



County of Los Alamos

Los Alamos, NM 87544
www.losalamosnm.us

Minutes

County Council – Regular Session

*Randall Ryti, Council Chair; Ryn Herrmann, Council Vice Chair;
Theresa Cull, Melanee Hand, Suzie Havemann,
Beverly Neal-Clinton, and David Reagor, Councilors*

Tuesday, February 3, 2026

6:00 PM

Council Chambers - 1000 Central Avenue

1. OPENING/ROLL CALL

The Council Chair, Randall Ryti, called the meeting to order at 6:00 p.m.

Chair Ryti made opening remarks regarding the meeting's procedure.

The following Councilors were in attendance:

Present: 5 – Councilor Ryti, Councilor Cull, Councilor Hand, Councilor Havemann, and Councilor Neal-Clinton

Remote: 2 – Councilor Herrmann and Councilor Reagor

2. PLEDGE OF ALLEGIANCE

Led by: All.

3. PUBLIC COMMENT

Ms. Hae Min Lee spoke.

Ms. Olivia Connor Lee spoke.

Ms. Annabelle Heineman spoke.

Ms. Scarlet Rasmussen spoke.

Ms. Bridget Benedict spoke.

Ms. Courtney Cuellar spoke.

Ms. Anne Laurent spoke.

Mr. Dave Krueger spoke.

Mr. James Wernicke spoke.

4. APPROVAL OF AGENDA

A motion was made by Councilor Cull, seconded by Councilor Neal-Clinton, that Council approve the agenda as presented.

The motion passed with the following vote:

Yes: 7 – Councilor Ryti, Councilor Herrmann, Councilor Cull, Councilor Hand, Councilor Havemann, Councilor Neal-Clinton, and Councilor Reagor

5. PUBLIC HEARING(S)

- A.** Incorporated County of Los Alamos Resolution No. 26-05; A Resolution Certifying the 2026 Annual Road Mileage for the New Mexico Department of Transportation

Mr. Juan Rael, Deputy County Manager, spoke.

Public Comment:

None.

A motion was made by Councilor Hand, seconded by Councilor Neal-Clinton, that Council certify the Incorporated County of Los Alamos Resolution No. 26-05; A resolution certifying the 2026 Road Mileage as presented and authorize submittal to the New Mexico Department of Transportation.

The motion passed with the following vote:

Yes: 7 – Councilor Ryti, Councilor Herrmann, Councilor Cull, Councilor Hand, Councilor Havemann, Councilor Neal-Clinton, and Councilor Reagor

6. BUSINESS

- A.** Discussion and Possible Approval of Amendment No. 2 to Existing General Services Agreement No. AGR24-67 with Blue Cross Blue Shield of New Mexico

Ms. Victoria Pacheco, Benefits and Pension Manager, presented.

Public Comment:

None.

A motion was made by Councilor Neal-Clinton, seconded by Councilor Cull, that Council approve Amendment No. 2 to the contract for general services, Agreement No. AGR24-67 with Blue Cross and Blue Shield of New Mexico, a division of Health Care Service Corporation, to correct the individual and aggregate stop loss premium rates in Exhibit B of the original agreement.

The motion passed with the following vote:

Yes: 7 – Councilor Ryti, Councilor Herrmann, Councilor Cull, Councilor Hand, Councilor Havemann, Councilor Neal-Clinton, and Councilor Reagor

B. Overview of the Comprehensive Plan Update and Chapter 16 Code Amendments

Ms. Danyelle Valdez, Planning Manager, presented.
Mr. Peter Lombardi, Co-Manager, CZB, presented.
Mr. Elias Isaacson, Community Development Director, spoke.
Ms. Anne Laurent, County Manager, spoke.

Public Comment:
None.

No action taken.

7. COUNCIL BUSINESS

A. General Council Business

None.

B. Appointments

None.

C. Board and Commission Vacancy Report

1) Board and Commission Vacancy Report

Chair Ryti noted that the vacancy report attached to the agenda only reflects current openings and that more positions will be available soon.

Ms. Linda Matteson spoke.

D. Board and Commission Reports

Councilor Cull reported on the Planning and Zoning Commission and the Inclusivity Task Force.

Councilor Hand reported on the Environmental Sustainability Board, the North Central Regional Transit District, and the North Central New Mexico Economic Development Board.

E. County Manager's Report

None.

F. Council Chair Report

Chair Ryti reported on:

- The New Mexico Governor's Prayer Breakfast
- A Constituent meeting about housing and public safety
- Citizens' comments about issues with dangerous dogs

G. Approval of Councilor Expenses

None.

H. Preview of Upcoming Agenda Items

1) Tickler Report of Upcoming Agenda Items

Chair Ryti noted that the report on the upcoming Council meeting topics is included in the agenda packet.

Councilor Cull noted that potential changes to the County Charter will be discussed at the next working session.

8. COUNCILOR COMMENTS

None.

9. ADJOURNMENT

The meeting adjourned at 7:29 p.m.

INCORPORATED COUNTY OF LOS ALAMOS

Randall Ryti, Council Chair

Attest:

Michael D. Redondo, County Clerk

Meeting Transcribed by: Allison Collins, Deputy Clerk

**Revised Exhibit B
Stop Loss Application
(1/1/2025 – 12/31/2025)
Corrected Via
AGR24-67-A2**



**BlueCross BlueShield
of New Mexico**

APPLICATION AND POLICY SCHEDULE FOR STOP LOSS COVERAGE

Employer Group Name: County of Los Alamos
Employer Group Address: 1000 Central Avenue, Suite 230
City: Los Alamos **State of Situs:** NM **Zip Code:** 87544
Account Number: 251305
Employer Group Number(s): 251307
Original Effective Date of Stop Loss Policy: 01/01/2018
Current Policy Effective Date: 01/01/2025
Current Policy Period These specifications are for the Policy Period commencing on 01/01/2025 and ending on 12/31/2025.

The specifications below shall become effective on the first date of the Policy Period specified above and shall continue in full force and effect until the earliest of the following dates: (1) The last day of the Policy Period; (2) The date the Policy terminates; or (3) The date this Application is superseded in whole or in part by a later executed Application.

A. Covered Employees:

Number of Single Coverage Units: 246
Number of Family Coverage Units: 312

B. Individual Stop Loss Coverage:

1. New Coverage ☐ Renewal of Existing Coverage ☒

2. Stop Loss coverage during the Current Policy Period

☐ **Choose an item**

Coverage for Claims incurred from _____ to _____ and Claims paid from _____ to _____.

For new coverage only, if a run-in contract as explained in the policy e.g. (24/12, 18/12, or 15/12 coverage period) is purchased, claims paid by the Employer Group's prior claim administrator will be settled at the time of the annual stop loss settlement and must be reported by the Employer Group to the Company (Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company) by the end of the Employer Group's Current Policy Period or stop loss coverage for these run-in claims will be forfeited.

☒ (Paid Renewal Only) Claim Administrators Claims: Claims incurred on or after the Original Effective Date of Policy and paid during the Policy Period.

3. Covered Expenses includes:

- ☒ Medical Claims:
☒ Prescription Drug Claims with: Prime _____
☐ For **Hospital Employer Groups only**: Excludes _____% of Home Hospital Medical claims
☐ Other (for example Dental/Vision): _____.

4. Individual Stop Loss Provisions

NM SL-APP Rev. 7.22

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company
an Independent Licensee of the Blue Cross and Blue Shield Association

a. Individual Stop Loss Deductible: \$165,000
Applies per Covered Person for the Employer Group's Current Policy Period.

b. Aggregating Specific Deductible (if applicable): \$ _____

c. Lasered Individuals with Individual Stop Loss Deductible (if applicable):
Individual identifier, alternate Individual Stop Loss Deductible:

d. Lasered Individuals excluded from Stop Loss Coverage (if applicable):
Individual identifier:

e. If a run-in contract (24/12, 18/12, or 15/12 coverage period) is purchased, per Item 2. above, run-in claims are covered with a maximum liability of: \$ _____ per Covered Person.

5. Terminal Liability Option (TLO) (does not apply to Employer Groups with 12/15, 12/18, or 12/24 contracts):
☒ Yes ☐ No

The following applies if the answer to item above is "Yes" (Terminal Liability Option):

Must be elected at Policy inception or renewal. Premium cost is calculated by taking the average enrollment for the last two months multiplied by three times pre-termination Individual Stop Loss rate(s). Premium is due at the time of termination, payable by lump sum within 10 days of receipt of bill. Claims will accumulate and be combined under one Individual Stop Loss Deductible specified in item B.4.a above for the Current Policy Period and Terminal Period. The Settlement for the Final Accounting Period will be described in the section of the Policy entitled SETTLEMENTS.

6. Individual Stop Loss Premium
Monthly Individual Stop Loss Premium shall be equal to the amounts obtained by multiplying the number of Covered Employees for a particular Month by:

\$220.17 Composite; or
\$ _____ for each Single Coverage Unit
\$ _____ for each Family Coverage Unit

- C. **Aggregate Stop Loss Coverage:** Yes ☒ No ☐
If yes, complete Items 1. through 5. Below:

1. New Coverage ☐ Renewal of Existing Coverage ☒

2. Stop Loss Coverage during the current Policy Period

☐ **Choose an item**

Coverage for Claims incurred from _____ to _____ and Claims paid from _____ to _____.

For new coverage only, if a run-in contract as explained in the policy e.g. (24/12, 18/12, or 15/12 coverage period) is purchased, claims paid by the Employer Group's prior claim administrator will be settled at the time of the annual stop loss settlement and must be reported by the Employer Group to the Company (Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company) by the end of the Employer Group's Current Policy Period or stop loss coverage for these run-in claims will be forfeited.

☒ (Paid Renewal Only) Claim Administrators Claims: Claims incurred on or after the Original Effective Date of Policy and paid during the Policy Period.

3. Covered Expenses:

2

NM SL-APP Rev. 7.22

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company
an Independent Licensee of the Blue Cross and Blue Shield Association

- ☒ Medical Claims
☒ Prescription Drug Claims with: Prime _____
☐ For **Hospital Employer Groups only**: Excludes _____% of Home Hospital Medical claims
☐ Other (for example Dental/Vision): _____

4. Aggregate Claim Liability

- a. Attachment Factor 125% of the Average Claim Value
b. Aggregate Claim Factors:

Group Number:	251307			
Composite; or	\$1,532.03	\$	\$	\$
For each Single Coverage Unit	\$	\$	\$	\$
For each Family Coverage Unit	\$	\$	\$	\$

- c. Minimum Aggregate Point of Attachment: \$9,232,596

5. Terminal Liability Option (TLO) (does not apply to Employer Groups with 12/15, 12/18, or 12/24 contracts):
☒ Yes ☐ No

The following applies if the answer to item above is "Yes" (Terminal Liability Option):

Must be elected at Policy inception or renewal. Premium cost is calculated by taking the average enrollment for the last two months multiplied by three times pre-termination Aggregate Stop Loss rate(s). Premium is due at the time of termination, payable by lump sum within 10 days of receipt of bill.

The Final Settlement Point of Attachment shall equal the sum of the Employer's Aggregate Claim Liability amount for the Policy Period plus 15% of the Aggregate Claim Factor multiplied by 12, and then multiplied by the average enrollment for the last two (2) months immediately preceding termination. Furthermore, for the Final Settlement Period, the Minimum Aggregate Point of Attachment shall be the Minimum Aggregate Point of Attachment in item C.4.c. above increased by 15%. The Settlement for the Final Accounting Period will be described in the section of the Policy entitled SETTLEMENTS.

6. Aggregate Stop Loss Premium:

- ☒ Monthly Premium
Monthly Aggregate Stop Loss Premium shall be equal to the amounts obtained by multiplying the number of Covered Employees for a particular Month by:
\$2.36 Composite; or
\$_____ for each Single Coverage Unit
\$_____ for each Family Coverage Unit
☐ Annual Premium (Due on the first day of the Current Policy Period): \$_____

7. Additional Provisions (if elected):

1. Retirees Covered (select if included):
Pre-65: ☐ or Post-65: ☐
2. Reserved
3. Monthly Aggregate Accommodation: ☐ Yes ☐ No
4. Additional information: _____

Fraud Notice: Any person who knowingly, with intent to injure, defraud or deceive any insurance company submits an application containing any false, incomplete, or misleading information, is guilty of a felony and is subject under state law to prosecution and punishment, including fines and/or imprisonment. Submission of false information in connection with this application may also constitute a crime under federal laws. All appropriate legal remedies will be pursued in the event of insurance fraud, including prosecuting under Federal Mail Fraud, Federal Wire Fraud, and/ or the Federal Racketeer Influenced and Corrupt Organizations Act Statutes. Any false statements made herein may be reported to state and federal tax and regulatory authorities as is appropriate.

The undersigned person represents that they are authorized and responsible for purchasing Stop Loss Coverage on behalf of the Employer Group. It is understood that the actual terms and conditions of coverage are those contained in this Application and the Stop Loss Coverage Policy into which this Application shall be incorporated at the time of acceptance by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC"). Upon acceptance, HCSC shall issue a Stop Loss Coverage Policy to the Employer Group. Upon acceptance of this Application and issuance of the Stop Loss Coverage Policy, the Employer Group shall be referred to as the "Employer Group".

Martha E. Jarrett
Sales Representative

Signature of Authorized Purchaser

Title of Authorized Purchaser

Date

Exhibit B
AGR24-67

BlueCross BlueShield of New Mexico

APPLICATION AND POLICY SCHEDULE FOR STOP LOSS COVERAGE

Employer Group Name: Incorporated County of Los Alamos
Employer Group Address: 1000 Central Avenue, Suite 230
City: Los Alamos **State of Situs:** NM **Zip Code:** 87544
Account Number: 251305
Employer Group Number(s): 251307
Original Effective Date of Stop Loss Policy: 01/01/2025
Current Policy Effective Date: 01/01/2025
Current Policy Period: These specifications are for the Policy Period commencing on 01/01/2025 and ending on 12/31/2025.

The specifications below shall become effective on the first date of the Policy Period specified above and shall continue in full force and effect until the earliest of the following dates: (1) The last day of the Policy Period; (2) The date the Policy terminates; or (3) The date this Application is superseded in whole or in part by a later executed Application.

A. Covered Employees:

Number of Single Coverage Units: 246
Number of Family Coverage Units: 312

B. Individual Stop Loss Coverage:

1. New Coverage ☒ Renewal of Existing Coverage ☐
2. Stop Loss coverage during the Current Policy Period

☐

Choose an item
Coverage for Claims incurred from _____ to _____ and Claims paid from _____ to _____.

For new coverage only, if a run-in contract as explained in the policy e.g. (24/12, 18/12, or 15/12 coverage period) is purchased, claims paid by the Employer Group's prior claim administrator will be settled at the time of the annual stop loss settlement and must be reported by the Employer Group to the Company (Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company) by the end of the Employer Group's Current Policy Period or stop loss coverage for these run-in claims will be forfeited.

☒ (Paid Renewal Only) Claim Administrators Claims: Claims incurred on or after the Original Effective Date of Policy and paid during the Policy Period.

3. Covered Expenses includes:

- ☒ Medical Claims:
☒ Prescription Drug Claims with: Prime _____
☐ For **Hospital Employer Groups only**: Excludes _____% of Home
☐ Hospital Medical claims Other (for example Dental/Vision): _____.

4. Individual Stop Loss Provisions

a. Individual Stop Loss Deductible: \$165,000
Applies per Covered Person for the Employer Group's Current Policy Period.

b. Aggregating Specific Deductible (if applicable): \$_____

c. Lasered Individuals with Individual Stop Loss Deductible (if applicable):
Individual identifier, alternate Individual Stop Loss Deductible:

d. Lasered Individuals excluded from Stop Loss Coverage (if applicable):
Individual identifier:

e. If a run-in contract (24/12, 18/12, or 15/12 coverage period) is purchased, per Item 2. above, run-in claims are covered with a maximum liability of: \$_____per Covered Person.

5. Terminal Liability Option (TLO) (does not apply to Employer Groups with 12/15, 12/18, or 12/24 contracts): ☒ Yes ☐ No

The following applies if the answer to item above is "Yes" (Terminal Liability Option):

Must be elected at Policy inception or renewal. Premium cost is calculated by taking the average enrollment for the last two months multiplied by three times pre-termination Individual Stop Loss rate(s). Premium is due at the time of termination, payable by lump sum within 10 days of receipt of bill. Claims will accumulate and be combined under one Individual Stop Loss Deductible specified in item B.4.a above for the Current Policy Period and Terminal Period. The Settlement for the Final Accounting Period will be described in the section of the Policy entitled SETTLEMENTS.

6. Individual Stop Loss Premium

Monthly Individual Stop Loss Premium shall be equal to the amounts obtained by multiplying the number of Covered Employees for a particular Month by:

\$235.05 Composite; or
\$_____ for each Single Coverage Unit
\$_____ for each Family Coverage Unit

C. **Aggregate Stop Loss Coverage:**

Yes ☒ No ☐ If yes, complete Items 1. through 5. Below:

1. New Coverage ☒ Renewal of Existing Coverage ☐

2. Stop Loss Coverage during the current Policy Period

☐ Choose an item

Coverage for Claims incurred from _____ to _____ and Claims paid from _____ to _____.

For new coverage only, if a run-in contract as explained in the policy e.g. (24/12, 18/12, or 15/12 coverage period) is purchased, claims paid by the Employer Group's prior claim administrator will be settled at the time of the annual stop loss settlement and must be reported by the Employer Group to the Company (Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company) by the end of the Employer Group's Current Policy Period or stop loss coverage for these run-in claims will be forfeited.

☒ (Paid Renewal Only) Claim Administrators Claims: Claims incurred on or after the Original Effective Date of Policy and paid during the Policy Period.

3. Covered Expenses:

- ☒ Medical Claims
- ☒ Prescription Drug Claims with: Prime _____
- ☐ For **Hospital Employer Groups only**: Excludes _____ % of Home
- ☐ Hospital Medical claims Other (for example Dental/Vision): _____

4. Aggregate Claim Liability

- a. Attachment Factor 125% of the Average Claim Value
- b. Aggregate Claim Factors:

Group Number:	251307	_____	_____	_____
Composite; or	\$1,521.53	\$_____	\$_____	\$_____
For each Single Coverage Unit	\$_____	\$_____	\$_____	\$_____
For each Family Coverage Unit	\$_____	\$_____	\$_____	\$_____

c. Minimum Aggregate Point of Attachment: \$9,169,318

- 5. Terminal Liability Option (TLO) (does not apply to Employer Groups with 12/15, 12/18, or 12/24 contracts):
☒ Yes ☐ No

The following applies if the answer to item above is "Yes" (Terminal Liability Option):

Must be elected at Policy inception or renewal. Premium cost is calculated by taking the average enrollment for the last two months multiplied by three times pre-termination Aggregate Stop Loss rate(s). Premium is due at the time of termination, payable by lump sum within 10 days of receipt of bill.

The Final Settlement Point of Attachment shall equal the sum of the Employer's Aggregate Claim Liability amount for the Policy Period plus 15% of the Aggregate Claim Factor multiplied by 12, and then multiplied by the average enrollment for the last two (2) months immediately preceding termination. Furthermore, for the Final Settlement Period, the Minimum Aggregate Point of Attachment shall be the Minimum Aggregate Point of Attachment in item

C.4.c. above increased by 15%. The Settlement for the Final Accounting Period will be described in the section of the Policy entitled SETTLEMENTS.

6. Aggregate Stop Loss Premium:

☒ Monthly Premium

Monthly Aggregate Stop Loss Premium shall be equal to the amounts obtained by multiplying the number of Covered Employees for a particular Month by:

\$2.19 Composite; or

\$_____ for each Single Coverage Unit

\$_____ for each Family Coverage Unit

☐ Annual Premium (Due on the first day of the Current Policy Period): \$_____

D. Additional Provisions (if elected):

1. Retirees Covered (select if included):

Pre-65: ☐ or Post-65: ☐

2. Reserved

3. Monthly Aggregate Accommodation: ☐ Yes ☐ No

4. Additional information:

Fraud Notice: Any person who knowingly, with intent to injure, defraud or deceive any insurance company submits an application containing any false, incomplete, or misleading information, is guilty of a felony and is subject under state law to prosecution and punishment, including fines and/or imprisonment. Submission of false information in connection with this application may also constitute a crime under federal laws. All appropriate legal remedies will be pursued in the event of insurance fraud, including prosecuting under Federal Mail Fraud, Federal Wire Fraud, and/ or the Federal Racketeer Influenced and Corrupt Organizations Act Statutes. Any false statements made herein may be reported to state and federal tax and regulatory authorities as is appropriate.

The undersigned person represents that they are authorized and responsible for purchasing Stop Loss Coverage on behalf of the Employer Group. It is understood that the actual terms and conditions of coverage are those contained in this Application and the Stop Loss Coverage Policy into which this Application shall be incorporated at the time of acceptance by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC"). Upon acceptance, HCSC shall issue a Stop Loss Coverage Policy to the Employer Group. Upon acceptance of this Application and issuance of the Stop Loss Coverage Policy, the Employer Group shall be referred to as the "Employer Group".

Martha E. Jarrett

Sales Representative

Linda Matteson for

Signature of Authorized Purchaser

Acting County Manager

Title of Authorized Purchaser

11/7/2024

Date