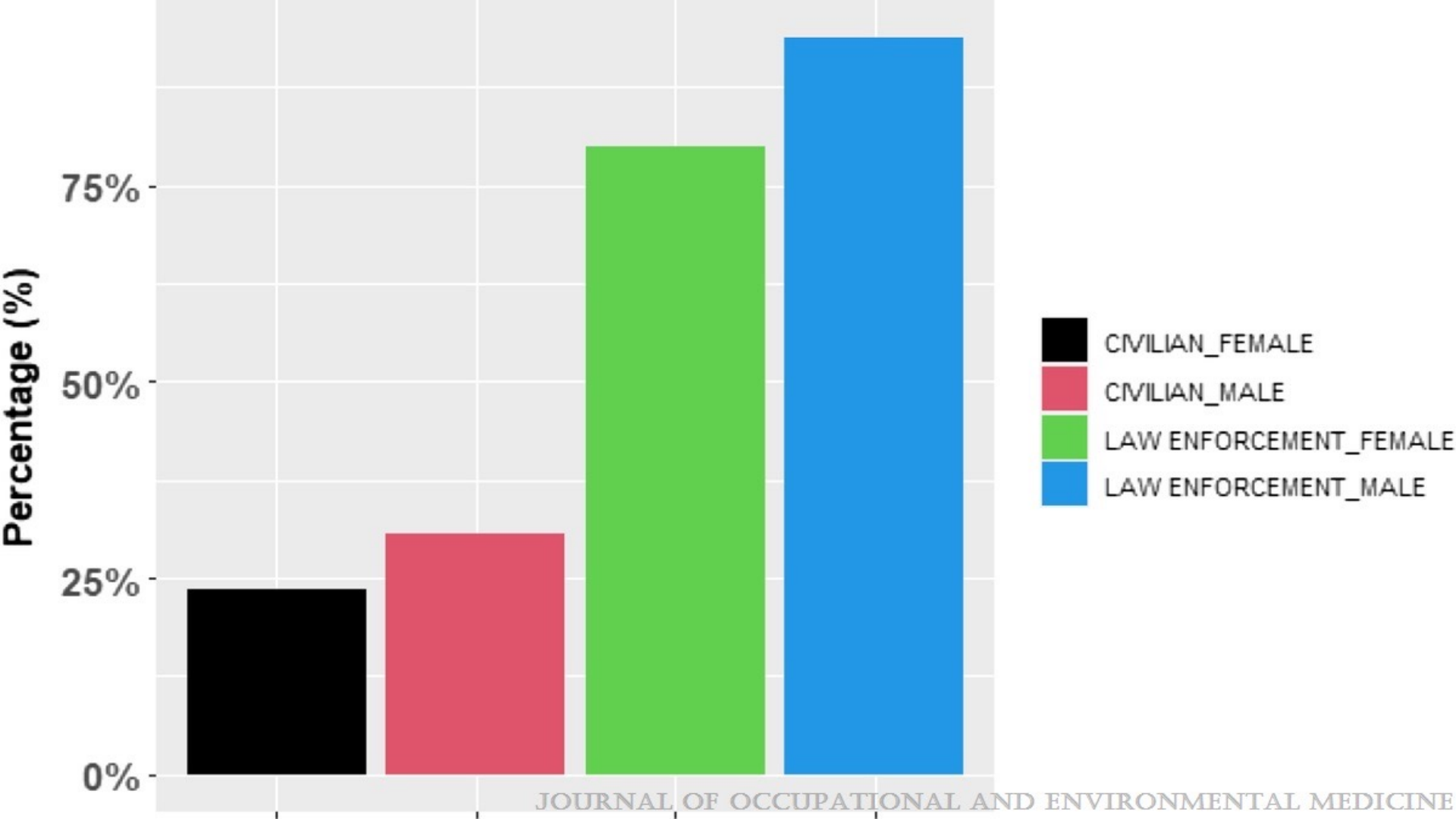


FIGURE 6. Low/intermediate Framingham risk vs Lp-PLA2 positivity in LEOs.



JOURNAL OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE



JOURNAL OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE

Blood Testing

What Blood Tests Should you receive as part of a comprehensive wellness program?

Advanced Cardiac Panel:

- **Lp-PLA2 – marker associated with late-stage rupture-prone plaque development**
- **OxLDL – measure of early-stage inflammation (leading to plaque development**
- **Apolipoprotein B – represents the sum total of atherogenic (plaque producing) particles in circulation**
- **Lipoprotein A – important data regarding your genetic predisposition towards biosynthetic cholesterol production**

Thank you for your Interest!

Benjamin Stone PhD
ben@benjaminstonespeaks.com
p. 501-358-2112

Biography:

Benjamin Stone is an internationally recognized speaker and thought leader in proactive healthcare with over 20 years of experience inspiring audiences around the world. A dynamic presenter known for his compelling storytelling and unmatched expertise, he empowers public safety organizations to rethink wellness, leadership, and human performance.

A graduate of the University of Arkansas and Oxford University, Dr. Stone holds a PhD in Human Physiology with an emphasis in cardiovascular genomics and metabolism. His academic journey led him to groundbreaking research in exploring the role of amino acid L-glutamine in recovery and physical resilience. He also worked with the British Olympic Medical Institute at Northwick Park Hospital, pioneering screening methodologies to prevent sudden cardiac deaths in young athletes due to a disease called hypertrophic cardiomyopathy.

At just 24, he was appointed Senior Lecturer at the University of Oxford's Department of Physiology, where he delivered regular lectures on nutritional biochemistry, energy metabolism, and pathophysiology to medical and nursing students. He later served as Assistant Professor in the College of Natural Sciences and Mathematics at the University of Central Arkansas and as an adjunct professor at the University of Arkansas for Medical Sciences, where he also co-chaired the committee determining medical curricula.



In 2015, he co-founded Sigma Tactical Wellness, where he served as CEO until its acquisition by Telemed2U in 2025. Under his leadership, Sigma became the national authority in advanced cardiac disease prevention for first responders, developing innovative research and screening protocols that have saved countless lives in police and fire agencies across the United States.

As a speaker, he is sought after for his depth of knowledge and ability to connect complex science to real-world application. He has delivered keynote addresses for the FBI National Academy, the International Association of Chiefs of Police, and numerous state-level associations and conferences. His presentations inspire action, spark meaningful change, and leave audiences with practical strategies to improve health, performance, and wellness-forward leadership culture.

Whether addressing top law enforcement executives, medical professionals, or corporate leaders, his presentations consistently earn rave reviews for their authenticity, impact, and visionary perspective.

Module 1 Learning Objectives (120min):

"Stronger Hearts, Stronger Leaders: Tackling the #1 Killer Among Law-Enforcement and Fire-Service"

Published data shows that, between the ages of 55 and 60, the chance of a civilian dying from a heart attack is 1.6%. However, within populations of police officers and fire fighters, it is 56%. In this presentation, listeners will explore the scope of heart disease within public safety occupations and will discuss why it appears to be so prevalent. The presentation will involve a complete dissection of cardiac disease by focusing on:

I. Why it is prevalent in law-enforcement and other occupations in public safety
II. Why it is commonly seen in 25- to 40-year-old first responders
III. Why it is routinely misdiagnosed when using traditional cardiac risk modeling specific to data derived from civilian populations

- Dr. Stone will outline new and emerging trends in cardiac disease detection and will help listeners understand why traditional diagnostic methods are not effective in detecting unknown risk in populations of first responders.
- Dr. Stone will present cutting-edge research being published in the field of occupational medicine that shows empirical evidence that a mis-identification of cardiac risk is largely responsible for the disparity between civilian and law-enforcement/fire-service life expectancy.
- Participants will be led step by step through a timeline of the processes of atherosclerosis (arterial plaque development) through the development of a heart attack.
- Participants will also develop a profound understanding of what diagnostic resources are currently at their disposal for early detection or prevention of heart disease.
- Dr. Stone will help patients understand the processes of “inflammation” specific to the coronary vasculature and how this process can be moderated with diet, changes in lifestyle, and medications.
- Each participant will leave with a renewed understanding of the prerequisite diagnostics necessary to properly identify cardiac risk specific to occupations of public safety *before* the development of a bad outcome.

Module 2 Learning Objectives (60min):

"Leading from Within: How Metabolic Efficiency Builds Command-Level Resilience"

Dr. Stone will discuss the concept of "metabolic efficiency" through the use of simple but effective visual aids and will discuss how it will underwrite your productivity as an agent of public safety. He will also provide the listener with a complete understanding of the scientific principles that govern weight optimization, on-shift adaptability, and overall resilience. Key topics will include:

I. How differing exercise intensities can and will affect the adaptations you receive from personal exercise habits.
II. What type of nutritional strategies are most effective in creating long-term stable energy status… and which are most disadvantageous to members of public safety.
III. The precise mechanisms by which exercise and diet will govern performance both on-shift and at home.

- Dr. Stone will create an in-depth understanding of the concept of metabolic efficiency and how it directly supports sustained performance and productivity in public safety roles.
- Participants will discover how different exercise intensities influence physical adaptations to exercise and how they apply this knowledge to create a more effective personal fitness plan dependent on their role within public safety.
- Dr. Stone will discuss which long-term nutritional strategies pose risks to police officer health and which nutritional approaches can enhance performance through improvements in everything from resiliency to leadership.
- Dr. Stone will explain the critical role of low-intensity exercise by discussing its contribution to healthy body weight, consistent energy throughout demanding shifts, and how low-intensity exercise can augment an individual's ability to perform at peak under constantly-change physical circumstances
- Dr. Stone will discuss the exact ways in which high-intensity exercise is abused, leading to frustration over unrealized goals, weight gain, and even injury. He will continue by outlining the most effective ways of using high-intensity exercise to improve individual performance and resiliency.
- Dr. Stone will outline the proper ways in which fitness trackers, pedometers, and heart rate monitors can be utilized to help officers achieve their individual goals.

Module 3 Learning Objectives (60min):

"Fueling Leadership – How Strategic Nutrition Enhances First Responder Readiness"

In this final module, Dr. Stone will do a deep dive into nutrition, meal planning, and determination of individual nutritional needs based on gender, age, and activity level. He will finalize the section with a Q/A aimed at addressing the overwhelming amount of mis-information subverting the mainstream understanding of "dieting". In this module, Dr. Stone will discuss:

I. Carbs, fats, and proteins – what is their origin and how do they fit into daily nutritional needs for general wellness and/or performance.
II. Determination of your needs – How much carb, fat, and protein do I really need? What does this mean in terms of meal preparation?
III. Dietary myths – Keto, Atkins, South-Beach, intermittent fasting, carnivore diet – what they have in common and why they are preventing you from achieving your optimal performance.

- Dr. Stone will talk in detail about what carbohydrates, fats, and proteins mean to you as a police officer and in what ways sources of each are commonly mis-understood.
- Participants will leave with a very profound understanding of which dietary trends can be beneficial for first responders (and other members of public safety). He will also discuss which dietary trends can lead to catastrophic performance failures, resulting in leadership lapses and issues pertaining to the use of excessive force.
- Dr. Stone will discuss the amorphous and confusing topic of dietary supplements – which supplements are right for you and what are some things you should strongly consider before experimenting with dietary supplementation.
- Each participant will leave with in-depth knowledge of the Mediterranean Diet and will be able to explain why it is perfect for long-term wellness, reductions in cardio-metabolic disease risk, and overall longevity.
- Dr. Stone will finalize the lecture by allowing listeners to engage in a Q/A session where they can address their personal or agency goals as it pertains to nutritional modification.

Modules 1-3 =
4 HOUR TRAINING TIME

Each module can be selected individually, dependent on the agenda of your event, conference, or agency interests

2025/2026 Highlight Presentations:

FBI National Academy (Chapter Leaders Summit – Quantico, VA)
FBI National Academy Annual Conference (Keynote Speaker – 750 in audience)
FBI National Academy Officer Safety and Resiliency Presenter (5 conf/year)
FBI National Academy Command College (CT, TX, and CO)
FBI National Academy Women's Leadership Conference (Keynote Speaker)
FBI National Academy State Chapter Re-Trainer Speaker (OR, CA, TX, New England, MI, ND/SD, MT/ID, UT, CO, NY, MS, PA)
IACP Health/Wellness Summit (Keynote Speaker/Breakout Session Speaker)
State Chief's Association Speaker (CA, TX, GA, ME, OR, WA, TN, MN)
Airport Law Enforcement Agencies Network (Keynote Speaker)
Washington DC Police Leadership Academy (tenured presenter – 2 conf/year)
AXON TaserCon (2 breakout sessions annually)
C.O.P.S (Breakout Speaker – Annual Conference)
Int'l Association of Campus Law-Enforcement Administrators (Breakout Speaker)
National Association of Police Organizations (Keynote Speaker)
Minnesota Law-Enforcement Labor Services (Keynote Speaker)
Tennessee Bureau of Investigations Spring Conference
Fraternal Order of Police Colorado State Conference (Keynote Speaker)

References:

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tbailey@fbinaa.org
(470) 955-9786

Jessica Bress – Director of Strategic Projects (Metropolitan Police)
jessica.bress@dc.gov
(202) 904-6215

Paul Butler – Nationally Recognized Public Speaker
Paul@Paul-Butler.com
(843) 602-0967

Date: Wednesday, October 21, 2026

To: Health Plan Board Trustees

From: Breanna Howard, CFO

INFORMATIONAL

Request:

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

Time Estimate:

Background:

Approval Process:

Budget Impact:

Regulatory Impact:

History:

Analysis:

Conclusion:

Attachments:

1. Profit and Loss by Month - Sept 2026
2. BalanceSheet - Sept 2026

City of Twin Falls Health Plan Trust

Profit and Loss by Month

October, 2025-September, 2026

	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Sep 2026	Total
Income													
Cobra Premiums				9,118.00		1,854.00				2,705.00	2,705.00	2,705.00	19,087.00
Employee Premiums	34,336.83	34,327.17	34,419.50	34,368.50	33,965.00	34,812.29	34,632.29	34,477.29	35,198.29	35,907.49	36,496.29	36,271.56	419,212.50
Employer Premiums	428,526.50	429,400.50	431,930.50	432,483.50	454,224.00	439,056.00	432,302.00	432,387.00	439,219.00	446,217.50	455,556.00	448,065.80	5,269,368.30
Health Equity Admin Fees	604.00	606.00	606.00	610.00	666.00	627.00	614.00	612.00	617.00	631.00	628.00	635.00	7,456.00
Total 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**	**495,385.29**	**487,677.36**	**$5,715,123.80**
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**	**495,385.29**	**487,677.36**	**$5,715,123.80**
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	6,426.00	6,426.00	77,112.00
Select Health													
Bi-Weekly Select Health	11,295.00	11,295.00	11,430.00	11,475.00	11,430.00	11,340.00	11,205.00	11,295.00	11,250.00	11,430.00	11,610.00	11,565.00	$136,620.00
Library - Select Health	720.00	720.00	720.00	720.00	720.00	720.00	720.00	720.00	765.00	765.00	765.00	765.00	8,820.00
Total for Bi-Weekly Select Health	**12,015.00**	**12,015.00**	**12,150.00**	**12,195.00**	**12,150.00**	**12,060.00**	**11,925.00**	**12,015.00**	**12,015.00**	**12,195.00**	**12,375.00**	**12,330.00**	**$145,440.00**
Cobra - Select Health	90.00	90.00	90.00		45.00	45.00	90.00	90.00	90.00	90.00	90.00	90.00	900.00
Fire Monthly - Select Health	1,800.00	1,800.00	1,800.00	1,800.00	1,890.00	1,980.00	1,890.00	1,845.00	1,845.00	1,845.00	2,025.00	1,845.00	22,365.00
Total for Select Health	**13,905.00**	**13,905.00**	**14,040.00**	**13,995.00**	**14,085.00**	**14,085.00**	**13,905.00**	**13,950.00**	**13,950.00**	**14,130.00**	**14,490.00**	**14,265.00**	**$168,705.00**
Total for Admin Fees	**20,331.00**	**20,331.00**	**20,466.00**	**20,421.00**	**20,511.00**	**20,511.00**	**20,331.00**	**20,376.00**	**20,376.00**	**20,556.00**	**20,916.00**	**20,691.00**	**$245,817.00**
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	434,996.35	308,931.77	$2,772,424.89
Adjustments								19,250.00			28.50		19,278.50
IBNR Adjustment			370,000.00			-45,000.00			240,000.00			5,000.00	570,000.00
Stop Loss Credit						-60,183.09	-730.05	-2,968.94	-22,960.41	-47,422.97	-28,025.13	-12,832.51	-175,123.10
Total for Medical Claims	**50,999.27**	**116,635.66**	**582,121.81**	**98,374.81**	**127,201.40**	**229,112.79**	**179,718.51**	**265,489.90**	**470,185.33**	**358,641.83**	**406,999.72**	**301,099.26**	**$3,186,580.29**
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	94,118.52	97,684.13	1,023,353.09
Total for Claims	**83,403.63**	**169,770.20**	**629,111.96**	**179,705.65**	**162,048.06**	**318,109.13**	**362,011.22**	**405,102.96**	**554,339.48**	**446,429.46**	**501,118.24**	**398,783.39**	**$4,209,933.38**
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	3,000.00	3,000.00	36,000.00

City of Twin Falls Health Plan Trust

Profit and Loss by Month

October, 2025-September, 2026

	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Sep 2026	Total
Dues & Subscriptions - Quickbooks	57.50	115.00	115.00	1,134.36									1,421.86
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	500.00	500.00	$5,928.00
Library - Health Equity	32.00	32.00	32.00	32.00	32.00	32.00	32.00	32.00	34.00	34.00	34.00	34.00	392.00
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**	**534.00**	**534.00**	**$6,320.00**
Fire Monthly - Health Equity	80.00	80.00	80.00	80.00	84.00	84.00	82.00	80.00	80.00	80.00	88.00	80.00	978.00
Total for Health Equity	**600.00**	**600.00**	**606.00**	**610.00**	**616.00**	**612.00**	**602.00**	**604.00**	**600.00**	**612.00**	**622.00**	**614.00**	**$7,298.00**
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		901.00		4,726.00
Miscellaneous Expense										0.63			0.63
Specialty Carve-Out Premiums													
Organ Transplant Carve-Out											4,456.38		4,456.38
Total for Specialty Carve-Out Premiums											**4,456.38**		**$4,456.38**
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	2,143.98	2,135.67	$25,229.16
Library - Stop - AGG	132.96	132.96	132.96	132.96	132.96	132.96	132.96	132.96	141.27	141.27	141.27	141.27	1,628.76
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**	**2,285.25**	**2,276.94**	**$26,857.92**
Cobra - Stop - AG	16.62	16.62	16.62		8.31	8.31	16.62	16.62	16.62	16.62	16.62	16.62	166.20
Fire Monthly - Stop - AGG	332.40	332.40	332.40	332.40	349.02	365.64	349.02	340.71	340.71	340.71	373.95	340.71	4,130.07
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**	**2,675.82**	**2,634.27**	**$31,154.19**
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	53,694.96	53,486.84	$631,852.32
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	3,538.04	3,538.04	40,791.52
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**	**57,233.00**	**57,024.88**	**$672,643.84**
Cobra - Stop - SPEC	416.24	416.24	416.24		208.12	208.12	416.24	416.24	416.24	416.24	416.24	416.24	4,162.40

City of Twin Falls Health Plan Trust

Profit and Loss by Month

October, 2025-September, 2026

	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Sep 2026	Total
Fire Monthly - Stop - SPEC	8,324.80	8,324.80	8,324.80	8,324.80	8,741.04	9,157.28	8,741.04	8,532.92	8,532.92	8,532.92	9,365.40	8,532.92	103,435.64
Total for Stop Loss - SPEC	**64,309.08**	**64,309.08**	**64,933.44**	**64,725.32**	**65,141.56**	**65,141.56**	**64,309.08**	**64,517.20**	**64,517.20**	**65,349.68**	**67,014.64**	**65,974.04**	**$780,241.88**
Total Expenses	**174,269.00**	**260,693.07**	**722,159.12**	**274,141.74**	**254,235.65**	**409,974.72**	**457,444.09**	**496,176.26**	**645,461.78**	**538,557.11**	**600,704.08**	**491,696.70**	**$5,325,513.32**
Net Operating Income	**289,198.33**	**203,640.60**	**-255,203.12**	**202,438.26**	**234,619.35**	**66,374.57**	**10,104.20**	**-28,699.97**	**-170,427.49**	**-53,096.12**	**-105,318.79**	**-4,019.34**	**$389,610.48**
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	5,313.50	5,124.46	52,891.46
Rebate, Discounts and Incentives	12,360.00	12,360.00	12,480.00	12,440.00	12,520.00	12,520.00	12,360.00	12,400.00	40,144.07	12,560.00	12,880.00	18,328.61	183,352.68
Total Other Income	**65,005.41**	**15,040.96**	**16,472.46**	**17,198.77**	**16,782.53**	**17,425.39**	**17,454.69**	**17,139.50**	**44,606.32**	**17,471.54**	**18,193.50**	**23,453.07**	**$286,244.14**
Net Other Income	**65,005.41**	**15,040.96**	**16,472.46**	**17,198.77**	**16,782.53**	**17,425.39**	**17,454.69**	**17,139.50**	**44,606.32**	**17,471.54**	**18,193.50**	**23,453.07**	**$286,244.14**
Net Income	**354,203.74**	**218,681.56**	**-238,730.66**	**219,637.03**	**251,401.88**	**83,799.96**	**27,558.89**	**-11,560.47**	**-125,821.17**	**-35,624.58**	**-87,125.29**	**19,433.73**	**$675,854.62**

City of Twin Falls Health Plan Trust

Balance Sheet

As of Sep 30, 2026

		Total
Assets		
Current Assets		
Bank Accounts		
Depositor Account		2,620,337.82
Trust Checking Account		-4,138.38
Total Bank Accounts		**$2,616,199.44**
Accounts Receivable		
Administration Fees - Health Equity	(A/R)	0.00
Plan Member Contributions Receivable		71,157.06
Total Accounts Receivable		**$71,157.06**
Total Current Assets		**$2,687,356.50**
Total Assets		**$2,687,356.50**
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
Claims & Accounts Payable		42,686.90
Total Accounts Payable		**$42,686.90**
Other Current Liabilities		
IBNR		570,000.00
Total Other Current Liabilities		**$570,000.00**
Total Current Liabilities		**$612,686.90**
Total Liabilities		**$612,686.90**
Equity		
Retained Earnings - Actuary Surplus		1,394,458.00
Retained Earnings		4,356.98
Net Income		675,854.62
Total Equity		**$2,074,669.60**
Total Liabilities and Equity		**$2,687,356.50**