

ISD 110 School Board Work Session

Monday, April 14, 2025 7:00 PM

Waconia Public Schools - District Office - Conf Rm A, 512 Industrial Blvd.,
Waconia, MN 55387

1. Morris Leatherman Survey Results

Waconia School District

2025 Residential Study

The Morris Leatherman Company

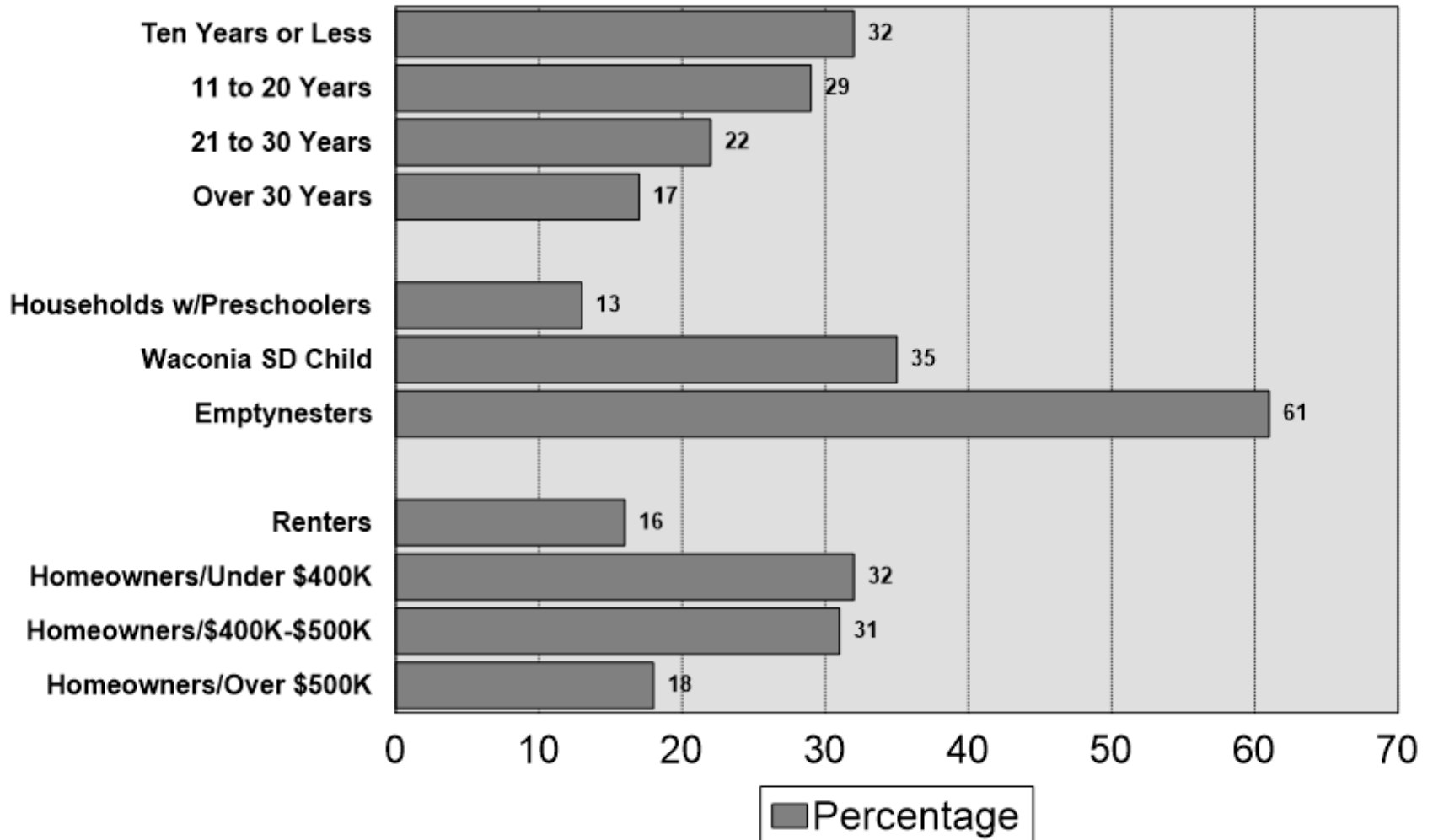
Survey Methodology

2025 Waconia School District

-) 400 random sample of Waconia School District residents.
 - 5 Results projectable within +/-5.0% in 95 out of 100 cases
-) Average interview time of 11 minutes
-) Non-response level of 5.5%
-) Telephone interviews conducted between March 18th and April 1st, 2025
-) Cellphone only households: 57%
-) Landline only households: 10%
-) Both landline and cellphone households: 33%

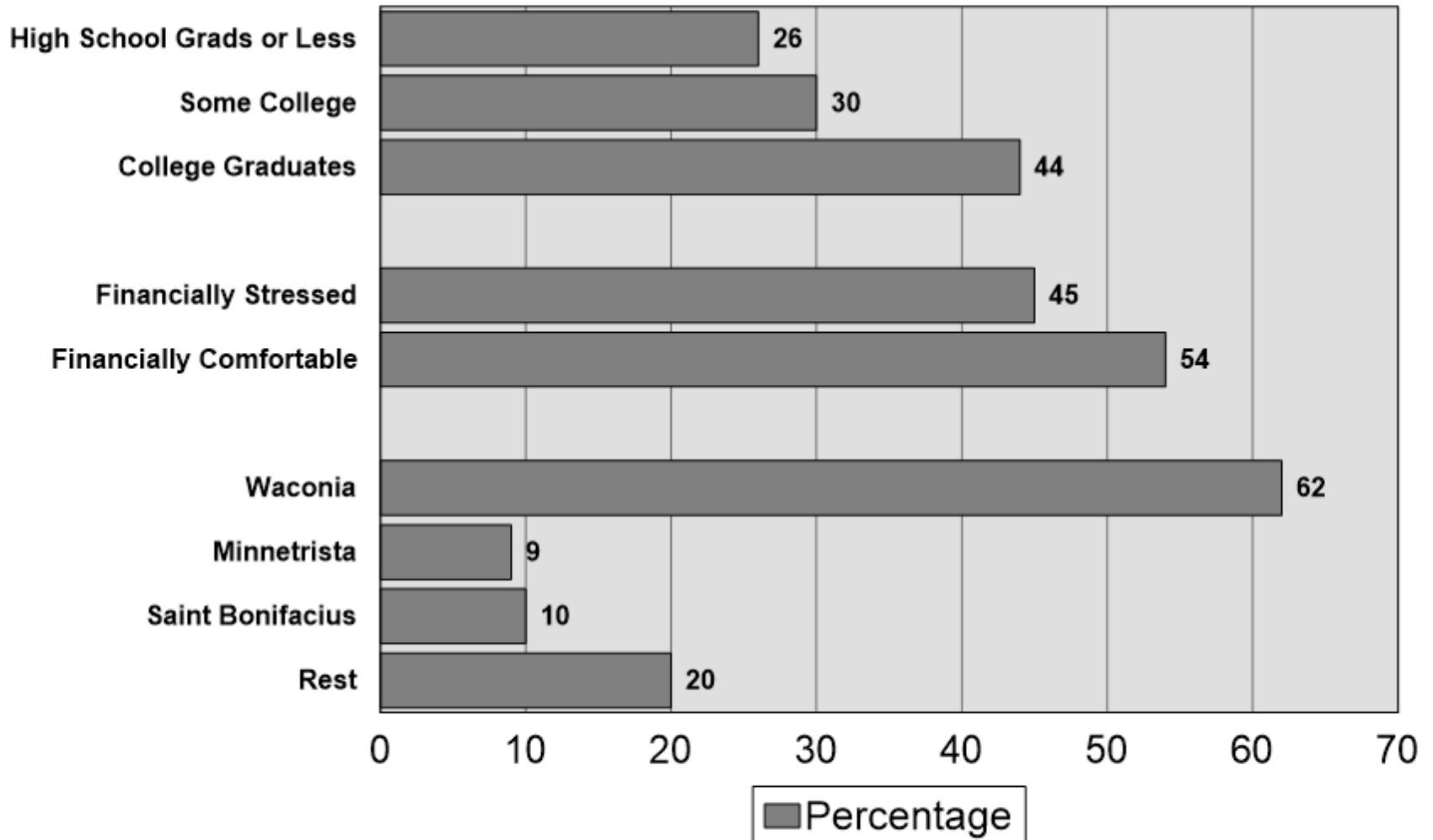
Demographics I

2025 Waconia School District



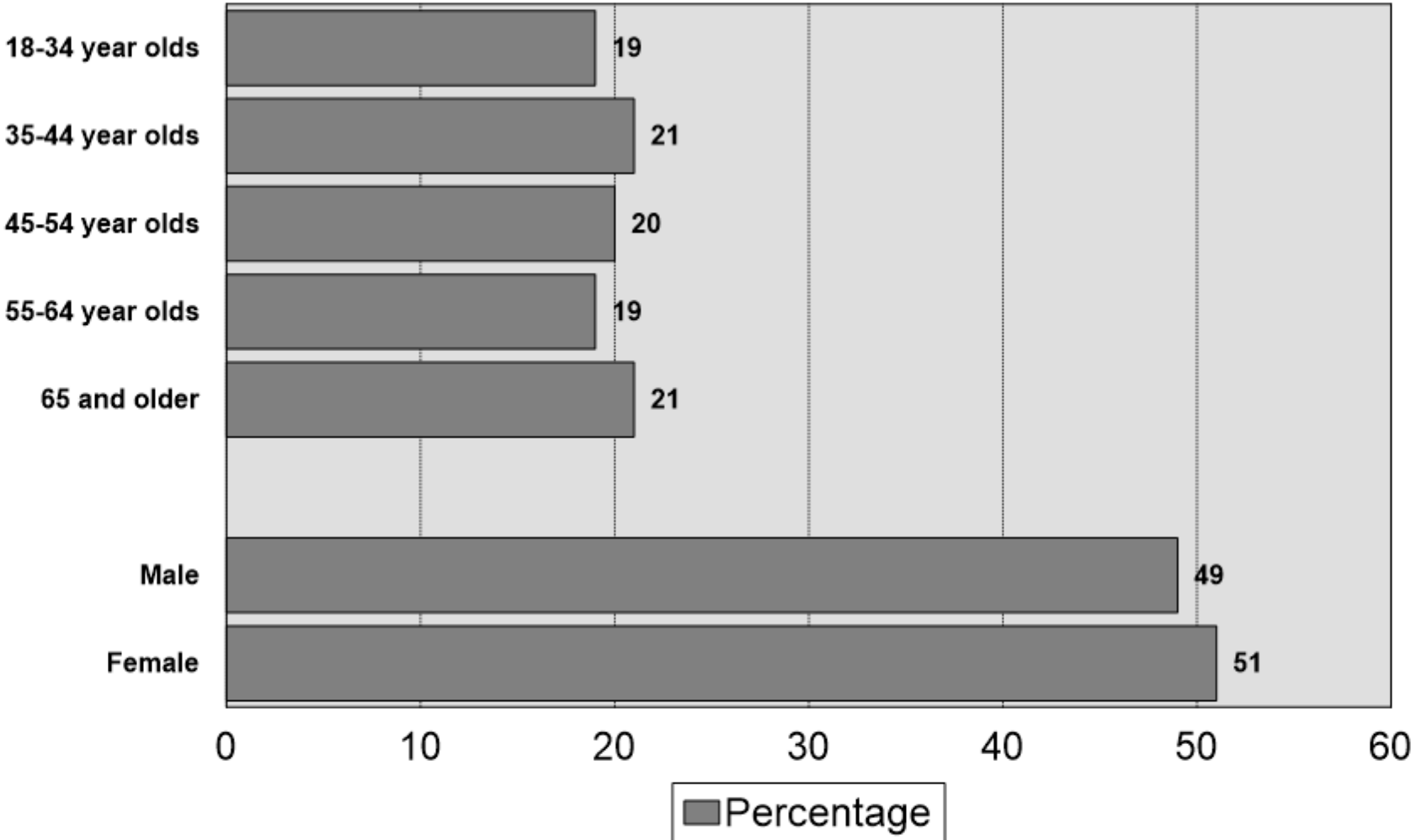
Demographics II

2025 Waconia School District



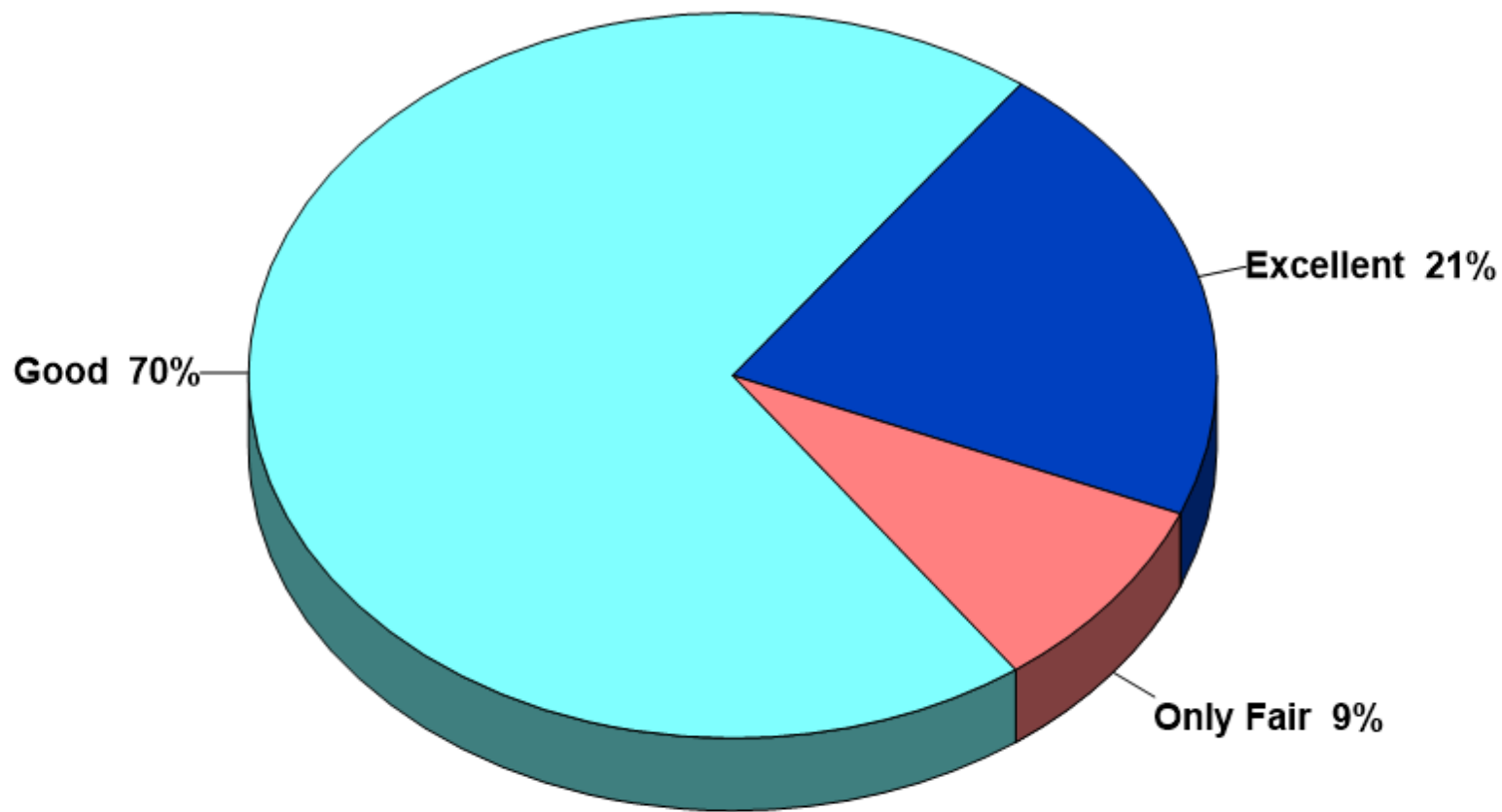
Demographics III

2025 Waconia School District



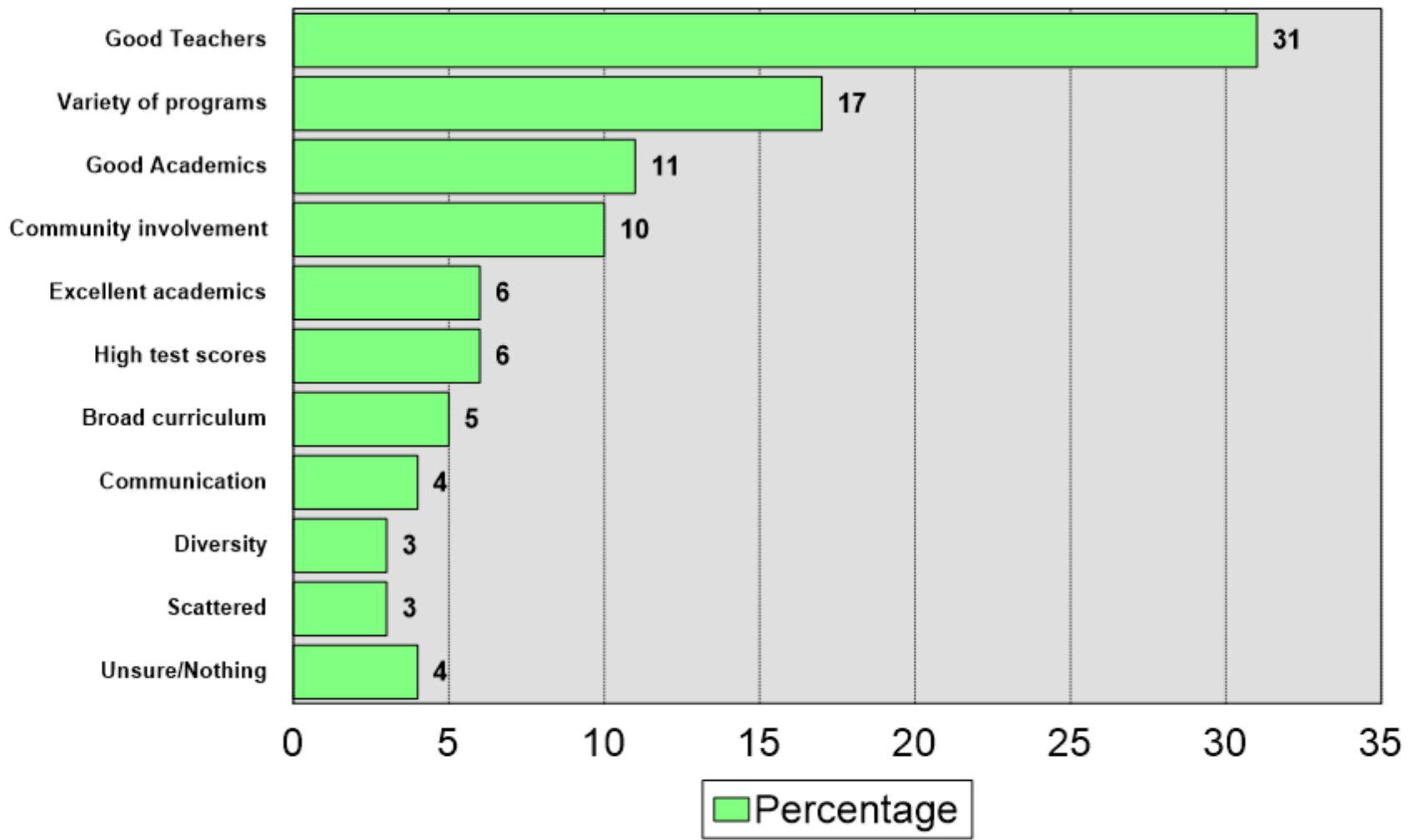
Quality of Education

2025 Waconia School District



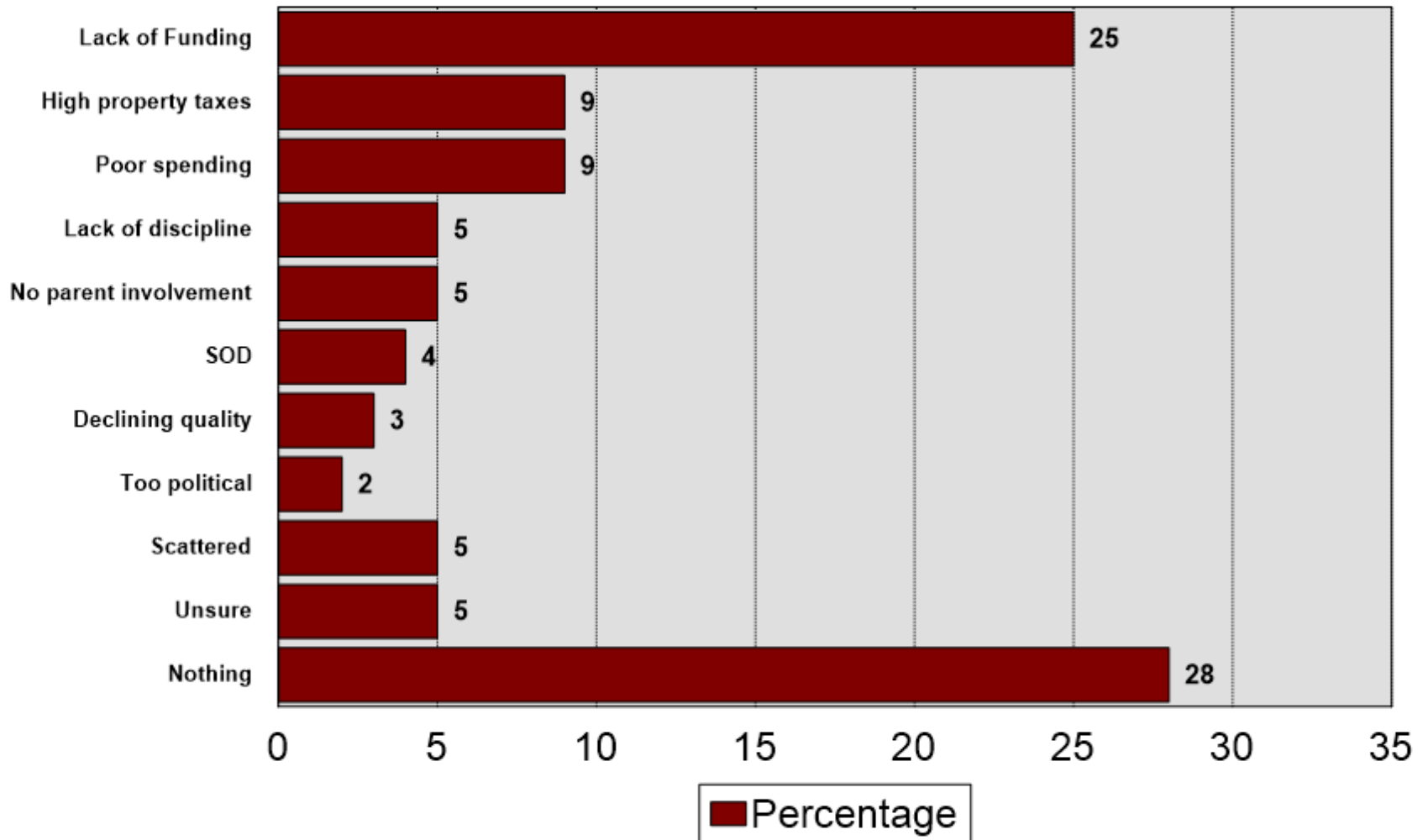
Like Most

2025 Waconia School District



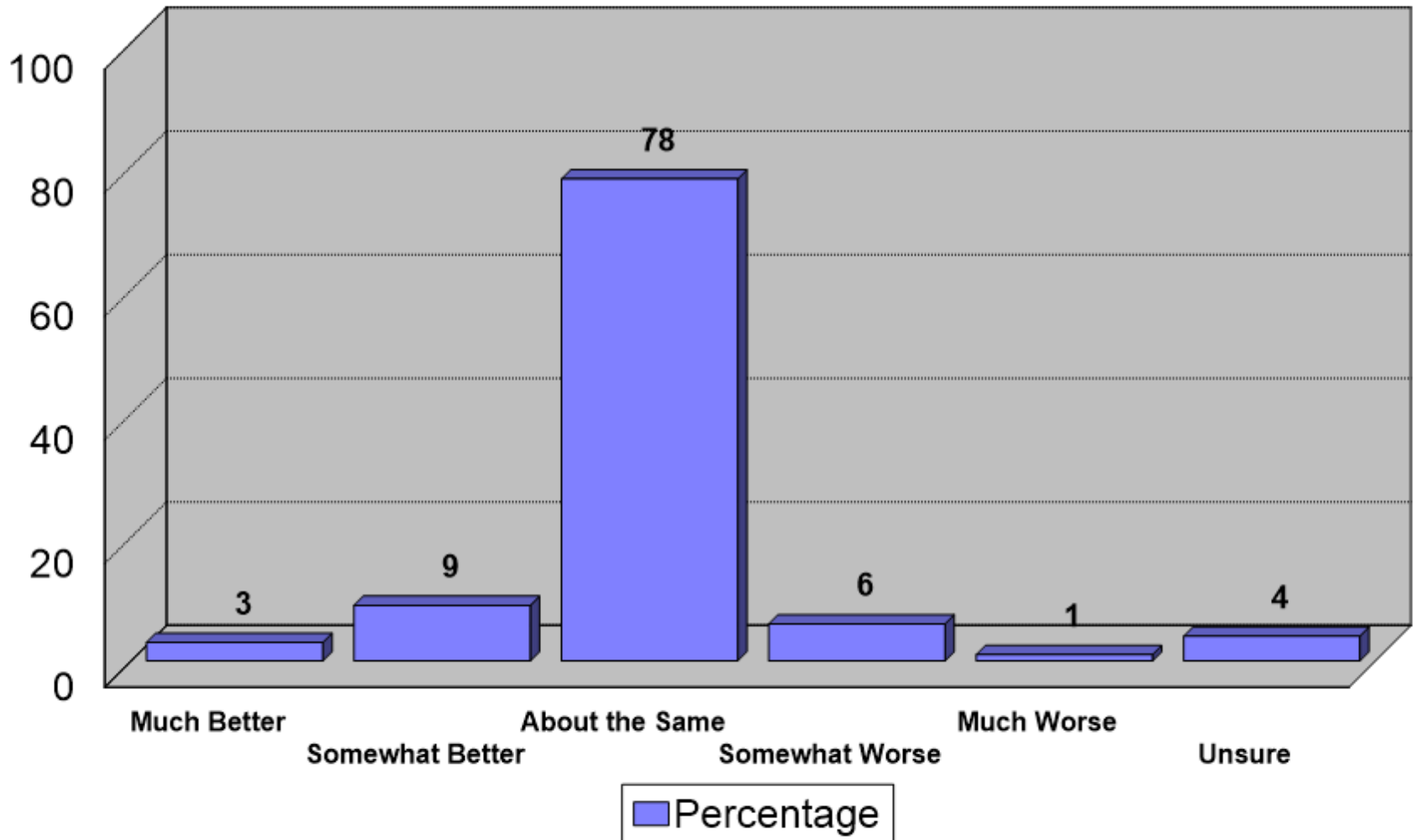
Most Serious Issue

2025 Waconia School District



Quality Compared to Four Years Ago

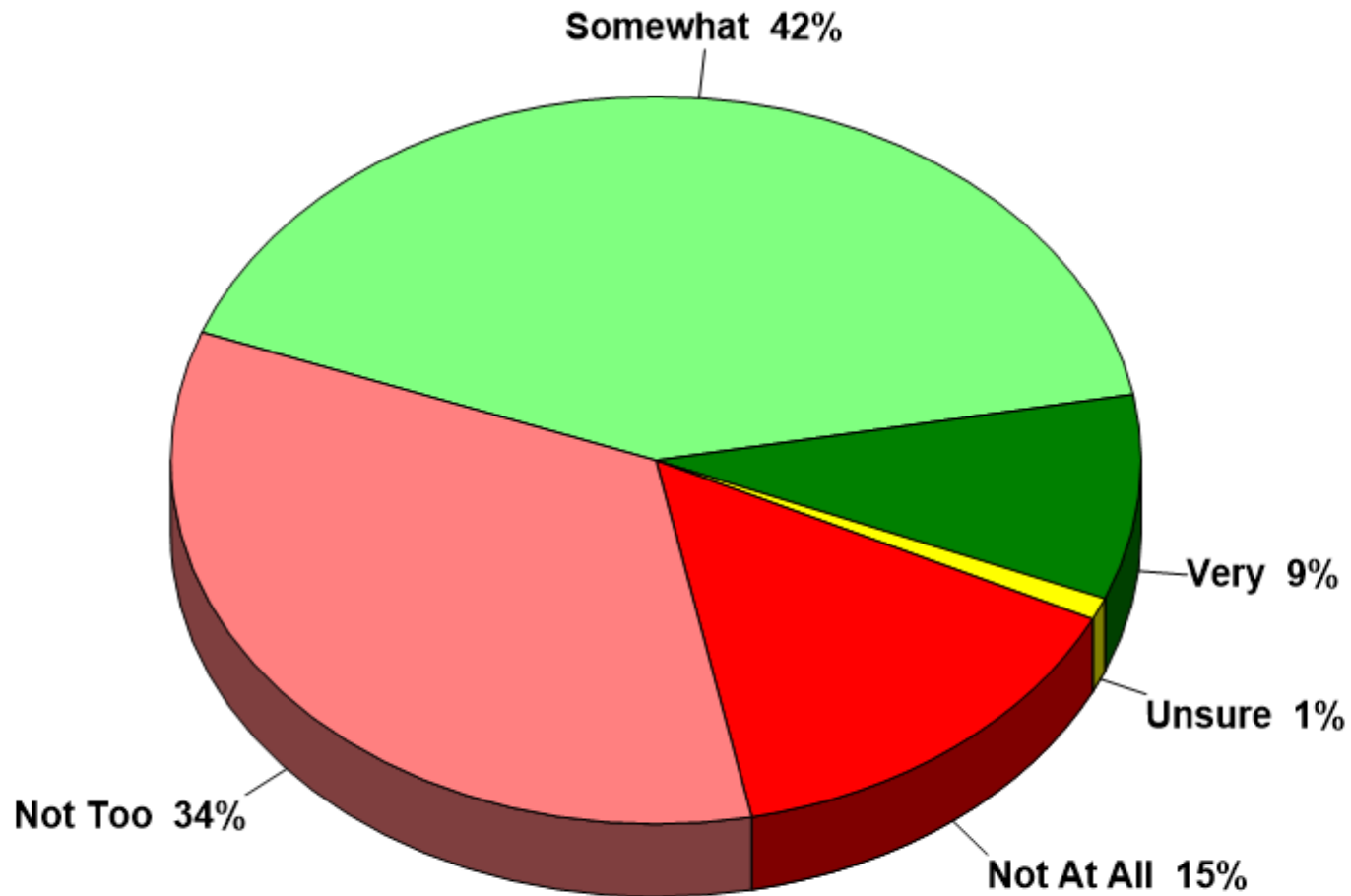
2025 Waconia School District



Morris Leatherman Company

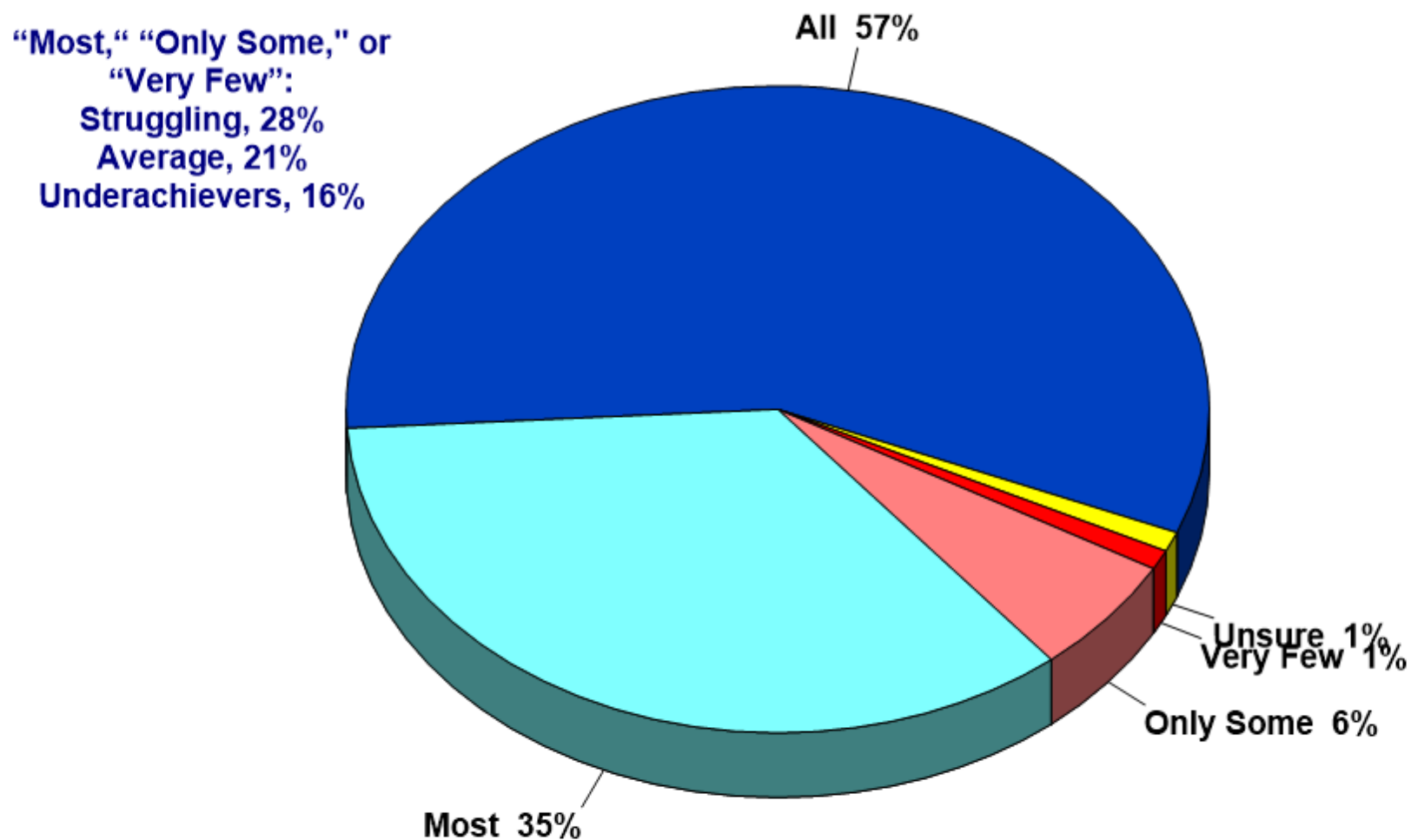
Concern about Learning Loss

2025 Waconia School District



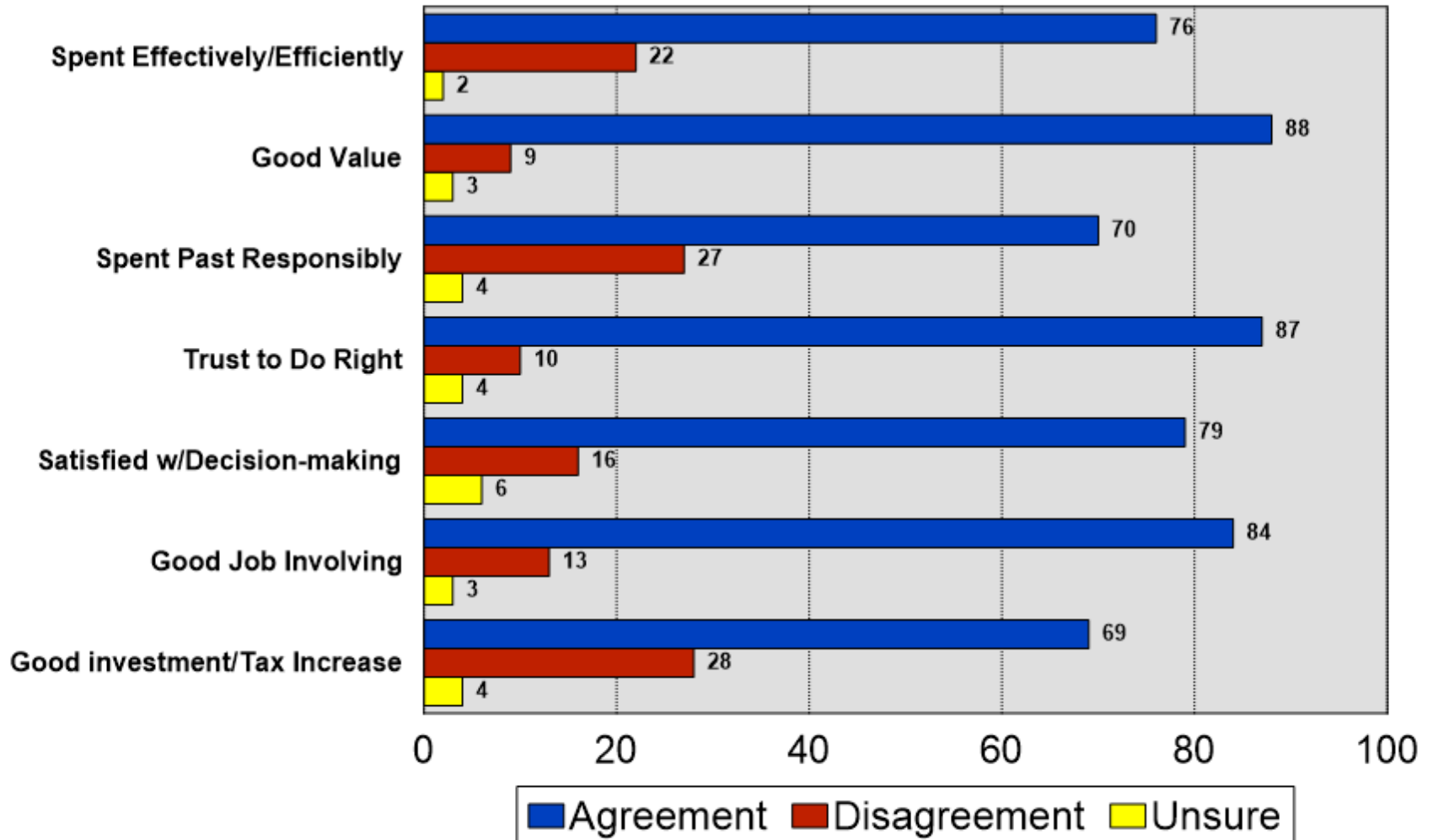
Meet the Learning Needs of....

2025 Waconia School District



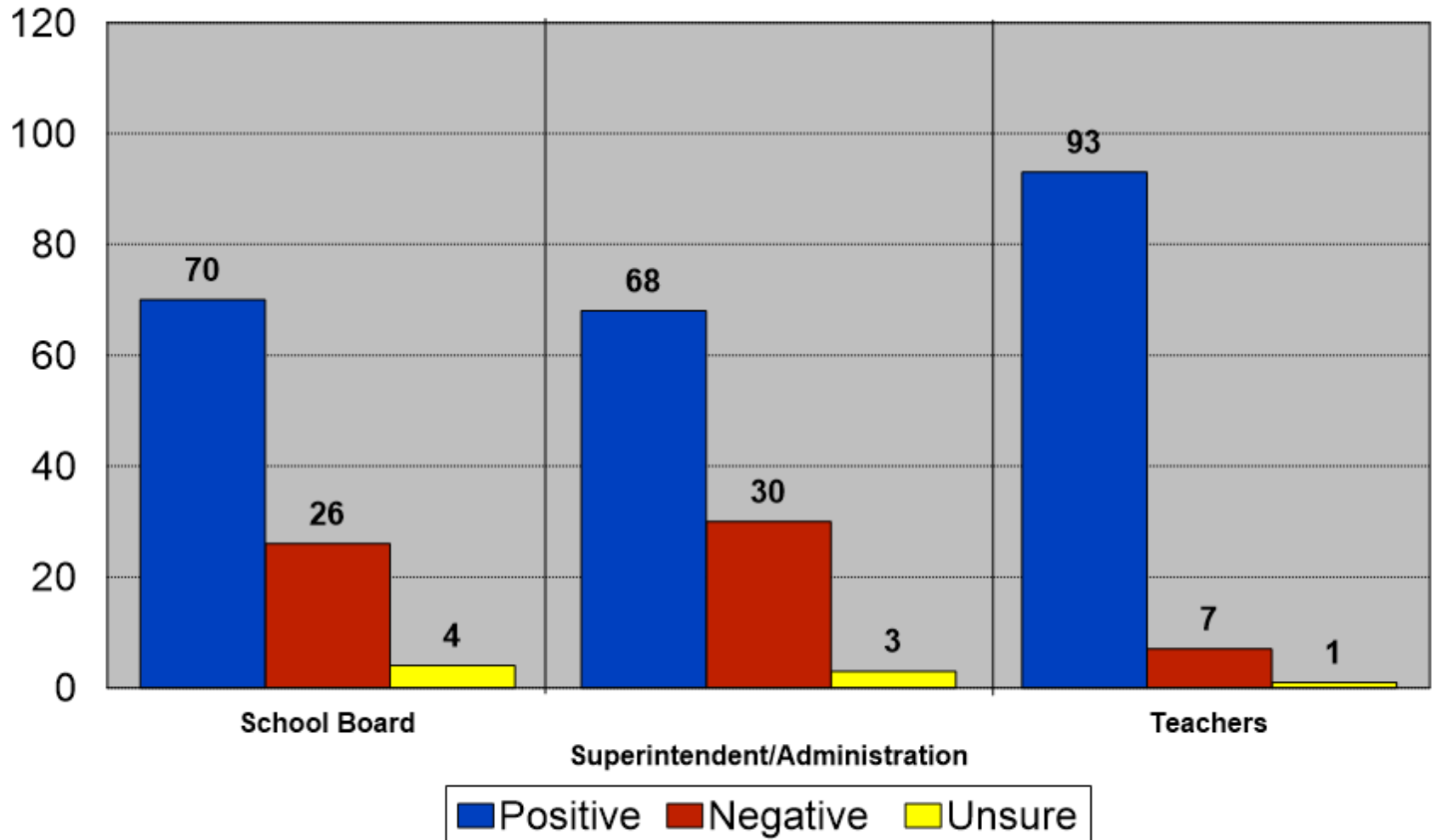
Specific School District Perceptions

2025 Waconia School District



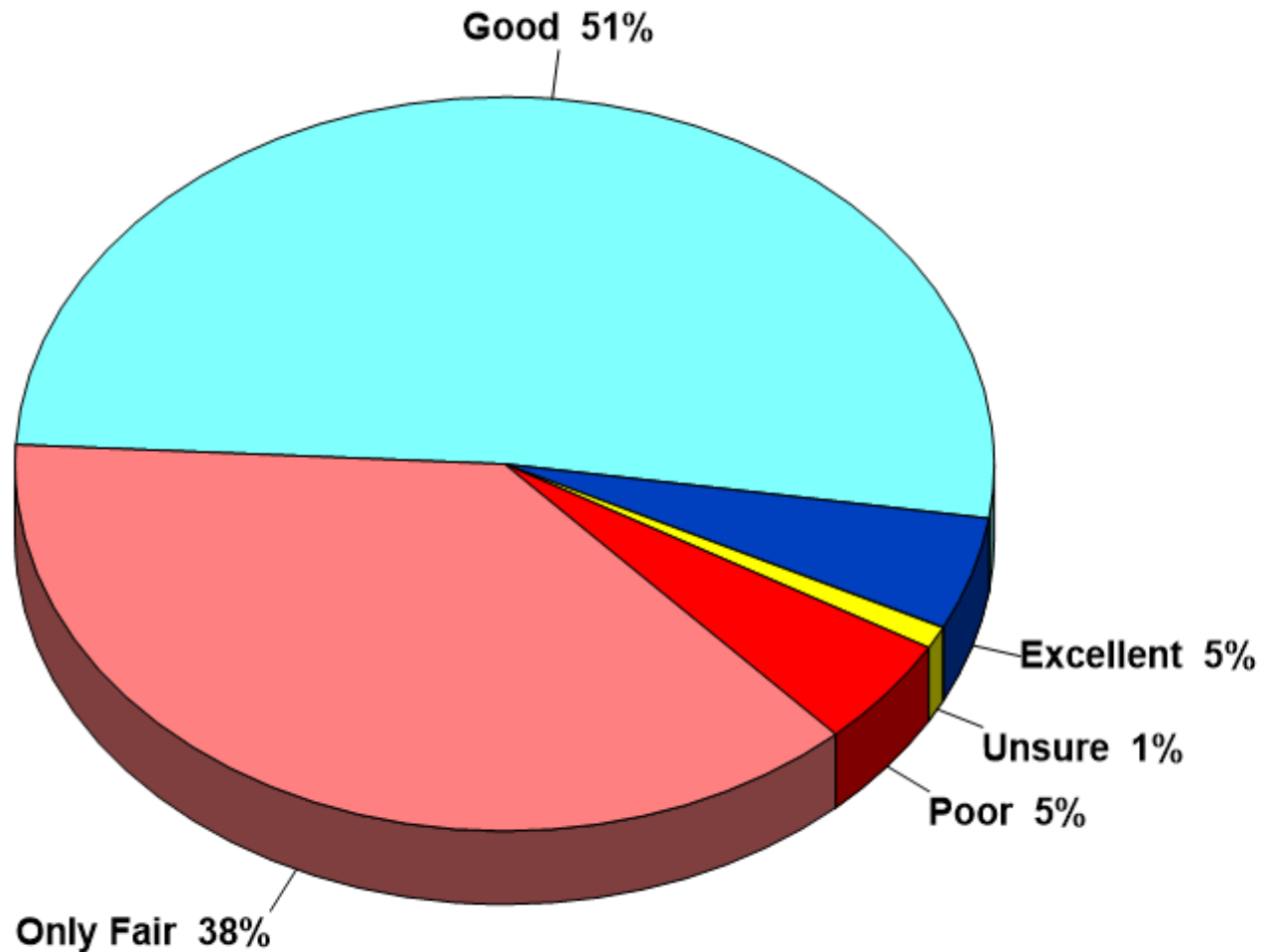
Job Performance Ratings

2025 Waconia School District



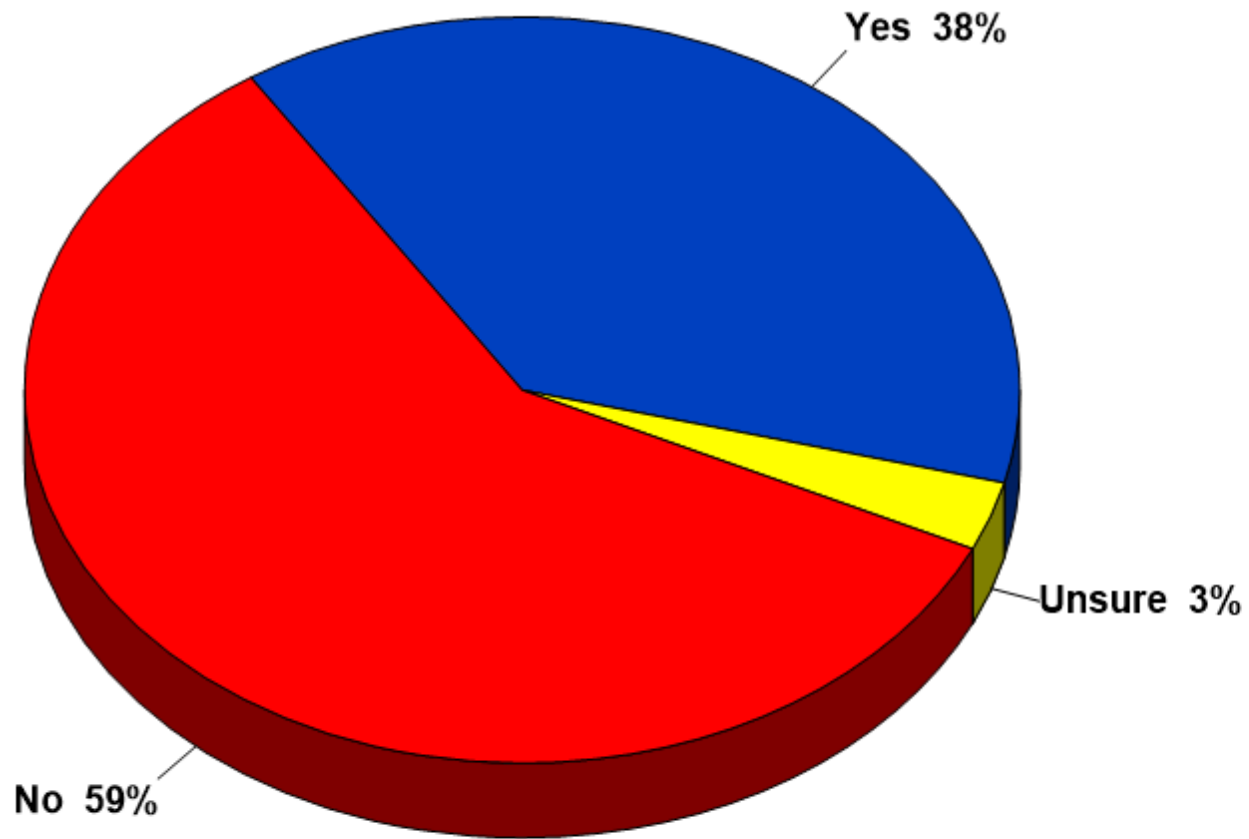
Financial Management

2025 Waconia School District



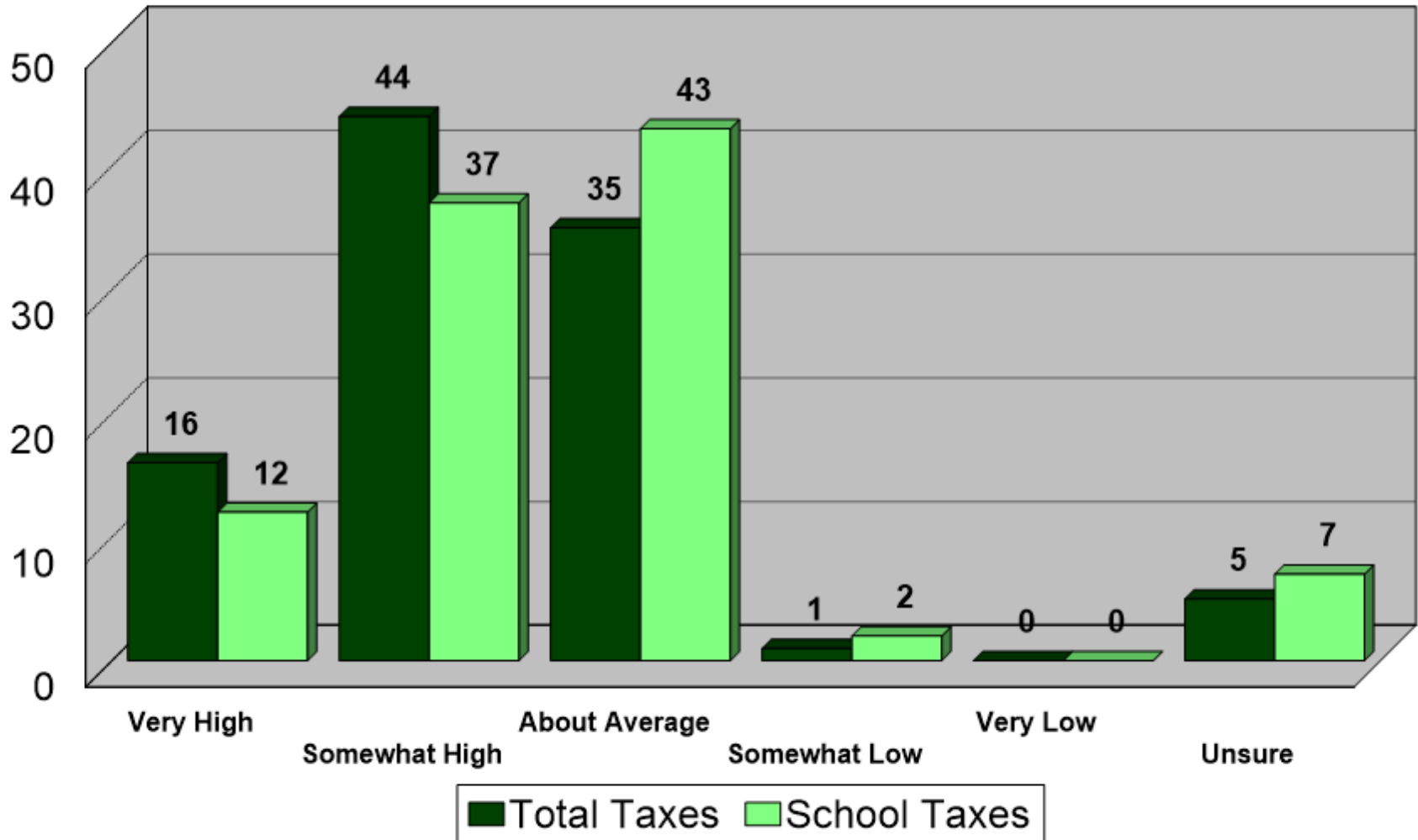
District Adequately Funded

2025 Waconia School District



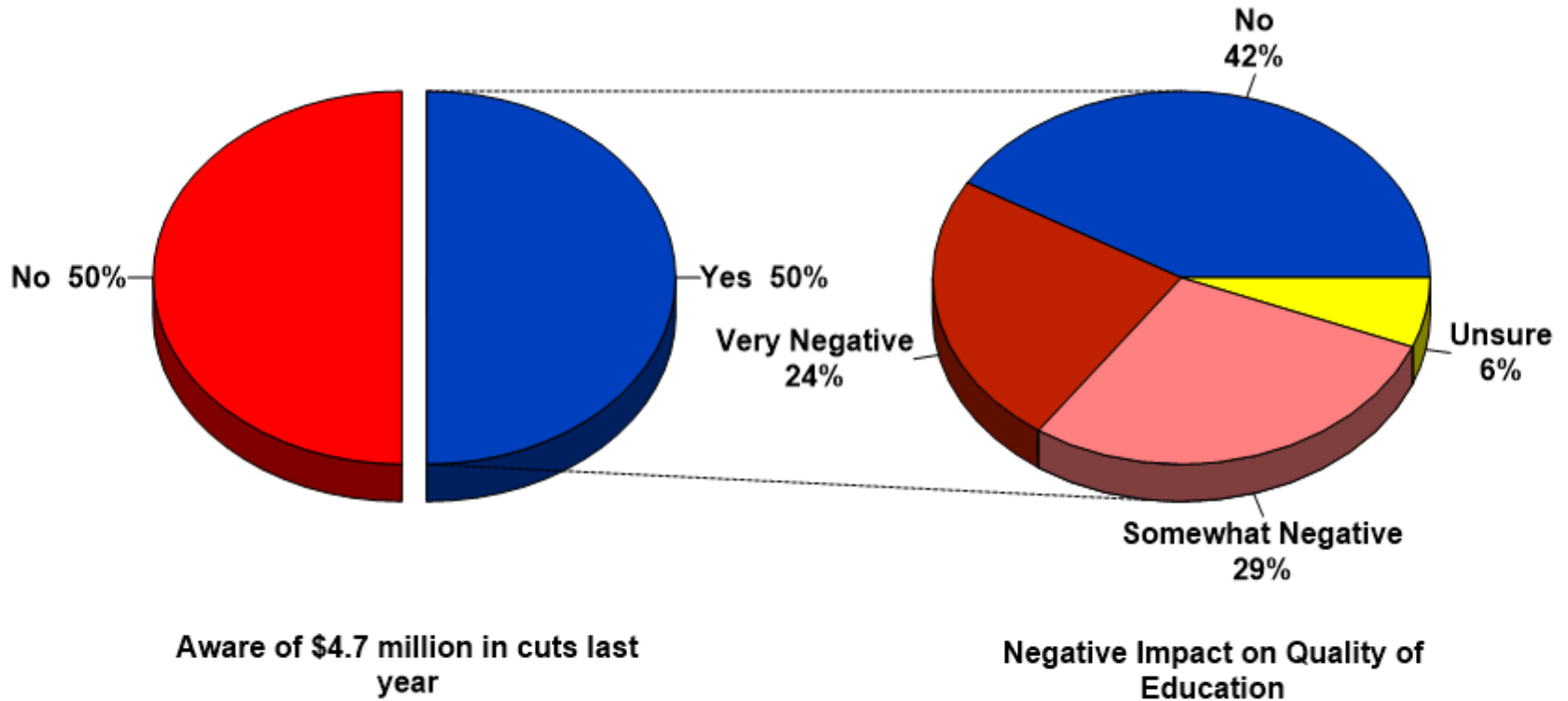
Property Tax Comparisons

2025 Waconia School District



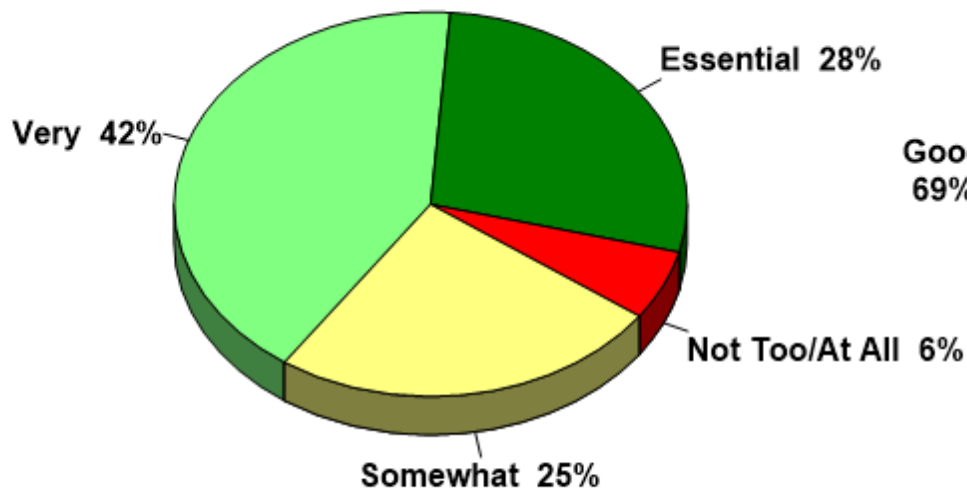
Budget Cuts

2025 Waconia School District

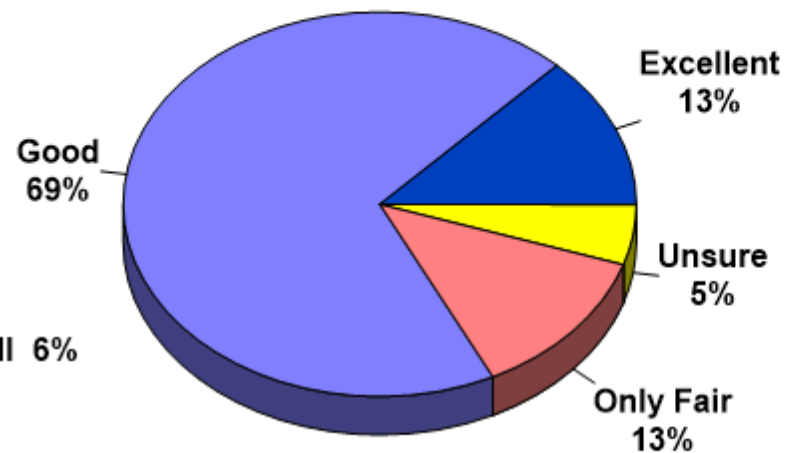


Technology

2025 Waconia School District



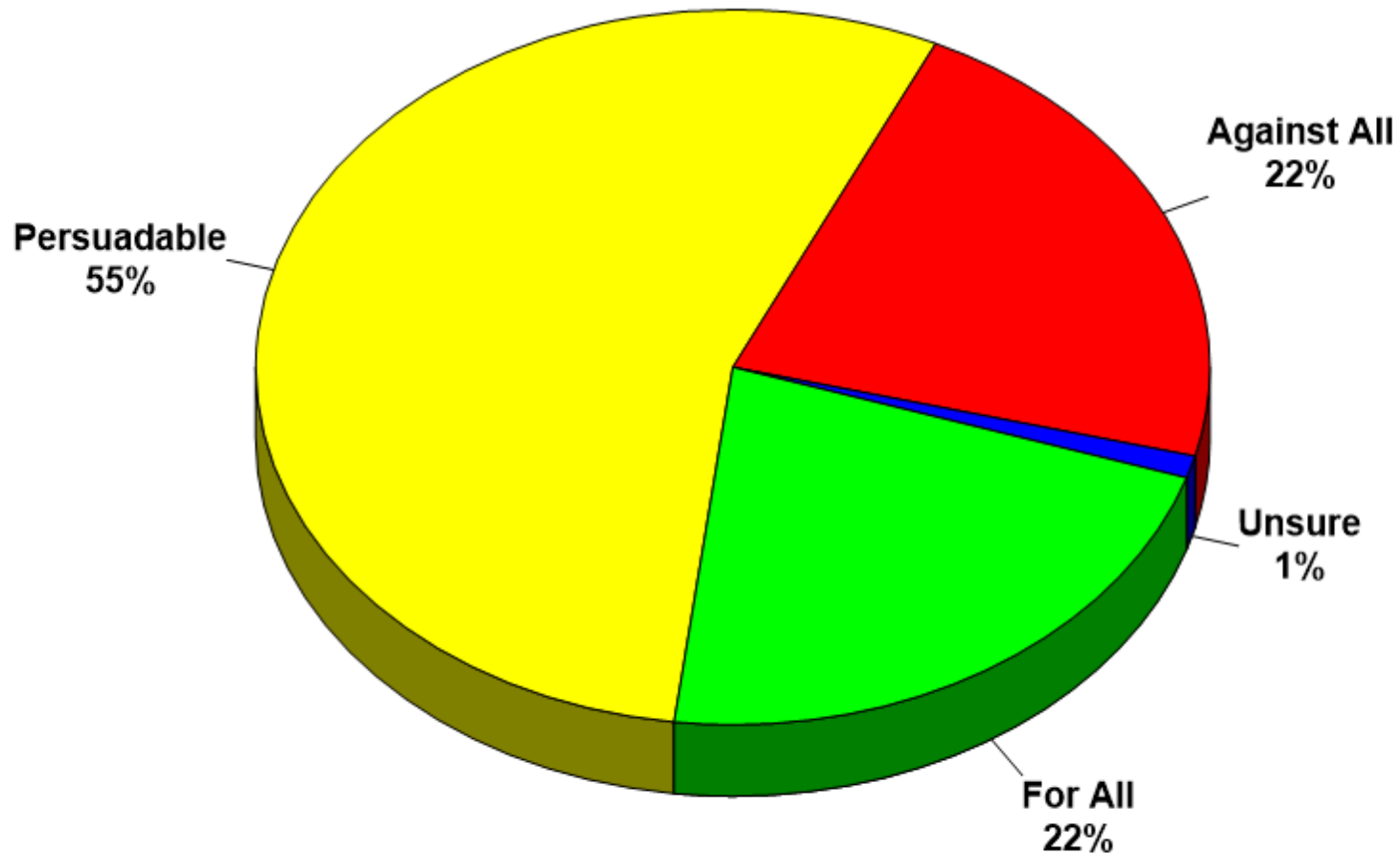
Importance of the ability to use computers and other technology



Rating of the quality and access to technology in Waconia SD

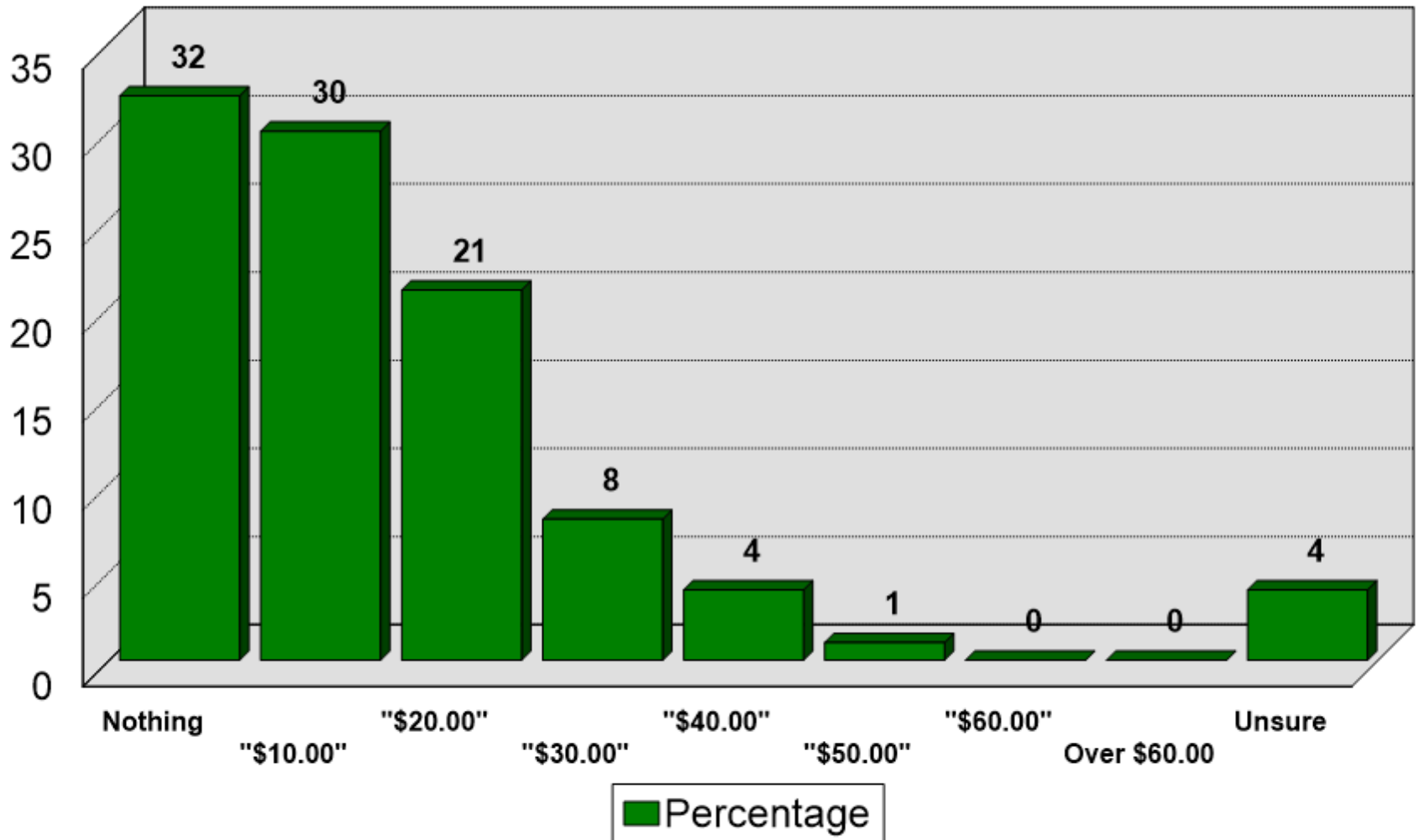
Referendum Predisposition

2025 Waconia School District



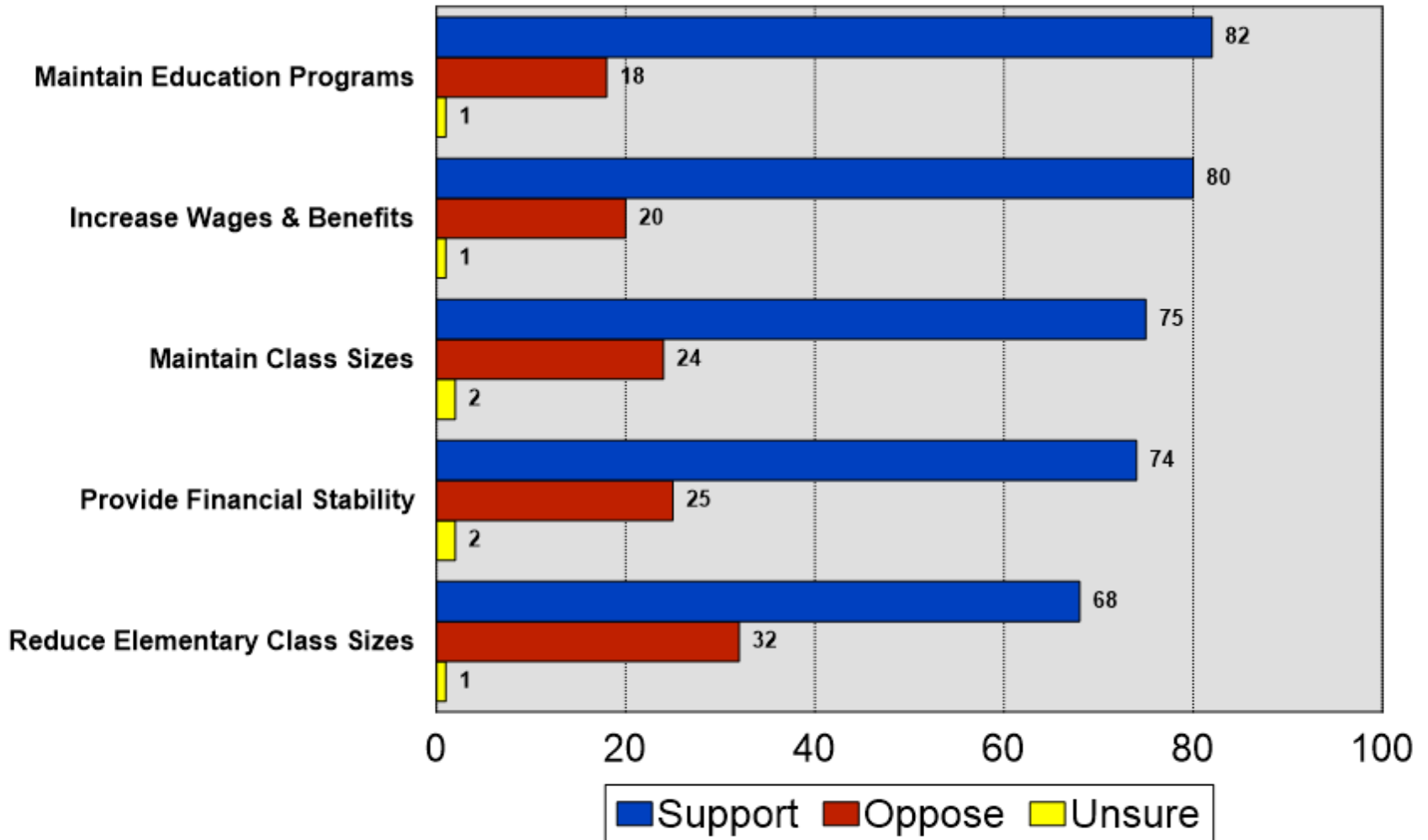
Property Tax Increase for Increased Operations Funding

2025 Waconia School District



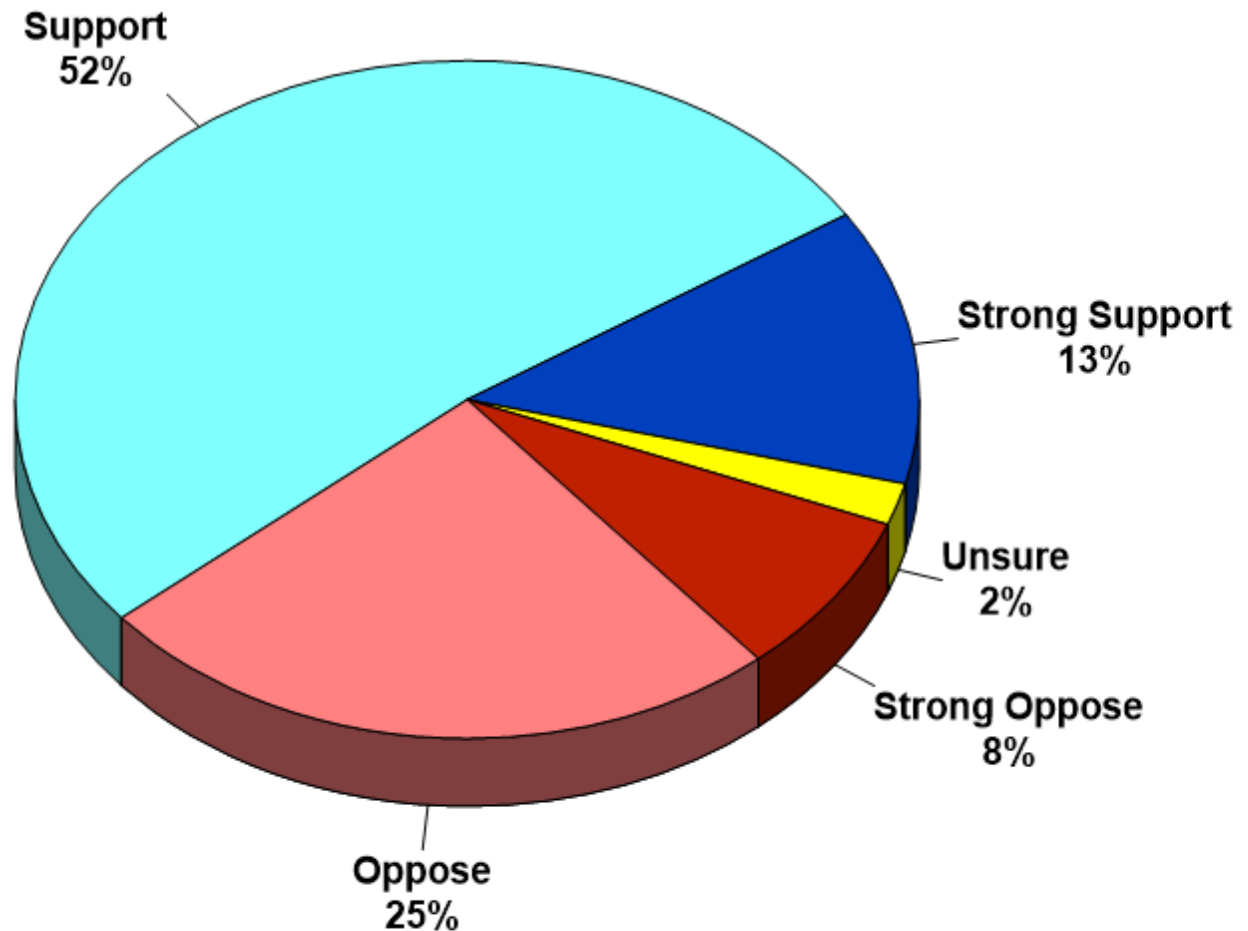
Property Tax Increase for....

2025 Waconia School District



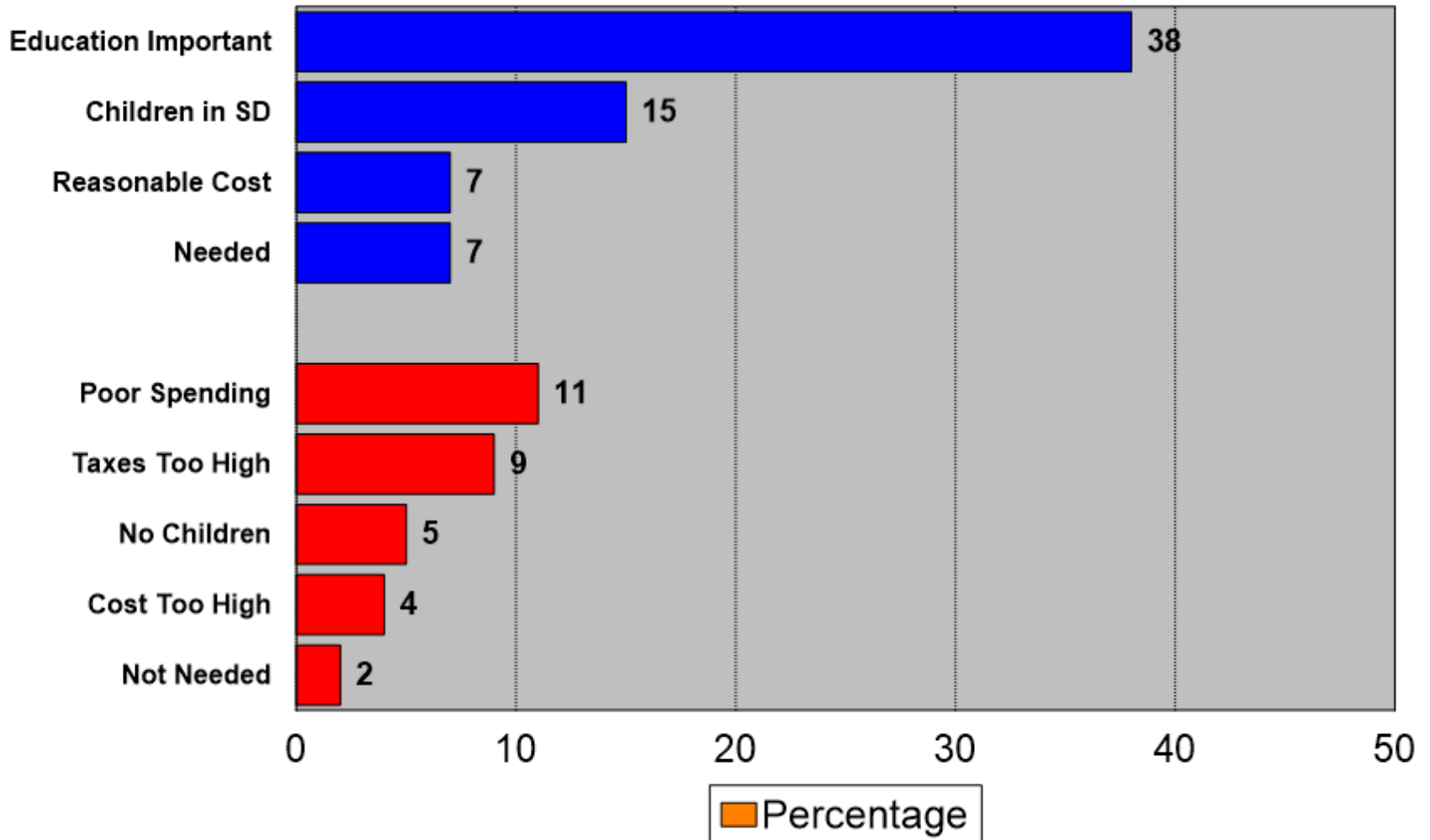
\$3MM Operating Levy

2025 Waconia School District



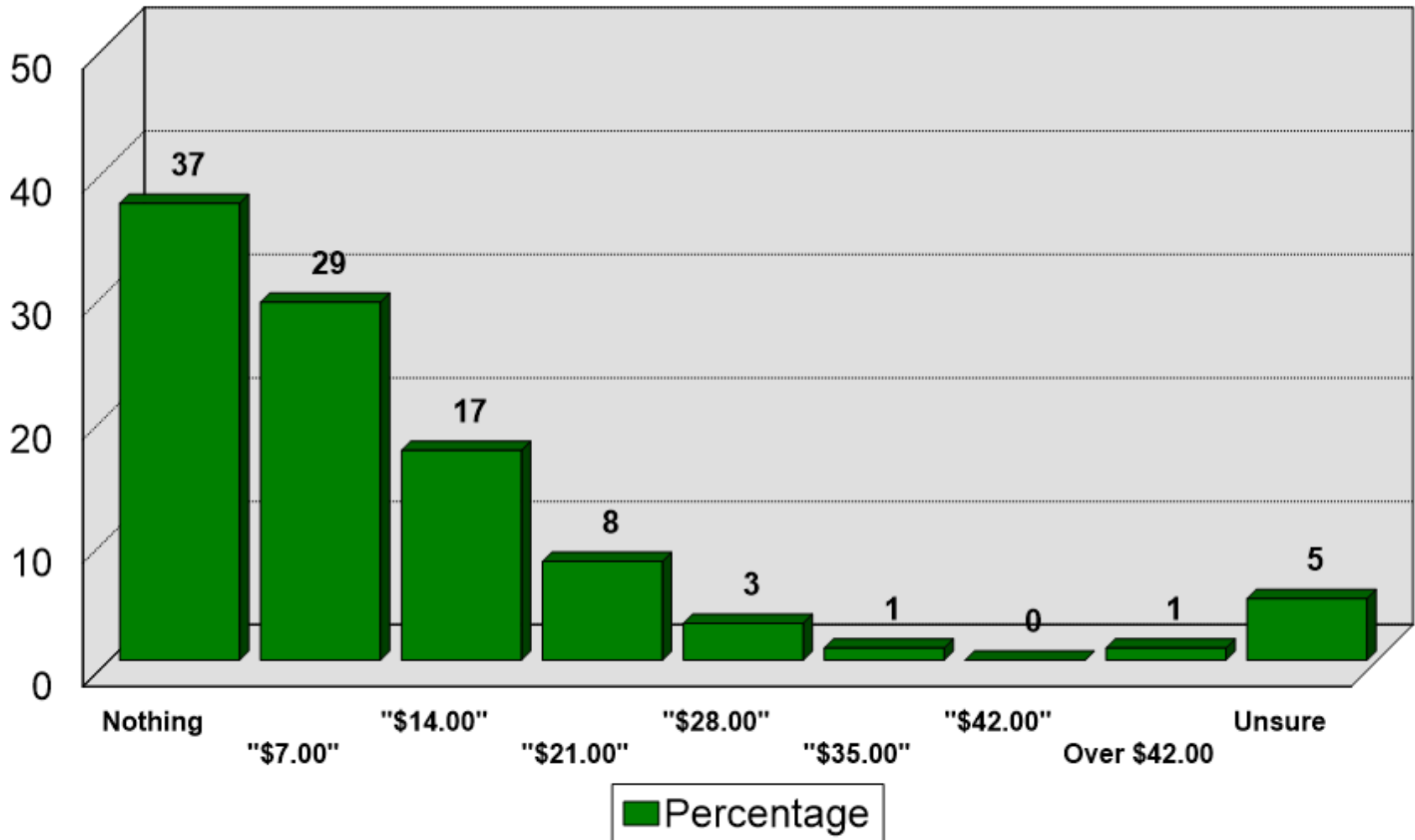
Reason for Levy Position

2025 Waconia School District



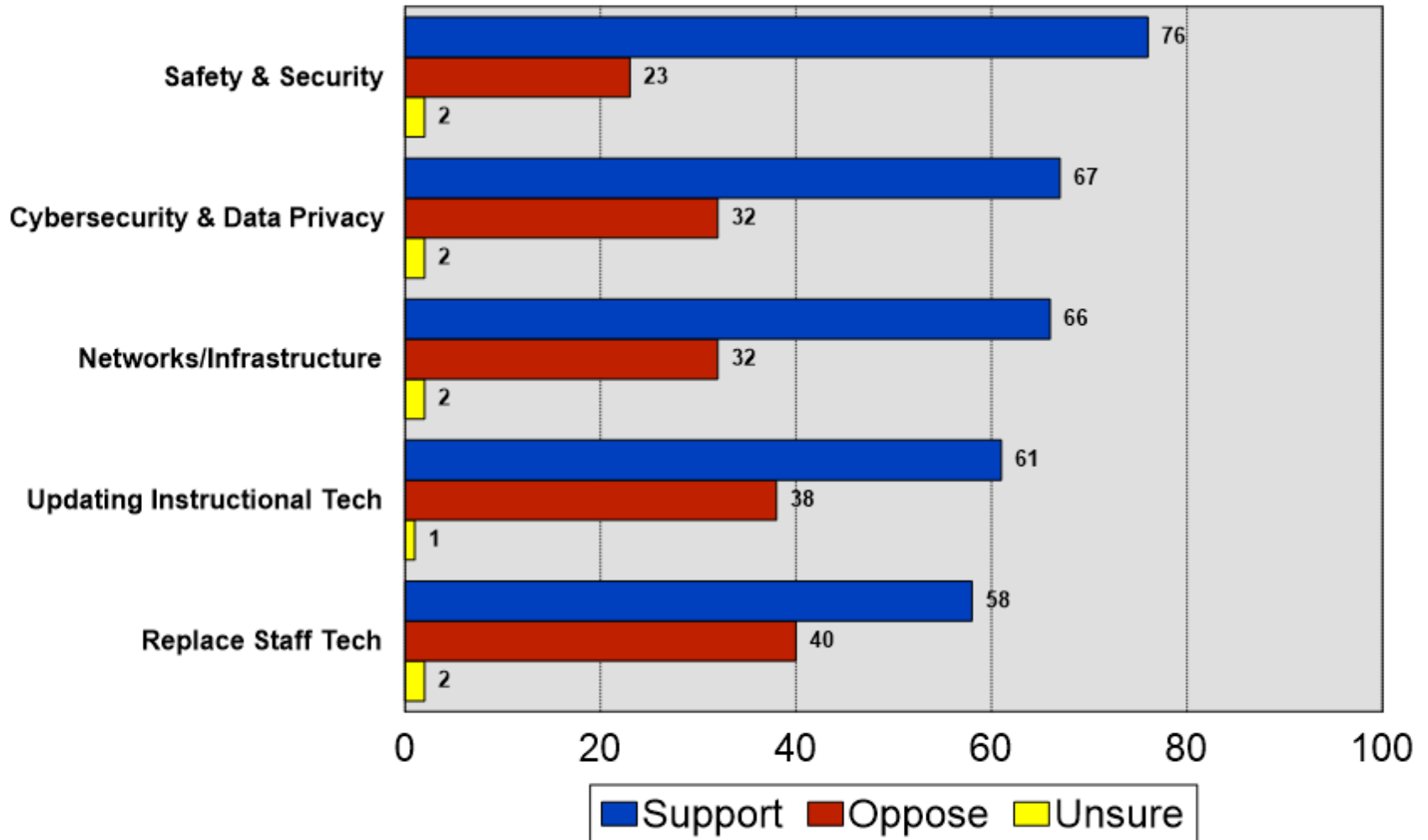
Property Tax Increase for Technology

2025 Waconia School District



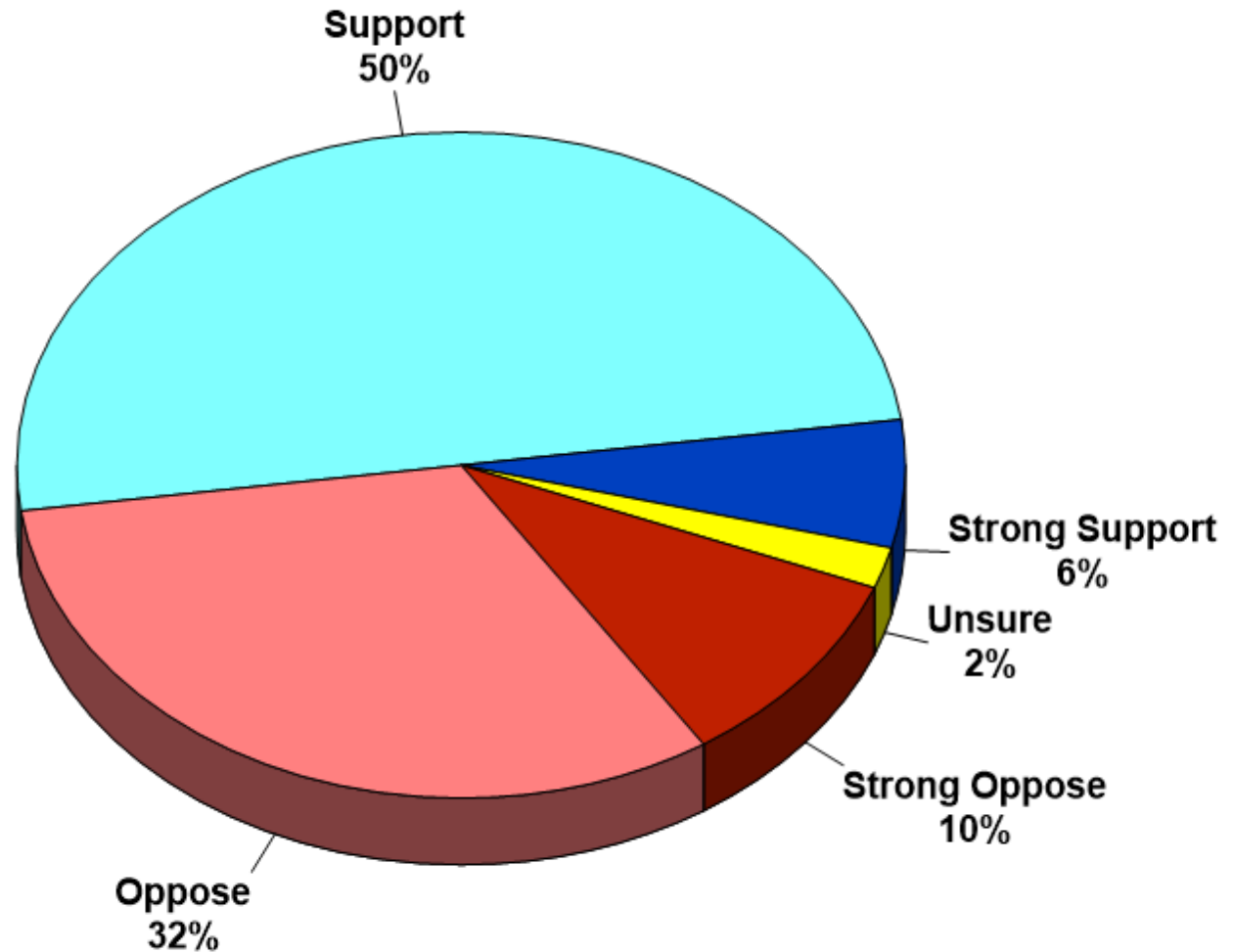
Property Tax Increase for....

2025 Waconia School District



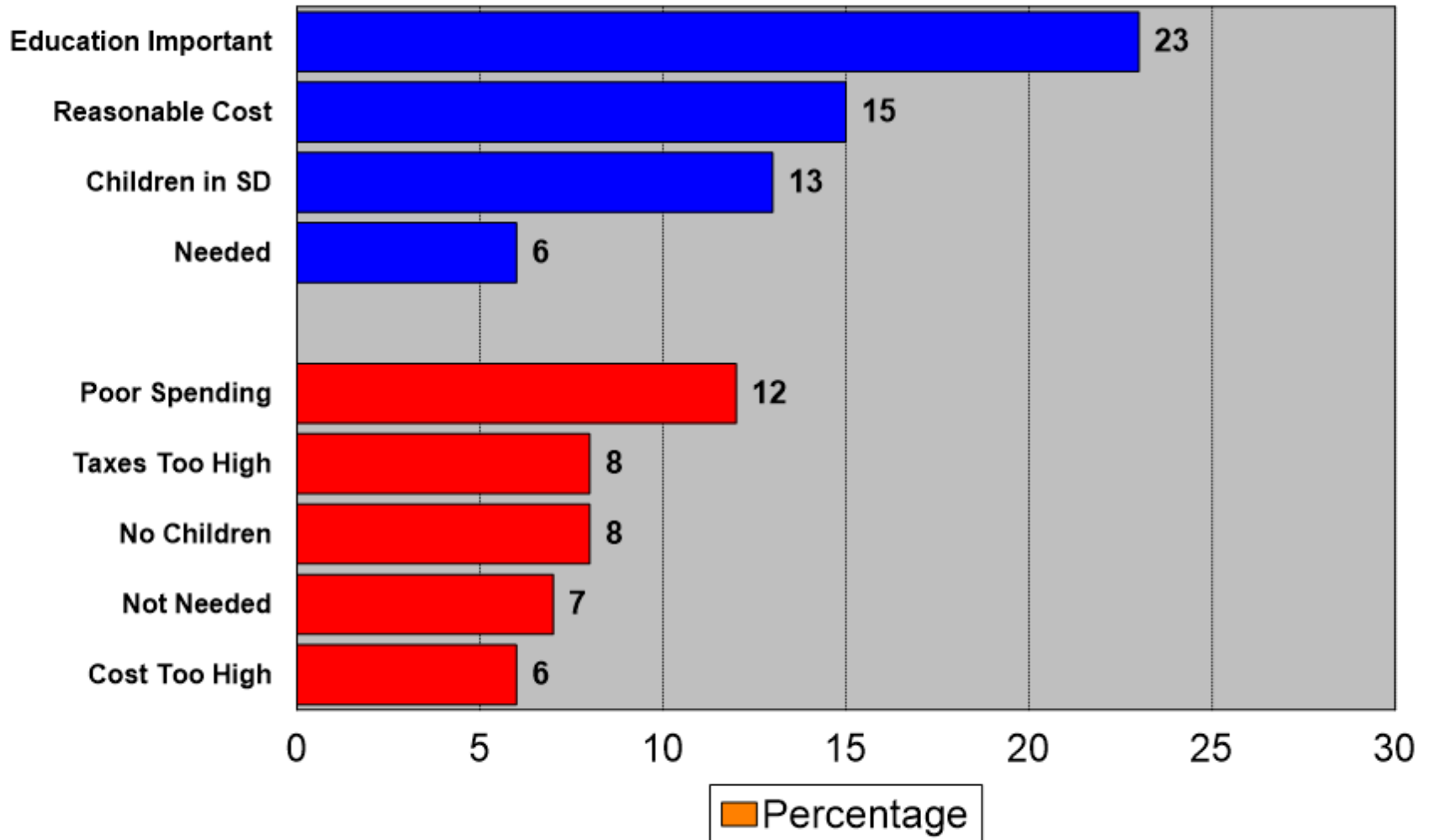
\$3MM Technology Levy

2025 Waconia School District



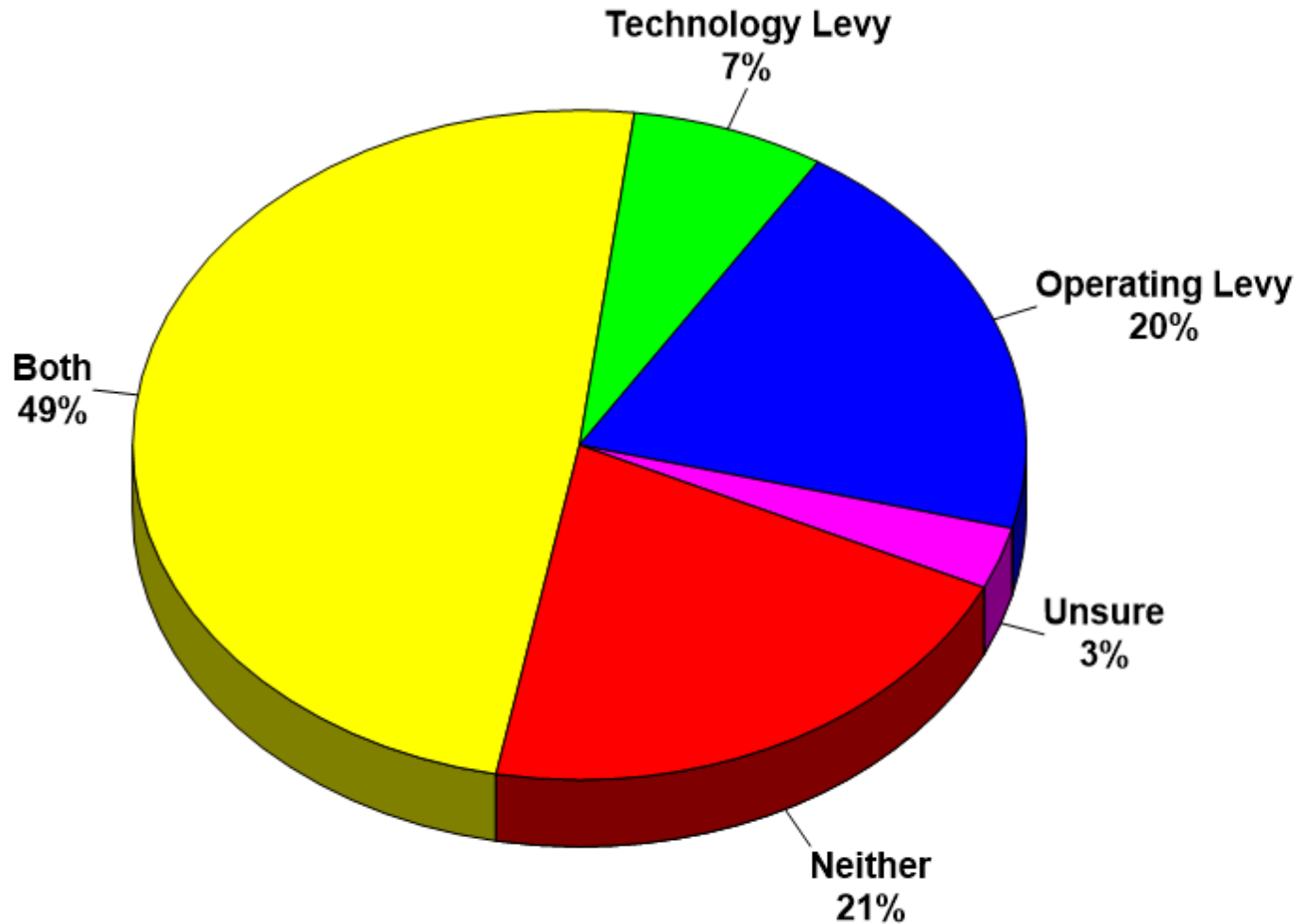
Reason for Levy Position

2025 Waconia School District



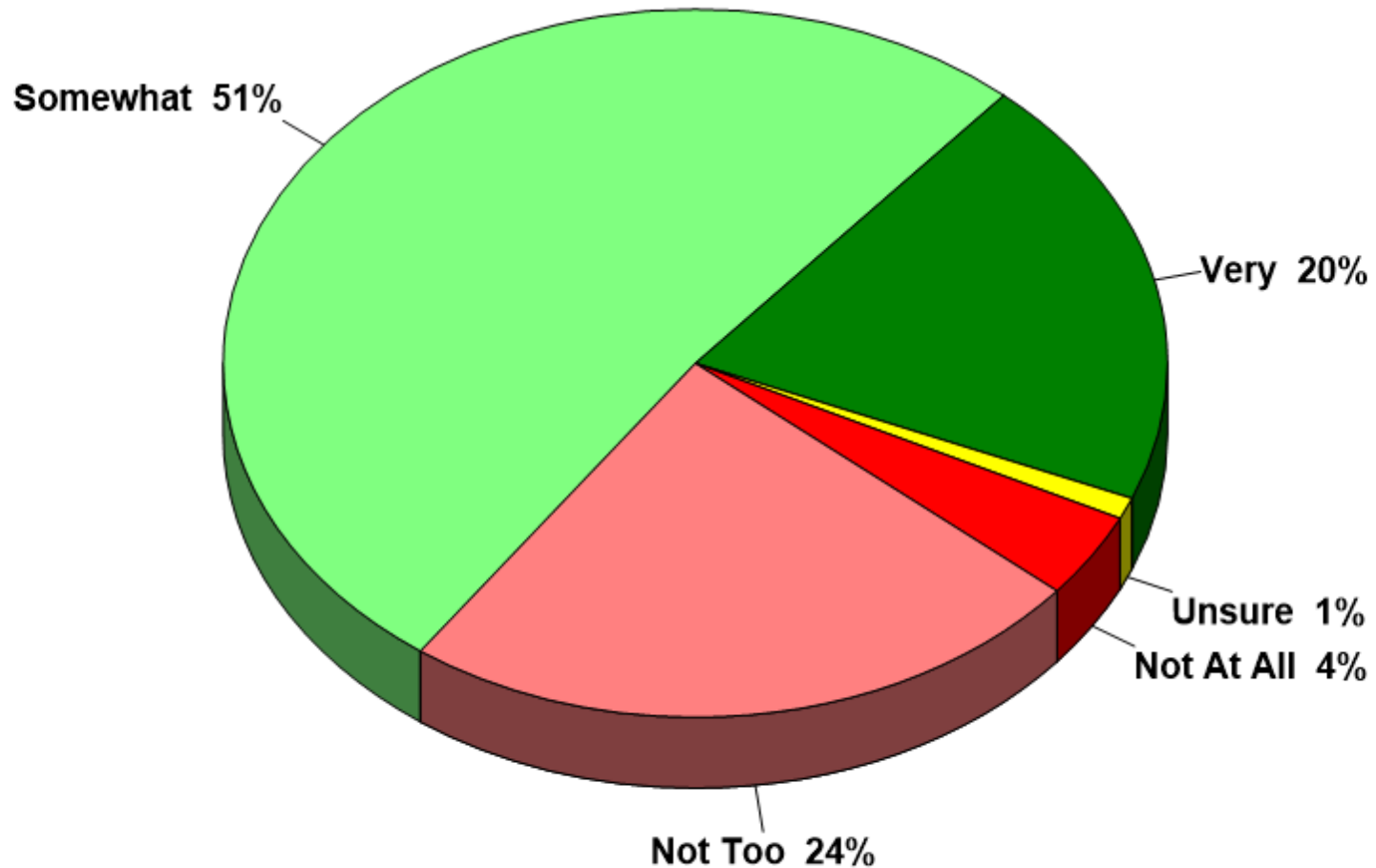
Levy Preference

2025 Waconia School District



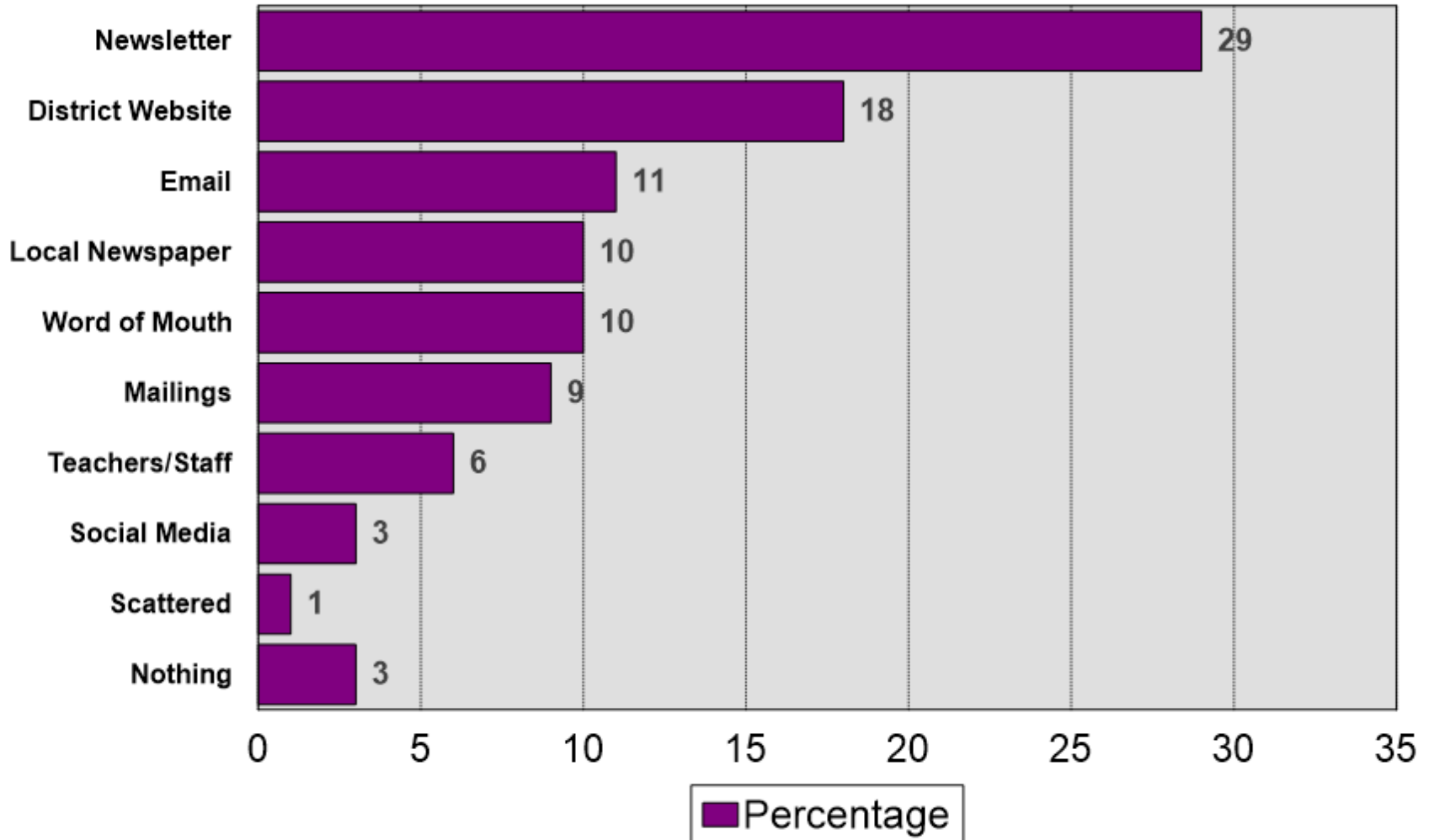
Informed about School District

2025 Waconia School District



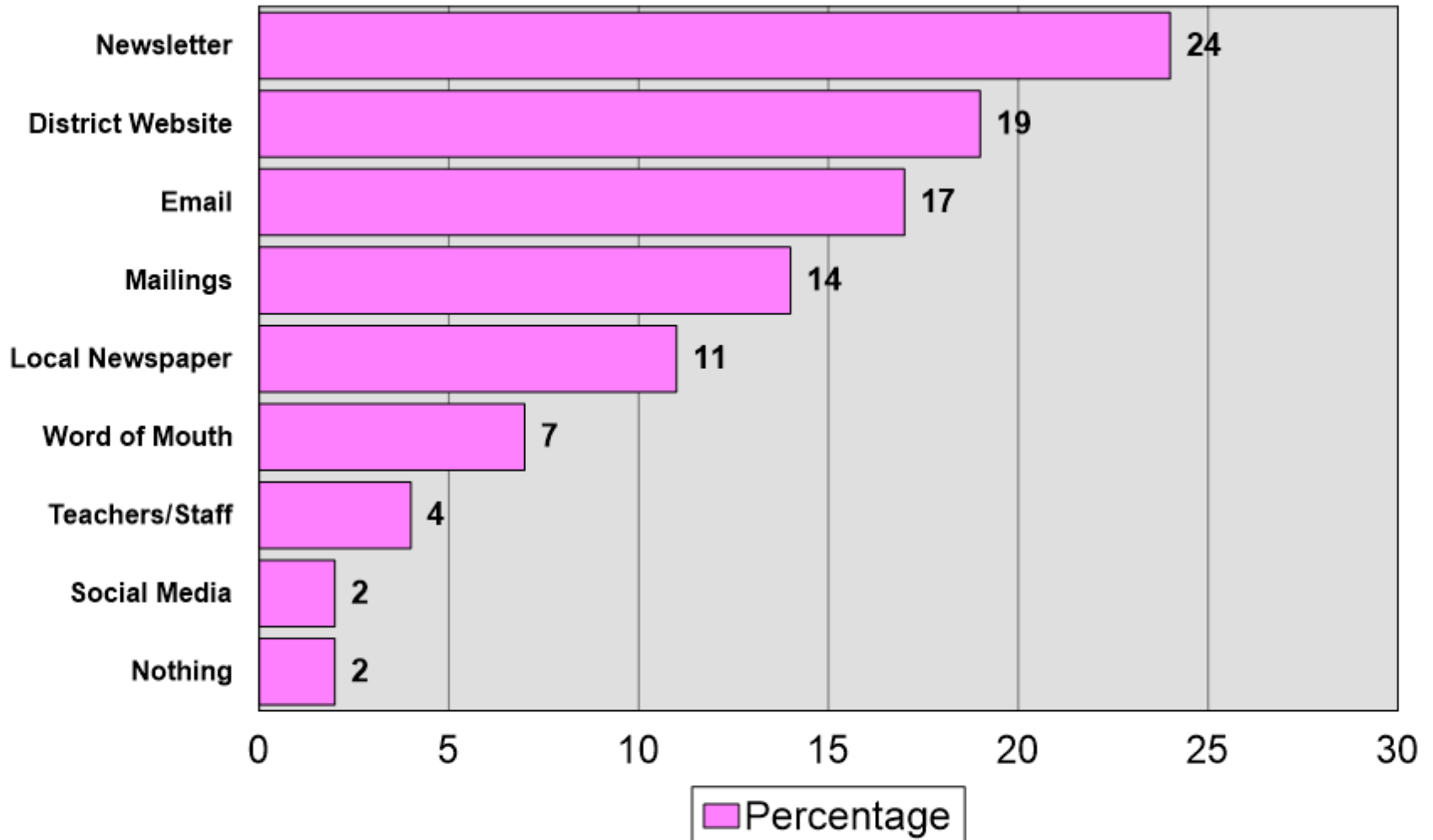
Principal Source of Information

2025 Waconia School District



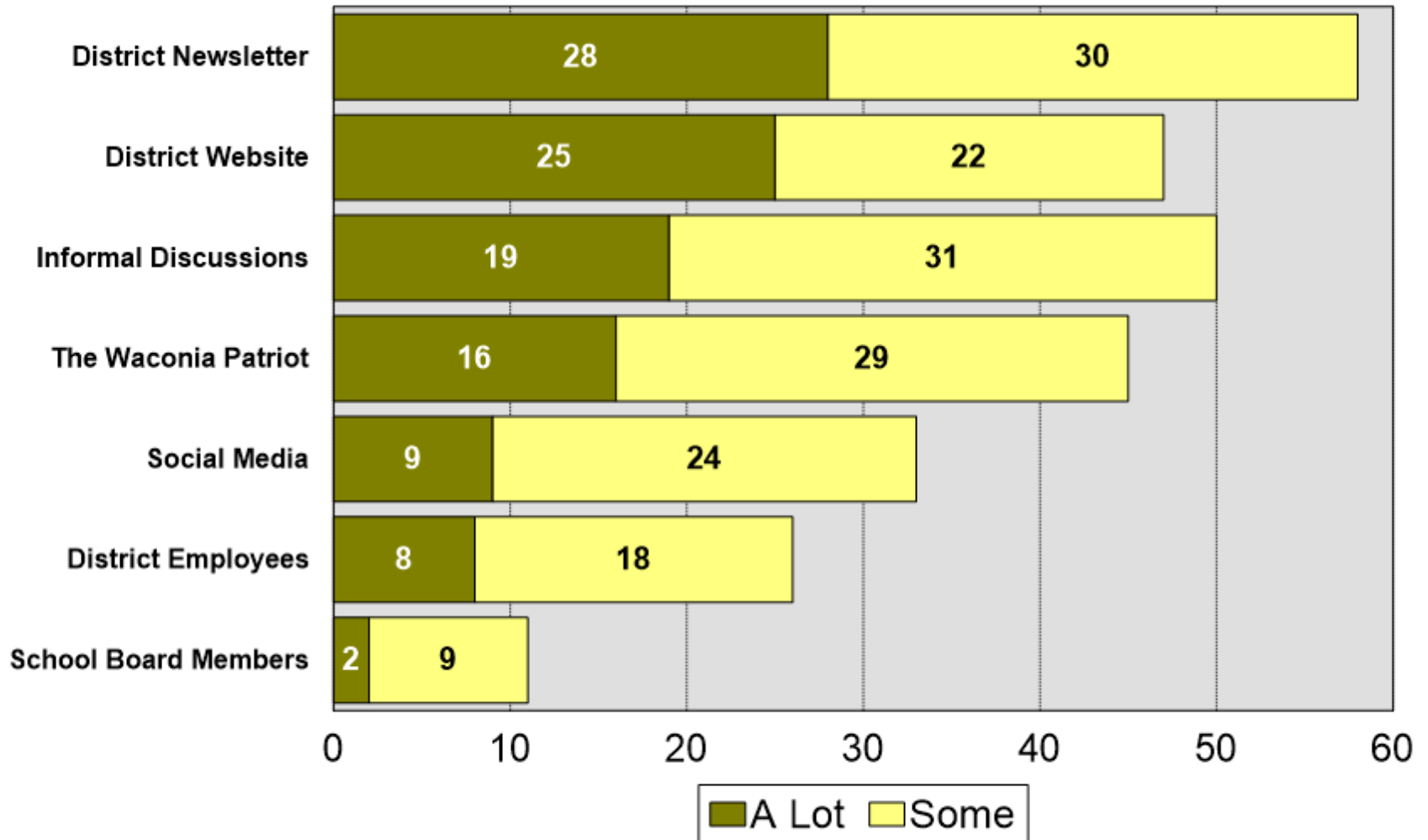
Most Effective Way

2025 Waconia School District



Information Sources

2025 Waconia School District



THE MORRIS LEATHERMAN COMPANY
3128 Dean Court
Minneapolis, Minnesota 55416

WACONIA SCHOOL DISTRICT
RESIDENTIAL SURVEY
FINAL MARCH 2025

Hello, I'm _____ of the Morris Leatherman Company, a national survey research firm located in Minneapolis. We are speaking with a random sample of residents about the Waconia School District. Even if you do not have children currently in the Waconia School District, they are interested in your opinions and suggestions. I want to assure you that all individual responses will be held strictly confidential; only summaries of the entire sample will be reported.

- | | |
|---|---------------------------|
| 1. Approximately, how many years have you lived in the Waconia School District? | FIVE YEARS OR LESS....14% |
| | SIX TO TEN YEARS.....18% |
| | 11 TO TWENTY YEARS....29% |
| | 21 TO THIRTY YEARS....22% |
| | OVER THIRTY YEARS.....17% |
| | DON'T KNOW/REFUSED.....0% |
| 2. Are you registered to vote at your current address? | YES.....97% |
| | NO.....3% |
| | DON'T KNOW/REFUSED.....0% |

As you may know about one-third of Waconia School District residents tend to vote in off-year or special elections, held in non-Presidential or non-gubernatorial election years....

- | | |
|--|---------------------------|
| 3. In past off-year and special elections, would you say you have always voted, often voted, rarely voted, or never voted? | ALWAYS VOTED.....29% |
| | OFTEN VOTED.....42% |
| | RARELY VOTED.....22% |
| | NEVER VOTED.....7% |
| | DON'T KNOW/REFUSED.....0% |

If the School District were to hold an election this November....

- | | |
|---|---------------------------|
| 4. How likely are you to vote in the upcoming November election - absolutely certain, very likely, 1/2-1/2, not too likely, or not at all likely? | ABSOLUTELY CERTAIN....27% |
| | VERY LIKELY.....37% |
| | 1/2-1/2.....19% |
| | NOT TOO LIKELY.....11% |
| | NOT AT ALL LIKELY.....5% |
| | DON'T KNOW/REFUSED.....2% |
| 5. How would you rate the quality of education provided by the Waconia School District - excellent, good, only fair, or poor? | EXCELLENT.....21% |
| | GOOD.....70% |
| | ONLY FAIR.....9% |
| | POOR.....0% |
| | DON'T KNOW/REFUSED.....0% |

- | | |
|--|---|
| 6. What do you like most about the Waconia School District? | DON'T KNOW/REFUSED.....1%
NOTHING.....3%
GOOD TEACHERS.....31%
BROAD CURRICULUM.....5%
VARIETY OF PROGRAMS...17%
EXCELLENT ACADEMICS....6%
GOOD ACADEMICS.....11%
HIGH TEST SCORES.....6%
COMMUNICATION.....4%
COMMUNITY INVOLVEMENT.10%
DIVERSITY.....3%
SCATTERED.....3% |
| 7. What do you think is the most serious issues facing the Waconia School District? | DON'T KNOW/REFUSED.....5%
NOTHING.....28%
LACK OF FUNDING.....25%
HIGH PROPERTY TAXES....9%
LACK OF DISCIPLINE.....5%
NO PARENT INVOLVEMENT..5%
DECLINING QUALITY.....3%
POOR SPENDING.....9%
SOD/STATUTORY
OPERATING DEBT.....4%
TOO POLITICAL.....2%
SCATTERED.....5% |
| 8. Do you think the overall quality of education provided by the Waconia School District is much better, somewhat better, about the same, somewhat worse, or much worse than four years ago? | MUCH BETTER.....3%
SOMEWHAT BETTER.....9%
ABOUT THE SAME.....78%
SOMEWHAT WORSE.....6%
MUCH WORSE.....1%
DON'T KNOW/REFUSED.....4% |

IF "MUCH BETTER," "SOMEWHAT BETTER," "SOMEWHAT WORSE" OR "MUCH WORSE," ASK: (N=72)

9. Why do you feel that way?

BETTER:

- OFFER VARIETY OF OPPORTUNITIES, 15%
- GREAT TEACHERS, 10%
- IN-PERSON/NOT VIRTUAL, 7%
- IMPROVING TEST SCORES, 7%
- GOOD REPUTATION, 3%
- GOOD TECHNOLOGY, 3%

WORSE:

- BUDGET CUTS, 14%
- STAFF SHORTAGE, 8%
- LARGE CLASS SIZES, 6%
- DECLINING TEST SCORES, 6%
- POOR SPENDING, 4%

SCATTERED, 9%

UNSURE, 8%

- | | | |
|-----|---|---|
| 10. | How concerned are you about students' learning loss during the pandemic - very concerned, somewhat concerned, not too concerned, or not at all concerned? | VERY CONCERNED.....9%
SOMEWHAT CONCERNED....42%
NOT TOO CONCERNED.....34%
NOT AT ALL CONCERNED..15%
DON'T KNOW/REFUSED.....1% |
| 11. | Overall, do you think the Waconia School District meets the learning needs of all students, most students, only some students, or very few students? | ALL.....57%
MOST.....35%
ONLY SOME.....6%
VERY FEW.....1%
DON'T KNOW/REFUSED.....1% |

IF "MOST," "ONLY SOME" OR "VERY FEW," ASK: (n=167)

- | | | |
|-----|--|--|
| 12. | Is there any one type of student whose learning needs you think are not being met? (IF "YES," ASK:) Who would that be? | DON'T KNOW/REFUSED....10%
STRUGGLING.....28%
AVERAGE.....21%
UNDERACHIEVERS.....16%
BIPOC.....3%
LOW INCOME.....6%
GIFTED AND TALENTED....8%
SPECIAL EDUCATION.....7%
SCATTERED.....1% |
|-----|--|--|

I would like to read you a short list of statements others have told us. For each one, please tell me whether you strongly agree, agree, disagree, or strongly disagree. If you don't know, just say so.

- | | | |
|-----|---|---|
| 13. | During the last couple of years, the Waconia School District Board and Administration have spent tax money effectively and efficiently. | STRONGLY AGREE.....8%
AGREE.....68%
DISAGREE.....20%
STRONGLY DISAGREE.....2%
DON'T KNOW/REFUSED.....2% |
| 14. | Our community receives a good value from its investment in local public schools. | STRONGLY AGREE.....16%
AGREE.....72%
DISAGREE.....9%
STRONGLY DISAGREE.....0%
DON'T KNOW/REFUSED.....3% |
| 15. | The School Board and Administration have spent past voter-approved bond and operating levy funds responsibly. | STRONGLY AGREE.....9%
AGREE.....61%
DISAGREE.....24%
STRONGLY DISAGREE.....3%
DON'T KNOW/REFUSED.....4% |
| 16. | I trust the School Board and Administration to do what is right for children in the district. | STRONGLY AGREE.....14%
AGREE.....73%
DISAGREE.....8%
STRONGLY DISAGREE.....2%
DON'T KNOW/REFUSED.....4% |

IF "DISAGREE" OR "STRONGLY DISAGREE," ASK: (n=37)

17. What could the School District do to increase your trust?

MORE HONEST, 8%; MORE COMMUNICATION, 8%; LISTEN, 5%; BETTER SPENDING, 41%; STOP DEI, 5%; HIGH TEACHER SALARIES, 5%; BACK TO BASICS, 19%; IMPROVE TEST SCORES, 5%; SCATTERED, 5%.

- | | | |
|-----|--|---|
| 18. | I am satisfied with the School District's decision-making process. | STRONGLY AGREE.....8%
AGREE.....71%
DISAGREE.....15%
STRONGLY DISAGREE.....1%
DON'T KNOW/REFUSED.....6% |
|-----|--|---|

- | | | |
|-----|--|--|
| 19. | The School Board and Administration do a good job of involving community leaders, parents, and interested citizens in decisions about the schools. | STRONGLY AGREE.....18%
AGREE.....66%
DISAGREE.....12%
STRONGLY DISAGREE.....1%
DON'T KNOW/REFUSED.....3% |
| 20. | The Waconia School District is a good investment and I would support a property tax increase to protect that investment. | STRONGLY AGREE.....10%
AGREE.....59%
DISAGREE.....19%
STRONGLY DISAGREE.....9%
DON'T KNOW/REFUSED....4% |

Moving on....

- | | | |
|-----|--|--|
| 21. | How would you rate the job performance of the School Board - excellent, good, only fair, or poor? | EXCELLENT.....9%
GOOD.....61%
ONLY FAIR.....22%
POOR.....4%
DON'T KNOW/REFUSED.....4% |
| 22. | How would you rate the job performance of the Superintendent and District Office Administration - excellent, good, only fair, or poor? | EXCELLENT.....12%
GOOD.....56%
ONLY FAIR.....27%
POOR.....3%
DON'T KNOW/REFUSED.....3% |
| 23. | And, how would you rate the job performance of teachers and instructional staff - excellent, good, only fair, or poor? | EXCELLENT.....41%
GOOD.....52%
ONLY FAIR.....6%
POOR.....1%
DON'T KNOW/REFUSED.....1% |
| 24. | How would you rate the financial management of the Waconia School District - excellent, good, only fair, or poor? | EXCELLENT.....5%
GOOD.....52%
ONLY FAIR.....38%
POOR.....5%
DON'T KNOW/REFUSED.....1% |

IF "ONLY FAIR" OR "POOR," ASK: (n=171)

25. Why did you rate financial management (only fair/poor)?
- UNSURE, 3%; POOR SPENDING, 44%; NOT HONEST, 5%; POOR COMMUNICATION, 4%; BUDGET CUTS, 11%; HIGH DEBT, 15%; LACK OF FUNDING, 9%; STAFF CUTS, 2%; HIGH TAXES, 2%; LOW TEACHER SALARIES, 2%; SCATTERED, 3%.

- | | | |
|-----|--|--|
| 26. | Do you think the Waconia School District is adequately funded? | YES.....38%
NO.....59%
DON'T KNOW/REFUSED.....3% |
| 27. | Compared to neighboring areas, do you consider total property taxes in your community to be very high, somewhat high, about average, somewhat low, or very low? | VERY HIGH.....16%
SOMEWHAT HIGH.....44%
ABOUT AVERAGE.....35%
SOMEWHAT LOW.....1%
VERY LOW.....0%
DON'T KNOW/REFUSED.....5% |
| 28. | Compared to other neighboring school districts, do you think school taxes in the Waconia School District are very high, somewhat high, about average, somewhat low, or very low? | VERY HIGH.....12%
SOMEWHAT HIGH.....37%
ABOUT AVERAGE.....43%
SOMEWHAT LOW.....2%
VERY LOW.....0%
DON'T KNOW/REFUSED.....7% |

Last year, the Waconia School District cut \$4.7 million from its operating budget.

- | | | |
|-----|--|--|
| 29. | Prior to this survey, were you aware of these budget cuts? | YES.....50%
NO.....49%
DON'T KNOW/REFUSED.....1% |
|-----|--|--|

IF "YES," ASK: (n=201)

- | | | |
|-----|--|---|
| 30. | Do you think these cuts have had a negative impact on the quality of education provided in the Waconia School District? (IF "YES," ASK:) Have they had a very or somewhat negative impact? | NO.....42%
YES/VERY NEGATIVE.....24%
YES/SOMEWHAT NEGATIVE.....29%
DON'T KNOW/REFUSED.....6% |
|-----|--|---|

IF "YES/VERY NEGATIVE" OR "YES/SOMEWHAT NEGATIVE," ASK: (n=106)

31. What do you see as the most negative impact?
- UNSURE, 13%; STAFFING REDUCTIONS, 18%; HURTS ACADEMIC QUALITY, 13%; LARGE CLASS SIZES, 9%; PROGRAM CUTS, 26%; LACK OF FUNDS FOR EQUIPMENT/SUPPLIES, 7%; LOWER TEACHER SALARIES, 7%; SCATTERED, 7%.

Continuing....

- | | | |
|-----|--|--|
| 32. | How important do you think the ability to use computers and other technology effectively and efficiently is for today's students - absolutely essential, very important, somewhat important, not too important, or not at all important? | ABSOLUTELY ESSENTIAL..28%
VERY IMPORTANT.....42%
SOMEWHAT IMPORTANT....25%
NOT TOO IMPORTANT.....5%
NOT AT ALL IMPORTANT...1%
DON'T KNOW/REFUSED.....0% |
| 33. | From what you have heard or seen, how would you rate the quality and access to technology available for students in the Waconia Public Schools - excellent, good, only fair, or poor? | EXCELLENT.....13%
GOOD.....70%
ONLY FAIR.....13%
POOR.....0%
DON'T KNOW/REFUSED.....5% |

Moving on....

- | | | |
|-----|---|---|
| 34. | Which of the following three statements best describes your feelings:
A. I would vote against almost any tax increases for the schools;
B. I would vote for a tax increase under some conditions, but against it under other conditions;
C. I would vote for almost any tax increases for the schools. | STATEMENT A.....22%
STATEMENT B.....55%
STATEMENT C.....22%
NONE OF ABOVE (VOL)....1%
DON'T KNOW/REFUSED.....0% |
|-----|---|---|

As you may know, voter-approved operating levies are used to fund a school district's curriculum and program needs, salaries, class sizes and support staff.

The Waconia School District may also ask voters to increase the operating levy to provide additional funding for the schools.

- | | | |
|-----|--|--|
| 35. | How much would you be willing to pay in additional property taxes in order to fund an operating levy proposal? [SELECT RANDOM STARTING POINT; MOVE UP OR DOWN DEPENDING ON ANSWER] How about _____? [REPEAT] | NOTHING.....32%
\$10 A MONTH.....30%
\$20 A MONTH.....21%
\$30 A MONTH.....8%
\$40 A MONTH.....4%
\$50 A MONTH.....1%
\$60 A MONTH.....0%
OVER \$60 A MONTH.....0%
DON'T KNOW/REFUSED.....4% |
|-----|--|--|

For each of the following, please tell me if you would strongly support a property tax increase for that purpose, somewhat sup-

port, somewhat oppose, or strongly oppose a property tax increase for that purpose. (ROTATE)

	STS	SMS	SMO	STO	DKR
36. Increasing wages and benefits to retain and attract quality teachers and staff?	45%	35%	15%	5%	1%
37. Maintain class sizes at their current level?	43%	32%	15%	9%	2%
38. Maintain education programs?	51%	31%	13%	5%	1%
39. Provide financial stability to avoid future budget cuts?	44%	30%	18%	7%	2%
40. Reduce elementary school class sizes for art, music, and physical education?	36%	32%	21%	11%	1%

Suppose the School District proposed an additional \$3 million operating levy for ten years. If additional funds were approved, they would be used to fund some of the improvements mentioned in the previous questions.

If voters approved this operating levy, the owner of a \$300,000 home would see a monthly property tax increase of about \$19 or \$225 per year for twenty years, while the owner of \$500,000 home would see a monthly property tax increase of about \$31 or \$375 per year.

41. If the election were today, would you support or oppose this operating levy? (WAIT FOR RESPONSE) Do you feel strongly that way?	STRONGLY SUPPORT.....	13%
	SUPPORT.....	52%
	OPPOSE.....	25%
	STRONGLY OPPOSE.....	8%
	DON'T KNOW/REFUSED.....	2%

IF A POSITION IS GIVEN (#1-#4), ASK: (n=393)

42. Could you tell me one or two reasons for your decision?	DON'T KNOW/REFUSED.....	1%
	EDUCATION IMPORTANT...	38%
	NEEDED.....	7%
	COST IS REASONABLE.....	7%
	TAXES TOO HIGH.....	9%
	COST IS TOO HIGH.....	4%
	NOT NEEDED.....	2%
	POOR SPENDING.....	11%
	CHILDREN IN DISTRICT..	15%
	NO CHILDREN IN SD.....	5%
SCATTERED.....	1%	

Most suburban school districts have technology levies in place that provide a dedicated source of funding each year for

technology opportunities, equipment and access. The Waconia School District does not have a technology levy.

Instead of an operating levy, the School Board could also ask voters to provide additional funding for technology, which currently comes out of the District's operating budget.

43.	How much would you be willing to pay in additional property taxes in order to fund an increase for technology? [SELECT RANDOM STARTING POINT; MOVE UP OR DOWN DEPENDING ON ANSWER] How about \$___ a month? [REPEAT]	NOTHING.....37%
		\$7 A MONTH.....29%
		\$14 A MONTH.....17%
		\$21 A MONTH.....8%
		\$28 A MONTH.....3%
		\$35 A MONTH.....1%
		\$42 A MONTH.....0%
		OVER \$42 A MONTH.....1%
		DON'T KNOW/REFUSED.....5%

For each of the following, please tell me if you would strongly support a property tax increase for that purpose, somewhat support, somewhat oppose, or strongly oppose a property tax increase for that purpose. (ROTATE)

	STS	SMS	SMO	STO	DKR
44. Enhancing safety and security at district schools, including cameras and secured entrances?	45%	31%	15%	8%	2%
45. Updating instructional technology, such as smartboards and chrome books?	31%	30%	22%	16%	1%
46. Improving cybersecurity and data privacy?	32%	35%	22%	10%	2%
47. Replacing outdated staff technology, such as laptops?	27%	31%	19%	21%	2%
48. Maintaining networks and other technology infrastructure, such wi-fi, servers, routers and wiring?	31%	35%	18%	14%	2%

Suppose the School District asked residents to approve a capital projects levy for technology and curriculum for \$3 million dollars over the next ten years. If additional funds were approved, they would be used to fund some of the improvements mentioned in the previous questions.

If successful, the owner of a \$300,000 home would see a property tax increase of about \$15 per month or \$181 per year, while the owner of a \$500,000 home would see a property tax increase of about \$27 per month or \$324 per year.

49.	If the election were today, would you support or oppose this technology levy? (WAIT FOR RESPONSE) Do you feel strongly that way?	STRONGLY SUPPORT.....6% SUPPORT.....50% OPPOSE.....32% STRONGLY OPPOSE.....10% DON'T KNOW/REFUSED.....2%
-----	--	--

IF A POSITION IS GIVEN (#1-#4), ASK: (n=393)

50.	Could you tell me one or two reasons for your decision?	DON'T KNOW/REFUSED.....0% EDUCATION IMPORTANT...23% NEEDED.....6% COST IS REASONABLE....15% TAXES TOO HIGH.....8% COST IS TOO HIGH.....6% NOT NEEDED.....7% POOR SPENDING.....12% CHILDREN IN DISTRICT..13% NO CHILDREN IN SD.....8% SCATTERED.....2%
-----	---	---

After hearing about a potential operating levy and technology levy....

51.	Which statement comes closest to your opinion: A) The District should ask voters to approve an operating levy; B) The District should ask voters to approve a technology levy; OR C) The District should ask voters to approve both levies.	STATEMENT A.....20% STATEMENT B.....7% STATEMENT C.....49% DO NOTHING (VOL.).....21% DON'T KNOW/REFUSED.....3%
-----	--	--

Changing topics....

52.	In general, how informed do you feel about decisions made by the School Board and Administration - very informed, somewhat informed, not too informed, or not at all informed?	VERY INFORMED.....20% SOMEWHAT INFORMED.....52% NOT TOO INFORMED.....24% NOT AT ALL INFORMED...4% DON'T KNOW/REFUSED.....1%
-----	--	---

53. What is your principal source of information about the Waconia School District and its activities?
- | | |
|-------------------------|-----|
| DON'T KNOW/REFUSED..... | 0% |
| NOTHING..... | 3% |
| DISTRICT NEWSLETTER... | 29% |
| EMAIL..... | 11% |
| DISTRICT WEBSITE..... | 18% |
| TEACHERS/STAFF..... | 6% |
| MAILINGS..... | 9% |
| LOCAL NEWSPAPER..... | 10% |
| WORD OF MOUTH..... | 10% |
| SOCIAL MEDIA..... | 3% |
| SCATTERED..... | 1% |
54. How would you prefer to receive information about the Waconia School District and its activities?
- | | |
|-------------------------|-----|
| DON'T KNOW/REFUSED..... | 0% |
| NOTHING..... | 2% |
| DISTRICT NEWSLETTER... | 24% |
| EMAIL..... | 17% |
| DISTRICT WEBSITE..... | 19% |
| TEACHERS/STAFF..... | 4% |
| MAILINGS..... | 14% |
| LOCAL NEWSPAPER..... | 11% |
| WORD OF MOUTH..... | 7% |
| SOCIAL MEDIA..... | 2% |

I would like to read you a number of sources of information about the Waconia School District. For each one, please tell me if you receive a lot of your information about the school district from that source, some information, a little information, or none at all? (ROTATE LIST)

	ALT	SOM	LIT	NAA	DKR
55. "The Patriot" newspaper?	16%	29%	24%	31%	0%
56. School District newsletter?	28%	30%	19%	24%	0%
57. School District employees?	8%	18%	20%	54%	1%
58. School District website?	25%	22%	16%	37%	0%
59. Social media, such as Facebook or Twitter?	9%	24%	25%	42%	0%
60. School Board members?	2%	9%	19%	70%	1%
61. Informal discussions with neighbors or friends?	19%	31%	29%	21%	0%

Now, just a few more questions for demographic purposes....

62. Which of the following ranges contains your age? Please stop me when I reach the correct one.	18-24.....	6%
	25-34.....	13%
	35-44.....	21%
	45-54.....	20%
	55-64.....	19%
	65 AND OVER.....	21%
	REFUSED.....	0%

63.	Does your household contain any preschoolers or infants?	YES.....13% NO.....87% DON'T KNOW/REFUSED.....0%
64.	Are there school-aged children in your household (IF "YES," ASK:) Do they attend Waconia Public Schools, public schools in other districts, parochial or private schools, charter schools, or homeschool?	NO.....61% YES/WACONIA SD.....35% YES/OTHER PUBLIC.....1% YES/PAROCHIAL/PRIVATE..3% YES/CHARTER.....0% YES/HOMESCHOOL.....0% YES/COMBINATION.....0% DON'T KNOW/REFUSED.....0%
65.	What is the highest level of formal education you completed?	LESS THAN HS GRAD.....3% HIGH SCHOOL GRAD.....23% VO-TECH SCH/TCH COLL..10% SOME COLLEGE.....20% COLLEGE GRADUATE.....39% POST-GRADUATE.....5% REFUSED.....0%
66.	Do you own or rent your present residence? (IF "OWN," ASK:) Which of the following categories contains the approximate value of your residential property - under \$400,000, \$400,000-\$500,000, \$500,001-\$600,000, or over \$600,000?	RENT.....16% OWN/UNDER \$400,000....32% OWN/\$400K-\$500K.....31% OWN/\$500K-\$600K.....10% OWN/OVER \$600K.....8% OWN/UNSURE.....3% REFUSED.....0%
67.	Finally, thinking about your household finances, how would you describe your financial situation, would you say that - A) Your monthly expenses are exceeding your income; B) You are meeting your monthly expenses but are putting aside little or no savings; C) You are managing comfortably while putting some money aside; D) Managing very well?	STATEMENT A.....2% STATEMENT B.....43% STATEMENT C.....42% STATEMENT D.....12% DON'T KNOW/REFUSED.....2%
68.	Gender	MALE.....49% FEMALE.....51%

69. Region of School District.

WACONIA.....62%
MINNETRISTA.....9%
SAINT BONIFACIUS.....10%
REST.....20%

2. **Employee Health Insurance Bids**



Insurance Information Sheet

Insurance Committee Goal

To collaboratively work together to ensure the district’s insurance benefits meet the diverse needs of all the employees of Waconia Public Schools.

Insurance Committee Timeline

December 2024: Announced that Waconia would be going out for bid

Jan. 29: Bid opening for initial bids

Feb. 2025: Requested best and final offers

March 4: Bid opening for best and final offers

March 27: Insurance committee straw poll indicated 11–2 majority to recommend Medica plan, with one member abstaining and wanting more information

April 14: Presentation at School Board Work Session

Attached PDF Table of Contents

- BC/BS Best and Final Offer – **Page 2**
- Medica Best and Final Offer – **Page 3**
- BC/BS Rates – **Page 4**
- Medica Rates – **Page 5**
- Rates as % of Salary – **Page 6**
- Network Provider Report for Medical – **Pages 7–9**
- Network Provider Report for Prescriptions – **Pages 10–12**
- BC/BS and Medica Cover Sheets – **Pages 13–15**
- Current Plan Design Differences – **Pages 16–19**
- Coverage Variations BC/BS to Medica – **Pages 20–26**

Two “Best & Final” Offers



Change to Premiums

Year 1: 18.9% **increase** (+\$1,629 million)
Year 2: No cap on potential increase

Example 1

\$20 Copay Family Plan
Rate Comparison from 24–25 to → 25–26
Monthly Premium: \$2,608 → \$3,089
District Contribution: \$1,624 → \$1,787
Employee Share: \$983 → \$1,302

Example 2

\$500 Deductible Single Plan
Rate Comparison from 24–25 → 25–26
Monthly Premium: \$805 → \$958
District Contribution: \$843 → \$928
Employee Share: –\$38 → \$30

Example 3

\$500 Deductible Family Plan
Rate Comparison from 24–25 → 25–26
Monthly Premium: \$2,271 → \$2,703
District Contribution: \$1,624 → \$1,787
Employee Share: \$647 → \$916

***All amounts are rounded monthly rates**



Change to Premiums

Year 1: 1.9% **decrease** (–\$165,665)
Year 2: 15% rate cap increase

Example 1

\$20 Copay Family Plan
Rate Comparison from 24–25 → 25–26
Monthly Premium: \$2,608 → \$2,557
District Contribution: \$1,624 → \$1,787
Employee Share: \$983 → \$770

Example 2

\$500 Deductible Single Plan
Rate Comparison from 24–25 → 25–26
Monthly Premium: \$805 → \$789
District Contribution: \$843 → \$928
Employee Share: –\$38 → –\$139

Example 3

\$500 Deductible Family Plan
Rate Comparison from 24–25 → 25–26
Monthly Premium: \$2,271 → \$2,227
District Contribution: \$1,624 → \$1,787
Employee Share: \$647 → \$440

Will my provider be in-network with Medica?

The following “disruption report” is based on claims made by employees from June 2023 through November 2024.



99.78% of providers used in the above timeframe would remain in-network for 2025–26. 0.22% of providers would become out of network.



98.63% of providers used in the above timeframe would remain in-network for 2025–26. 1.37% of providers would become out of network.

Most commonly used providers that would become out of network with Medica:

- Soltis Family Chiropractic
- Omada Health, Inc.
- Movewell Chiropractic & Wellness



Monthly Update: Medical Claims as of December 2024; Dental Claims as of February 2025

Waconia ISD #110



Fully Insured Medical Renewal				Current BCBS			Renewal BAFO BCBS		
Plan Design				\$1750 PPO	\$500 PPO	\$0 PPO, \$20 Copay	\$1750 PPO	\$500 PPO	\$0 PPO, \$20 Copay
Network				Aware	Aware	Aware	Aware	Aware	Aware
Benefits				In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Calendar Year									
Employee Only				\$1,750	\$500	\$0	\$1,750	\$500	\$0
Employee + 1				\$3,500	\$1,000	\$0	\$3,500	\$1,000	\$0
Family				\$3,500	\$1,000	\$0	\$3,500	\$1,000	\$0
Out Of Pocket Maximum									
Employee Only				\$3,000	\$750	\$750	\$3,000	\$750	\$750
Employee + 1				\$6,000	\$1,500	\$1,500	\$6,000	\$1,500	\$1,500
Family				\$6,000	\$1,500	\$1,500	\$6,000	\$1,500	\$1,500
Hospital Services									
Inpatient Hospital				80% after Ded. Deductible	80% after Ded. Deductible	No Charge	80% after Ded. Deductible	80% after Ded. Deductible	No Charge
Outpatient Hospital				80% after Ded. Deductible	80% after Ded. Deductible	No Charge	80% after Ded. Deductible	80% after Ded. Deductible	No Charge
Emergency Room				80% after Ded. Deductible	80% after Ded. Deductible	\$40 Copay	80% after Ded. Deductible	80% after Ded. Deductible	\$40 Copay
Ambulance				80% after Ded. Deductible	80% after Ded. Deductible	No Charge	80% after Ded. Deductible	80% after Ded. Deductible	No Charge
Urgent Care				80% after Ded. Deductible	80% after Ded. Deductible	\$20 Copay	80% after Ded. Deductible	80% after Ded. Deductible	\$20 Copay
Routine Services									
Office Visit				80% after Ded. Deductible	80% after Ded. Deductible	\$20 Copay	80% after Ded. Deductible	80% after Ded. Deductible	\$20 Copay
Retail Clinics				80% after Ded. Deductible	80% after Ded. Deductible	No Charge	80% after Ded. Deductible	80% after Ded. Deductible	No Charge
Preventive Care				No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Prescription Drugs									
RX Out-of-Pocket Limit									
Employee Only				N/A	\$300	\$300	N/A	\$300	\$300
Family				N/A	\$500	\$500	N/A	\$500	\$500
Generic (Preferred / Nonpreferred)				\$20 / \$50 Copay	\$15 / \$40 Copay	\$15 / \$40 Copay	\$20 / \$50 Copay	\$15 / \$40 Copay	\$15 / \$40 Copay
Preferred/Formulary Brand				\$35 Copay	\$25 Copay	\$25 Copay	\$35 Copay	\$25 Copay	\$25 Copay
Non-Preferred/Non-Formulary Brand				\$50 Copay	\$40 Copay	\$40 Copay	\$50 Copay	\$40 Copay	\$40 Copay
Specialty				Up to \$50 Copay	Up to \$40 Copay	Up to \$40 Copay	Up to \$50 Copay	Up to \$40 Copay	Up to \$40 Copay
Rates & Counts									
Guarantees Or Caps									
	\$1750 PPO	\$500 PPO	\$0 PPO, \$20 Copay						
Subscriber	16	106	90	\$681.43	\$804.65	\$924.26	\$815.02	\$957.83	\$1,094.83
Sub +1	11	17	18	\$1,585.84	\$1,872.59	\$2,150.95	\$1,896.73	\$2,229.06	\$2,547.91
Family	32	113	51	\$1,922.81	\$2,270.50	\$2,608.00	\$2,299.76	\$2,702.72	\$3,089.32
Estimated Monthly Premium				\$89,877.04	\$373,693.43	\$254,908.50	\$107,496.67	\$444,831.36	\$301,952.40
Estimated Annual Premium				\$1,078,524.48	\$4,484,321.16	\$3,058,902.00	\$1,289,960.04	\$5,337,976.32	\$3,623,428.80
Total Annual Premium				\$8,621,747.64			\$10,251,365.16		
Percentage Change From Current							18.90%		
Annual Dollar Change From Current							\$1,629,617.52		
Percentage change by plan							19.60%	19.04%	18.45%

Fully Insured Medical Renewal				Current BCBS			Renewal Option BAFO Medica		
Plan Design				\$1750 PPO	\$500 PPO	\$0 PPO, \$20 Copay	\$1750 PPO	\$500 PPO	\$0 PPO, \$20 Copay
Network				Aware	Aware	Aware	Passport	Passport	Passport
Benefits				In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Calendar Year									
Employee Only				\$1,750	\$500	\$0	\$1,750	\$500	\$0
Employee + 1				\$3,500	\$1,000	\$0	\$3,500	\$1,000	\$0
Family				\$3,500	\$1,000	\$0	\$3,500	\$1,000	\$0
Out Of Pocket Maximum									
Employee Only				\$3,000	\$750	\$750	\$3,000	\$750	\$750
Employee + 1				\$6,000	\$1,500	\$1,500	\$6,000	\$1,500	\$1,500
Family				\$6,000	\$1,500	\$1,500	\$6,000	\$1,500	\$1,500
Hospital Services									
Inpatient Hospital				80% after Ded. Deductible	80% after Ded. Deductible	No Charge	80% after Ded. Deductible	80% after Ded. Deductible	No Charge
Outpatient Hospital				80% after Ded. Deductible	80% after Ded. Deductible	No Charge	80% after Ded. Deductible	80% after Ded. Deductible	\$20 Copay
Emergency Room				80% after Ded. Deductible	80% after Ded. Deductible	\$40 Copay	80% after Ded. Deductible	80% after Ded. Deductible	No Charge
Ambulance				80% after Ded. Deductible	80% after Ded. Deductible	No Charge	80% after Ded. Deductible	80% after Ded. Deductible	No Charge
Urgent Care				80% after Ded. Deductible	80% after Ded. Deductible	\$20 Copay	80% after Ded. Deductible	80% after Ded. Deductible	\$20 Copay
Routine Services									
Office Visit				80% after Ded. Deductible	80% after Ded. Deductible	\$20 Copay	80% after Ded. Deductible	80% after Ded. Deductible	\$20 Copay
Retail Clinics				80% after Ded. Deductible	80% after Ded. Deductible	No Charge	80% after Ded. Deductible	80% after Ded. Deductible	\$5 Copay
Preventive Care				No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Prescription Drugs									
RX Out-of-Pocket Limit									
Employee Only				N/A	\$300	\$300	N/A	\$300	\$300
Family				N/A	\$500	\$500	N/A	\$500	\$500
Generic (Preferred / Nonpreferred)				\$20 / \$50 Copay	\$15 / \$40 Copay	\$15 / \$40 Copay	\$20 Copay	\$15 Copay	\$15 Copay
Preferred/Formulary Brand				\$35 Copay	\$25 Copay	\$25 Copay	\$35 Copay	\$25 Copay	\$25 Copay
Non-Preferred/Non-Formulary Brand				\$50 Copay	\$40 Copay	\$40 Copay	\$50 Copay	\$40 Copay	\$40 Copay
Specialty				Up to \$50 Copay	Up to \$40 Copay	Up to \$40 Copay	Preferred: \$35 / Non-preferred: \$50	Preferred: \$25 / Non-preferred: \$40	Preferred: \$25 / Non-preferred: \$40
Rates & Counts									
Guarantees Or Caps							15% Rate Cap		
	\$1750 PPO	\$500 PPO	\$0 PPO, \$20 Copay						
Subscriber	16	105	91	\$681.43	\$804.65	\$924.26	\$668.31	\$789.15	\$906.46
Sub +1	11	17	17	\$1,585.84	\$1,872.59	\$2,150.95	\$1,555.29	\$1,836.53	\$2,109.53
Family	32	112	52	\$1,922.81	\$2,270.50	\$2,608.00	\$1,885.77	\$2,226.77	\$2,557.77
Estimated Monthly Premium				\$89,877.04	\$370,618.28	\$256,289.81	\$88,145.79	\$363,480.00	\$251,353.91
Estimated Annual Premium				\$1,078,524.48	\$4,447,419.36	\$3,075,477.72	\$1,057,749.48	\$4,361,760.00	\$3,016,246.92
Total Annual Premium				\$8,601,421.56			\$8,435,756.40		
Percentage Change From Current							-1.93%		
Annual Dollar Change From Current							(\$165,665.16)		
Percentage change by plan							-1.93%	-1.93%	-1.93%

Rate Illustrations (Blue Cross)

BCBS	Tier	Current			Blue Cross 25-26			Blue Cross 26-27 (15%)			Blue Cross 26-27 (25%)		
		Monthly Premium	Employee Share	Employer Share	Premium	Employee Share	Employer Share	Premium	Employee Share	Employer Share	Premium	Employee Share	Employer Share
\$20 copay	Employee	\$ 924.26	\$ 80.42	\$ 843.84	\$ 1,094.83	\$ 166.61	\$ 928.22	\$ 1,259.05	\$ 238.01	\$ 1,021.04	\$ 1,368.54	\$ 347.50	\$ 1,021.04
	Employee +1	\$ 2,150.95	\$ 846.45	\$ 1,304.50	\$ 2,547.91	\$ 1,112.95	\$ 1,434.96	\$ 2,930.10	\$ 1,351.64	\$ 1,578.46	\$ 3,184.89	\$ 1,606.43	\$ 1,578.46
	Family	\$ 2,608.00	\$ 983.42	\$ 1,624.58	\$ 3,089.32	\$ 1,302.28	\$ 1,787.04	\$ 3,552.72	\$ 1,586.98	\$ 1,965.74	\$ 3,861.65	\$ 1,895.91	\$ 1,965.74
\$500 Deductible	Employee	\$ 804.65	\$ -	\$ 843.84	\$ 957.83	\$ 29.61	\$ 928.22	\$ 1,101.50	\$ 80.46	\$ 1,021.04	\$ 1,197.29	\$ 176.25	\$ 1,021.04
	Employee +1	\$ 1,872.59	\$ 568.09	\$ 1,304.50	\$ 2,229.06	\$ 794.10	\$ 1,434.96	\$ 2,563.42	\$ 984.96	\$ 1,578.46	\$ 2,786.33	\$ 1,207.87	\$ 1,578.46
	Family	\$ 2,270.50	\$ 645.92	\$ 1,624.58	\$ 2,702.72	\$ 915.68	\$ 1,787.04	\$ 3,108.13	\$ 1,142.39	\$ 1,965.74	\$ 3,378.40	\$ 1,412.66	\$ 1,965.74
\$1700 Deductible	Employee	\$ 681.43	\$ -	\$ 843.84	\$ 815.02	\$ -	\$ 928.22	\$ 937.27	\$ -	\$ 1,021.04	\$ 1,018.78	\$ -	\$ 1,021.04
	Employee +1	\$ 1,585.84	\$ 281.34	\$ 1,304.50	\$ 1,896.73	\$ 461.77	\$ 1,434.96	\$ 2,181.24	\$ 602.78	\$ 1,578.46	\$ 2,370.91	\$ 792.45	\$ 1,578.46
	Family	\$ 1,922.81	\$ 298.23	\$ 1,624.58	\$ 2,299.76	\$ 512.72	\$ 1,787.04	\$ 2,644.72	\$ 678.98	\$ 1,965.74	\$ 2,874.70	\$ 908.96	\$ 1,965.74
			Annual Employee Share			Annual Employee Share			Annual Employee Share			Annual Employee Share	
\$20 copay	Employee		\$ 965.04			\$ 1,999.32			\$ 2,856.17			\$ 4,169.97	
	Employee +1		\$ 10,157.40			\$ 13,355.40			\$ 16,219.64			\$ 19,277.13	
	Family		\$ 11,801.04			\$ 15,627.36			\$ 19,043.74			\$ 22,750.92	
\$500 Deductible	Employee		\$ -			\$ 355.32			\$ 965.52			\$ 2,115.00	
	Employee +1		\$ 6,817.08			\$ 9,529.20			\$ 11,819.51			\$ 14,494.38	
	Family		\$ 7,751.04			\$ 10,988.16			\$ 13,708.66			\$ 16,951.92	
\$1700 Deductible	Employee		\$ -			\$ -			\$ -			\$ -	
	Employee +1		\$ 3,376.08			\$ 5,541.24			\$ 7,233.35			\$ 9,509.43	
	Family		\$ 3,578.76			\$ 6,152.64			\$ 8,147.81			\$ 10,907.52	

Rate Illustrations (Medica)

Medica	Tier	Current			Medica 25-26			Medica 26-27		
		Premium	Employee Share	Employer Share	Premium	Employee Share	Employer Share	Premium	Employee Share	Employer Share
\$20 copay	Employee	\$ 924.26	\$ 80.42	\$ 843.84	\$ 906.46	\$ -	\$ 928.22	\$ 1,042.43	\$ 21.39	\$ 1,021.04
	Employee +1	\$ 2,150.95	\$ 846.45	\$ 1,304.50	\$ 2,109.53	\$ 674.57	\$ 1,434.96	\$ 2,425.96	\$ 847.50	\$ 1,578.46
	Family	\$ 2,608.00	\$ 983.42	\$ 1,624.58	\$ 2,557.77	\$ 770.73	\$ 1,787.04	\$ 2,941.44	\$ 975.70	\$ 1,965.74
\$500 Deductible	Employee	\$ 804.65	\$ -	\$ 843.84	\$ 789.15	\$ -	\$ 928.22	\$ 907.52	\$ -	\$ 1,021.04
	Employee +1	\$ 1,872.59	\$ 568.09	\$ 1,304.50	\$ 1,836.53	\$ 401.57	\$ 1,434.96	\$ 2,112.01	\$ 533.55	\$ 1,578.46
	Family	\$ 2,270.50	\$ 645.92	\$ 1,624.58	\$ 2,226.77	\$ 439.73	\$ 1,787.04	\$ 2,560.79	\$ 595.05	\$ 1,965.74
\$1700 Deductible	Employee	\$ 681.43	\$ -	\$ 843.84	\$ 668.31	\$ -	\$ 928.22	\$ 768.56	\$ -	\$ 1,021.04
	Employee +1	\$ 1,585.84	\$ 281.34	\$ 1,304.50	\$ 1,555.29	\$ 120.33	\$ 1,434.96	\$ 1,788.58	\$ 210.12	\$ 1,578.46
	Family	\$ 1,922.81	\$ 298.23	\$ 1,624.58	\$ 1,885.77	\$ 98.73	\$ 1,787.04	\$ 2,168.64	\$ 202.90	\$ 1,965.74
			Annual Employee Share			Annual Employee Share			Annual Employee Share	
\$20 copay	Employee		\$ 965.04			\$ -			\$ 256.67	
	Employee +1		\$ 10,157.40			\$ 8,094.84			\$ 10,169.99	
	Family		\$ 11,801.04			\$ 9,248.76			\$ 11,708.35	
\$500 Deductible	Employee		\$ -			\$ -			\$ -	
	Employee +1		\$ 6,817.08			\$ 4,818.84			\$ 6,402.59	
	Family		\$ 7,751.04			\$ 5,276.76			\$ 7,140.55	
\$1700 Deductible	Employee		\$ -			\$ -			\$ -	
	Employee +1		\$ 3,376.08			\$ 1,443.96			\$ 2,521.48	
	Family		\$ 3,578.76			\$ 1,184.76			\$ 2,434.75	

Rate Illustrations (% of salary)

Avg Teacher Salary	2025-26	\$ 75,339					
	2026-27	\$ 80,521					
Avg ESP Salary	2025-26	\$ 23,853					
	2026-27	\$ 25,059					
Teachers		BCBS			Medica		
	Tier	2025-26	2026-27 (15%)	2026-27 (25%)	2025-26	2026-27	
\$20 copay	Employee	2.65%	3.55%	5.18%	0.00%	0.32%	
	Employee +1	17.73%	20.14%	23.94%	10.74%	12.63%	
	Family	20.74%	23.65%	28.25%	12.28%	14.54%	
\$500 Deductible	Employee	0.00%	0.00%	0.00%	0.00%	0.00%	
	Employee +1	12.65%	14.68%	18.00%	6.40%	7.95%	
	Family	14.58%	17.02%	21.05%	7.00%	8.87%	
\$1700 Deductible	Employee	0.00%	0.00%	0.00%	0.00%	0.00%	
	Employee +1	7.36%	8.98%	11.81%	1.92%	3.13%	
	Family	8.17%	10.12%	13.55%	1.57%	3.02%	
ESP		BCBS			Medica		
	Tier	2025-26	2026-27 (15%)	2026-27 (25%)	2025-26	2026-27	
\$20 copay	Employee	8.38%	11.97%	16.64%	0.00%	1.02%	
	Employee +1	55.99%	68.00%	76.93%	33.94%	40.58%	
	Family	65.51%	79.84%	90.79%	38.77%	46.72%	
\$500 Deductible	Employee	0.00%	0.00%	0.00%	0.00%	0.00%	
	Employee +1	39.95%	49.55%	57.84%	20.20%	25.55%	
	Family	46.07%	57.47%	67.65%	22.12%	28.49%	
\$1700 Deductible	Employee	0.00%	0.00%	0.00%	0.00%	0.00%	
	Employee +1	23.23%	30.32%	37.95%	6.05%	10.06%	
	Family	25.79%	34.16%	43.53%	4.97%	9.72%	

BCBS to Medica Disruption Report – 12 months

Incurred 6/2023 - 11/2024, paid 12/2023 - 11/2024

From BCBS to Medica Paid Claims			
	INN Medica	OON Medica	Total
INN BCBS	\$6,556,510	\$78,989	\$6,635,499
OON BCBS	\$2,824	\$11,864	\$14,688
Total	\$6,559,334	\$90,853	\$6,650,187

Plan Paid Claims - BCBS		
INN BCBS	\$6,635,499	99.78%
OON BCBS	\$14,688	0.22%
Total	\$6,650,187	

Plan Paid Claims - Medica		
INN Medica	\$6,559,334	98.63%
OON Medica	\$90,853	1.37%
Total	\$6,650,187	

Providers not considered in the Disruption			
	Plan Paid	BCBS	Medica
Not considered	\$8,618	In \$94.24 / Out \$8,523.48	NC
Total	\$8,618		

In Network at BCBS / Out of Network at Medica

Provider Name	Place of Service	Speciality	Nbr of Claimants	Nbr of Claims	Nbr of Visits	Plan Paid
Soltis Family Chiropractic	Professional	Chiropractics	70	662	716	\$22,649.11
Everest Mens Health	Professional	Family Practice	2	46	46	\$6,612.48
Ballard Clinic	Professional	Behavioral Health Clinic	2	44	44	\$6,399.54
Mary E Youngquist Phd Lp	Professional	Psychology	1	36	37	\$4,923.74
Omada Health Inc	Professional	Health Education Program	26	106	98	\$4,165.10
Oms Specialists Waconia	Professional	Oral & Maxillofacial Surgery (Dentists Only)	1	1	1	\$3,807.38
True North Therapy Llc	Professional	Behavioral Health Clinic	1	12	23	\$3,517.36
Farid Assouad	Professional	Internal Medicine	1	12	39	\$2,929.33
Hazelden Center City	Inpatient	Adult/Adol Substance Abuse Rehab	1	1	1	\$2,907.64
Live Well Chiropractic Spa And Acupuncture Center	Professional	Chiropractics	5	83	82	\$2,873.51
Oswald Digestive Clinic Llc	Professional	Registered Dietician	2	19	19	\$2,442.35
Lakeshore Family Therapy Llc	Professional	Behavioral Health Clinic	1	13	13	\$1,985.36
Mulliken Counseling Center Inc	Professional	Behavioral Health Clinic	1	12	16	\$1,895.83
Snoring & Sleep Apnea Dental Treamtent Center	Professional	General Dentistry	2	2	2	\$1,747.96
Movewell Chiropractic And Wellness	Professional	Chiropractics	11	30	30	\$1,449.21
Andrea L Benjamin Ma Lp	Professional	Psychologist - Masters Level	4	13	13	\$1,384.82
Superior Steps Aba	Professional	Behavioral Health Clinic	1	2	3	\$1,224.30
Odyssey Counseling	Professional	Behavioral Health Clinic	1	5	5	\$795.55
West End Consultation Group	Professional	Behavioral Health Clinic	1	3	3	\$766.81
Talk Therapy Ltd	Professional	Behavioral Health Clinic	1	5	5	\$742.50
Adapthealth Minnesota Llc	Professional	Durable Medical Equipment Supplier	1	10	6	\$565.25
Stucky Chiropractic Center Sc	Professional	Chiropractics	1	10	24	\$447.23
Acticare Llc	Professional	Internal Medicine	1	2	5	\$385.03
Progressive Inspirations Inc	Professional	Psychologist - Masters Level	1	1	5	\$380.97
Movewell Chiropractic And Wellness	Professional	Chiropractics	3	10	10	\$364.90
Coastal Eye Specialists Medical	Professional	Ophthalmology	1	3	3	\$363.42
Goldfinch Neurobehavioral Services Llc	Professional	Behavioral Health Clinic	1	2	2	\$297.35
Facial Pain Center Pllc	Professional	General Dentistry	1	1	1	\$214.37
Next Adventure Counseling And Consulting	Professional	Behavioral Health Clinic	1	1	1	\$200.16
Hazelden Mental Health Clinics	Professional	Approved Mental Health Clinic	1	1	1	\$198.08
Midwest Myofunctional Specialists	Professional	Speech Therapist - Comprehensive Wraparound, Matrix Plans Only	1	1	1	\$193.24
Next Adventure Counseling And Consulting	Professional	Behavioral Health Clinic	1	1	1	\$159.11

In Network at Medica / Out of Network at BCBS

Place of Service	Name of Provider	Speciality	Nbr of Claimants	Nbr of Claims	Nbr of Visits	Plan Paid
Rose Hill Psyc Services	Professional	Psychology	1	6	6	\$1,516.98
Sacred Health Family Chiropractic	Professional	Chiropractics	2	31	31	\$637.08
Breathe Eazy	Professional	Durable Medical Equipment Supplier	1	1	1	\$330.00
Clarkson Optometry Inc	Professional	Optometry	2	3	3	\$211.47
Family Home Visiting	Professional	Nurse Practitioner - Community Health	1	1	1	\$66.51
Sheridan Radiology Services Of	Professional	Diagnostic Radiology	1	3	3	\$15.00
Chi Health Creighton University	Outpatient	General Hospital Without Distinct Unit	1	1	1	\$11.00
Physicians Laboratory Ltd	Professional	Anatomic Pathology & Clinical Pathology	1	2	1	\$10.00
Inphynet Contracting Services I	Professional	Emergency Medicine	1	2	2	\$10.00
Forest Hills Med Services	Professional	Obstetrics - Gynecology	1	2	2	\$6.00
Access Health Brookings	Professional	Family Practice	1	1	1	\$5.00
Radiology Physician Solutions O	Professional	Diagnostic Radiology	1	1	1	\$5.00
Midwest Oral & Facial Surgery Pllc	Professional	Oral & Maxillofacial Surgery (Dentists Only)	1	1	1	\$0.00

BCBS to Medica Disruption Report

Date of service December 2022 – November 2024

	BCBS Plan Paid Claims Rx	
Generic Formulary	\$327,306	8.97%
Generic Non-Formulary		0.00%
Brand Formulary	\$1,058,130	28.99%
Brand Non-Formulary	\$511,429	14.01%
Specialty	\$1,752,991	48.03%
Total	\$ 3,649,856.09	

	Medica Plan Paid Claims Rx	
Generic Formulary	\$328,272	8.99%
Generic Non-Formulary	\$112	0.00%
Brand Formulary	\$1,020,996	27.97%
Brand Non-Formulary	\$197,227	5.40%
Not Listed	\$7	0.00%
Specialty	\$878,815	24.08%
Alternates/Pre auth req	\$975,647	26.73%
Not covered GLP1	\$248,780	6.82%
Total	\$3,649,856.09	

Drug alternate or pre-authorizations required at Medica

Current Drug	Alternate Options with Medica					
ADDERALL XR CAP	DEXTROAMPHETAMINE-AMPHET ER					
ADVAIR DISKU AER	FLUTICASONE-SALMETEROL	WIXELA INHUB				
CLIMARA PRO DIS WEEKLY	COMBIPATCH					
CONCERTA TAB	METHYLPHENIDATE ER					
DRYSOL SOL 20%	BROMI-LOTION					
EPINEPHRINE INJ 0.15MG	EPINEPHRINE	AUVI-Q	AUVI-Q	EPIPEN JR.		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE	AUVI-Q	EPIPEN			
FLOVENT DISK AER 100MCG	ARNUIITY ELLIPTA	ASMANEX	ASMANEX HFA	QVAR REDIHALER		
FLOVENT HFA AER	ARNUIITY ELLIPTA	ASMANEX	ASMANEX HFA	QVAR REDIHALER		
HUMALOG INJ 100/ML	NOVOLOG	NOVOLOG FLEXPEN	FIASP	FIASP FLEXTOUCH	NOVOLOG MIX 70-30	
IMVEXXY MAIN SUP 10MCG	ESTRADIOL	ESTRADIOL	YUVAFEM	PREMARIN		
INSULIN ASPA INJ 100/ML	NOVOLOG	NOVOLOG FLEXPEN	FIASP	FIASP FLEXTOUCH	NOVOLOG MIX 70-30	
INSULIN ASPA INJ FLEXPEN	NOVOLOG	NOVOLOG FLEXPEN	FIASP	FIASP FLEXTOUCH	NOVOLOG MIX 70-30	
INSULIN SYRG MIS	B-D INSULIN SYRINGE					
INTRAROSA SUP 6.5MG	ESTRADIOL	ESTRADIOL	YUVAFEM	PREMARIN		
KONVOMEK SUS 2-84/ML	DEXLANSOPRAZOLE DR	ESOMEPRAZOLE MAGNESIUM	LANSOPRAZOLE	OMEPRAZOLE	PANTOPRAZOLE SODIUM	RABEPRAZOLE SODIUM
LEVALBUTEROL AER 45/ACT	ALBUTEROL SULFATE HFA					
LEVEMIR INJ FLEXTOUC						
LEVOTHYROXIN CAP 25MCG	INSULIN GLARGINE-YFGN	SEMGLLEE (YFGN) PEN	TOUJEO SOLOSTAR	TRESIBA FLEXTOUCH U-100		
LIKMEZ SUS 500/5ML	EUTHYROX	LEVOTHYROXINE SODIUM	LEVOXYL	UNITHROID		
NUVARING MIS	METRONIDAZOLE					
PEN NEEDLES MIS	ELURYNG	ENILLORING	ETONOGESTREL-ETHINYL ESTRADIOL	HALOETTE		
POGO AUTOMAT MIS MONITOR	BD INSULIN PEN NEEDLE UF MINI	BD NANO PEN NEEDLE	BD ULTRA-FINE PEN NEEDLE			
POGO AUTOMAT TES CARTRIDG	FREESTYLE FREEDOM	FREESTYLE FREEDOM LITE	FREESTYLE INSULINX	FREESTYLE LITE METER	PRECISION XTRA	ONE TOUCH ULTRA 2
PREMPRO TAB 0.45-1.5	FREESTYLE TEST STRIPS	FREESTYLE LITE TEST STRIPS	FREESTYLE INSULINX TEST STRIPS	PRECISION XTRA	ONE TOUCH ULTRA TEST STRIPS	ONE TOUCH VERIO
SLYND TAB 4MG	AMABELZ	ESTRADIOL-NORETHINDRONE ACETAT	FYAVOLV	JINTELI	MIMVEY	NORETHINDRONE-ETHIN ESTRADIOL
SYNTHROID TAB	CAMILA	DEBLITANE	ERRIN	HEATHER	NORETHINDRONE ACETATE	NORLYDA
VENTOLIN HFA AER	EUTHYROX	LEVOTHYROXINE SODIUM	LEVOXYL	UNITHROID		SHAROBEL
VIVELLE-DOT DIS 0.05MG	ALBUTEROL SULFATE HFA					
WELLBUTRIN TAB 150MG SR	ESTRADIOL					
XTAMPZA ER CAP	BUPROPION SR					
	HYDROCODONE BITARTRATE ER	HYDROMORPHONE ER	MORPHINE SULFATE ER	OXYMORPHONE HCL ER	HYSINGLA ER	OXYCONTIN

Drug alternate or pre-authorizations required at Medica - Specialty

Current Drug	Alternate Options with Medica				
CHOR GONADOT INJ 10000UNT	NOVAREL	OVIDREL			
FOLLISTIM AQ INJ 300UNIT	GONAL-F	GONAL-F RFF	GONAL-F RFF REDI-JECT		
HADLIMA PUSH INJ 40/0.4ML	ADALIMUMAB-ADAZ(CF) PEN	ADALIMUMAB-ADB(CF)PEN	ADALIMUMAB-RYVK(CF) AUTOINJECT	CYLTEZO(CF) PEN	SIMLANDI(CF) AUTOINJECTOR
HUMIRA PEN INJ	ADALIMUMAB-ADAZ(CF) PEN	ADALIMUMAB-ADB(CF)PEN	ADALIMUMAB-RYVK(CF) AUTOINJECT	CYLTEZO(CF) PEN	SIMLANDI(CF) AUTOINJECTOR
HUMIRA PEN KIT CD/UC/HS	ADALIMUMAB-ADAZ(CF) PEN	ADALIMUMAB-ADB(CF)PEN	ADALIMUMAB-RYVK(CF) AUTOINJECT	CYLTEZO(CF) PEN	SIMLANDI(CF) AUTOINJECTOR
NEUPOGEN INJ 480/0.8	NIVESTYM				
NORDITROPIN INJ	GENOTROPIN	OMNITROPE			

Cover Sheets

Waconia Independent School District No 110

Coverage Effective Date: 07/01/2025

Rate Summary

	Total	\$500 PPO, Aware	\$0 PPO, \$20 Cpy, Aware	\$1750 PPO, Aware
Health Plan Structure	--	PPO	PPO	PPO
Health Plan Actuarial Value				
Using MV calculator *	--	0.902	0.937	0.789
Using AV calculator	--	0.928	0.978	0.834
Provider Network Type	--	Broad	Broad	Broad
Commissions (PMPM)	\$2.11	\$2.11	\$2.11	\$2.11
Total Premium, First 12 Mos, Excl Commissions	\$10,544,463	\$5,461,111	\$3,753,312	\$1,330,040
Total Premium, Excl Commissions (PMPM)	\$778.99	\$743.62	\$914.55	\$636.99
Expected Members	1,128	612	342	174
Expected Contracts by Tier				
Subscriber	212	105	91	16
Sub + Child	8	4	3	1
Sub + Spouse	38	13	15	10
Sub + Children	9	4	0	5
Family	186	108	51	27

* The required Minimum Value calculator has not been updated since 2013 and does not reflect current minimum value definitions



Waconia School District #110



Request For Proposals - Group Insurance Coverage

Effective Date: 7/1/2025

Section 1:

	Rate Tier	Assumed # of Contracts	Medica Proposed Rates (without commissions)	Medica Proposed Rates (with commissions)	Brief Description
Plan 1	Single	84	\$842.23	\$847.48	MIC PP MN 0%-20
	Employee + 1	16	\$1,967.03	\$1,972.28	
	Family	49	\$2,386.11	\$2,391.36	
Plan 2	Single	97	\$812.71	\$817.96	MIC PP MN 500-20%
	Employee + 1	16	\$1,898.32	\$1,903.57	
	Family	111	\$2,302.80	\$2,308.05	
Plan 3	Single	9	\$682.41	\$687.66	MIC PP MN 1750-20%
	Employee + 1	11	\$1,595.07	\$1,600.32	
	Family	32	\$1,935.12	\$1,940.37	

Total Contracts:	425
Total Annual Premium:	\$8,061,590
Premium PCPM (per contract/mo):	\$1,580.70
Total Annual Commissions:	\$26,775
Total Commissions PCPM:	\$5.25
Total Annual Premium (no commissions):	\$8,034,815
Premium PCPM (no commissions):	\$1,575.45

Section 2:

Brief Plan Description - NOTE: SBC or benefit book required for all quoted plans.

	Example	Plan 1	Plan 2	Plan 3
Does Plan Match Current Benefit (Y or N)	Y	N	N	N
Plan Type	PPO, POS, HMO	POS	POS	POS
Plan MV	0.600	93.500	91.600	78.700
Network Name	Passport	Passport	Passport	Passport
Network Description (Broad or Narrow)	Broad	Broad	Broad	Broad
Primary Care Model (Y or N)	N	N	N	N
Multiple Tiers Within Network	NA	N	N	N
Note Number of Tiers and Deductible Range	NA	NA	NA	NA
HSA Plan	HSA	NA	NA	NA

Plan Highlights

Plan 1: \$0/0 Ded, \$20, 100/0% Coins, \$750/1500 OOP, \$15/25/40 No Prev Rx, (OON: 1000/2000, 25%, 1500/3000)

Plan 2: \$500/1000 Ded, 80/20% Coins, \$750/1500 OOP, \$15/25/40 No Prev Rx, (OON: 1500/3000, 40%, 2250/4500)

Plan 3: \$1750/3500 Ded, 80/20% Coins, \$3000/6000 OOP, \$20/35/50 No Prev Rx, (OON: 2750/5500, 40%, 4250/8500)

Deviations from Current Plan Design

2025 Large Group Renewal Bulletin

Blue Cross and Blue Shield of Minnesota
Fully insured Commercial and Major National Accounts
Revised 10.11.2024



Rare Disease Benefit

Minnesota State Mandate Effective 1/1/2024

The Rare Disease Benefit ensures that eligible, out-of-network services related to the diagnosis, monitoring, and treatment of an eligible rare disease or condition will apply the same benefit level as services provided by in-network provider, including member cost-share, benefit limitations, or service limitations.

Specialty pharmacy drugs used to treat the eligible rare disease/condition are included. Prescription drugs obtained through retail or online pharmacy locations are not included.

A rare disease or condition falls into one of the following categories:

- Affects fewer than 200,000 persons in the United States and is chronic, serious, life-altering, or life-threatening.
- Affects more than 200,000 persons in the United States, and a drug for treatment has been designated as a drug for a rare disease or condition.
- Labeled as a rare disease or condition on the Genetic and Rare Disease Information Center list created by the National Institute of Health.
- A member has met specific clinical consultation and diagnostic criteria (e.g., developmental delay, failed definitive diagnosis).

Providers can submit the Rare Disease Benefit Mandate – Out of Network/Non-Participating Provider Notification form to determine if the members rare disease/condition qualifies under the benefit. This form is available at <https://www.bluecrossmn.com/providers/forms-and-publications>. Note, this form **must** be completed/submitted by the provider – not the member.

Routine Mammogram

Minnesota State Mandate Effective 1/1/2024

If a health care provider determines an enrollee requires additional diagnostic services or testing after a routine mammogram, the additional diagnostic services or testing will be covered with no cost-sharing, including copay, deductible, or coinsurance.

There is a limited exception for a high deductible health plan connected to a health savings account that permits cost-sharing until after the member has met their plan deductible.

New Update Pharmacy Changes

GLP-1 Day Supply Benefit Change

Starting January 1, 2025, Blue Cross will implement a new policy for all fully insured commercial members. This policy limits the supply of all GLP-1 (Glucagon-like peptide-1) drugs to a one-month supply, whether filled at retail or by mail. The reason for this change is to reduce waste caused by side

effects, ineffective prescribing, dose adjustments, and to ensure better access to these drugs during shortages. Members will still have access to their GLP-1 medications but will only receive up to a one-month supply at a time.

This one-month supply limit applies to all GLP-1 drugs, regardless of their use or diagnosis. No customizations will be allowed. The affected drugs include:

- **Obesity GLP-1s:** Saxenda, Wegovy, Zepbound
- **Diabetes GLP-1s:** Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza/liraglutide

90DayMyWay Benefit

For any plan with the 90DayMyWay benefit, Blue Cross is removing GLP-1 drugs from the required drug list. This means members will no longer be required to fill a 90-day supply for their GLP-1 drug.

New Update Minnesota State Mandates

Not all new guidance requires changes in benefit coding or administration. Below are the Minnesota State Mandates that do require such changes.

Abortions and Abortion Services

Coverage of abortion and related services, including pre-abortion and follow-up services, with no greater cost sharing than similar services. Prohibits utilization management of these services that is not generally applicable to other plan coverage.

Maternal Care and Medical Transfers

Coverage for all expenses related to transferring the mother, newborn, and newborn siblings between medical facilities, when recommended by the provider, and required maternity inpatient care at both facilities. Coverage for the medical facility transfer must be covered with no member cost-share. High deductible health plans must meet their deductible before facility transfer services are covered with no cost-sharing.

Scalp Prosthetics (Wigs)

Coverage for scalp hair prostheses, including necessary equipment and accessories, for hair loss due to a health condition, unless there is a clinical basis for limitation. This is a change from current law, which limited coverage to alopecia areata. Coverage is limited to one wig per person per calendar/plan year up to \$1,000, except for alopecia areata, which has no dollar limit.

Chronic Disease Member Cost Share Mandate *

Members diagnosed with certain chronic diseases will benefit from cost-sharing limits on their medical expenses. Prescription medications for these conditions will not exceed \$25 per prescription for a one-month supply. Additionally, eligible medical supplies (combined medical and pharmacy) for chronic disease management will have a monthly cap of \$50. This mandate only includes these chronic diseases diabetes, asthma, and allergies that require epinephrine auto-injectors. For members with a Health Savings Account (HSA), the deductible must be met first if the drug or supply is not listed on the IRS preventive list (<https://www.irs.gov/pub/irs-drop/n-19-45.pdf>).

Insulin Cost-Share Change*

Blue Cross is eliminating the \$0 insulin member cost-share and will apply up to a \$25 member cost-share per prescription per month, if the cost of the drug or retail copay is less than \$25, the lower amount will apply. Insulin is included as part of the diabetes drugs capped at \$25 per month under the chronic disease cost-share mandate.

Summary of Certificate of Coverage Variations

Waconia School District 110

Medica completed a review of your current medical plan(s) and has prepared a summary of the differences between these plan(s) and our proposed plan(s). We strive to offer medical benefits with the same or a similar level of coverage to your existing plans. Some of the variations noted below may be enhancements to your current coverage, while other variations may be differences based on our unique claims system and administrative structure.

The plan variations below are based on the benefits listed in the Certificate of Coverage (s) provided. Our review is based on system capabilities and filing for a fully-insured plan design following guidelines for Minnesota. Additionally, Medica’s administration includes all requirements of the Affordable Care Act.

Benefit Type	Current Benefit	Medica Capabilities or Proposed Alternative(s)
Plan Designs Offered	Plan 1: 0-\$20-0% Plan 2: 500-20% Plan 3: 1750-20%	
Calendar vs Plan Year	This group has a plan year benefit period	Approved
Deductible [Note: The Certificate of Coverage does not indicate if deductibles are combined in and out-of-network. Medica’s review will assume they are not combined unless provided evidence to the contrary]	<p>Plan 1: In-network: \$0 individual / \$0 family Out-of-network: \$200 individual / \$600 family</p> <p>Note: The Certificate of Coverage or SBC does not indicate if deductibles are combined in and out-of-network. Medica’s review will assume they are not combined.</p> <p>Plan 2: 1-Deductibles are combined in & out-of-network with the same dollar amounts. Out-of-pockets are also combined in & out-of-network with the same amount</p> <p>2-In-network and Out-of-network: \$500 individual / \$1,000 family medical combined in-network and out-of-network</p> <p>Plan 3: 1-Deductibles are combined in & out-of-network with the same dollar amounts. Out-of-pockets are also combined in & out-of-network with the same amount</p> <p>2-In-network and out-of-network: \$1,750 individual / \$3,500 family medical and drug combined in-network and out-of-network</p>	<p>A greater out-of-network differential is needed. Minimum out-of-network deductibles for <u>Passport/Elect/ACOs</u> in order for be eligible for ChoicePlus: \$300 individual / \$600 family</p> <p>1-Unable to offer combined deductibles on ACO and Elect products.</p> <p>For Passport: Combined in and out-of-network deductibles with the same amounts can be approved only if the deductible applies to both in and out-of-network pharmacy charges or neither in and out-of-network pharmacy charges; and the out-of-pockets are also combined in and out-of-network with the same amounts. It appears that is the case with this plan.</p> <p>2-In order to qualify for ChoicePlus, as requested, plan would have to have spread between deductible/coinsurance/out-of-pocket. Recommend following deductibles for ChoicePlus eligibility: In-network: \$500 individual / \$1,000 family Out-of-network: \$1,500 individual / \$3,000 family</p> <p>1-Unable to offer combined deductibles on ACO and Elect products.</p> <p>For Passport: Combined in and out-of-network deductibles with the same amounts can be approved only if the deductible applies to both in and out-of-network pharmacy charges or neither in and out-of-network pharmacy charges; and the out-of-pockets are also combined in and out-of-network with the same amounts. It appears that is the case with this plan.</p> <p>2-In order to qualify for ChoicePlus, as requested, plan would have to have spread between deductible/coinsurance/out-of-pocket. Recommend following deductibles for ChoicePlus eligibility: In-network: \$1,750 individual / \$3,500 family Out-of-network: \$3,600 individual / \$7,200 family</p>

Summary of Certificate of Coverage Variations

Waconia School District 110

Benefit Type	Current Benefit	Medica Capabilities or Proposed Alternative(s)
<p>Out-of-pocket</p> <p>[Note: Certificate of Coverage does not indicate if out-of-pockets are combined in and out-of-network. Medica's review will assume they are not combined unless provided evidence to the contrary]</p>	<p>Plan 2:</p> <p>1-Out-of-pockets are combined in & out-of-network with same dollar amounts. Deductibles are also combined in & out-of-network with the same amount</p> <p>2-<u>In-network and out-of-network</u>: \$750 individual / \$1,500 family</p>	<p>1-Unable to offer combined out-of-pockets on ACO and Elect products.</p> <p>For Passport: Combined in and out-of-network out-of-pockets with the same amounts can be approved only if the deductible applies to both in and out-of-network pharmacy charges or neither in and out-of-network pharmacy charges; and the deductibles are also combined in and out-of-network with the same amounts. It appears that is the case with this plan.</p> <p>2-In order to qualify for ChoicePlus, as requested, plan would have to have spread between deductible/coinsurance/out-of-pocket. Recommend following out-of-pockets for ChoicePlus eligibility: In-network: \$1,000 individual / \$2,000 family Out-of-network: \$2,250 individual / \$4,500 family</p>
	<p>Plan 3:</p> <p>1-Out-of-pockets are combined in & out-of-network with same dollar amounts. Deductibles are also combined in & out-of-network with the same amount</p> <p>2-<u>In-network and out-of-network</u>: \$3,000 individual / \$6,000 family</p>	<p>1-Unable to offer combined out-of-pockets on ACO and Elect products.</p> <p>For Passport: Combined in and out-of-network out-of-pockets with the same amounts can be approved only if the deductible applies to both in and out-of-network pharmacy charges or neither in and out-of-network pharmacy charges; and the deductibles are also combined in and out-of-network with the same amounts. It appears that is the case with this plan.</p> <p>2-In order to qualify for ChoicePlus, as requested, plan would have to have spread between deductible/coinsurance/out-of-pocket. Recommend following out-of-pockets for ChoicePlus eligibility: In-network: \$3,000 individual / \$6,000 family Out-of-network: \$5,400 individual / \$10,800 family</p>
<p>Separate Pharmacy Out-of-Pocket</p>	<p>Separate pharmacy out-of-pocket applies</p> <p>Plans 1 & 2: \$300 individual / \$500 family combined in-network and out-of-network</p>	<p>Plans 1 & 2: A separate pharmacy out-of-pocket can be approved as long as the medical deductible does not apply to any pharmacy charges, in or out-of-network. Additionally the separate out-of-pocket must be combined in and out-of-network with the same amount; and there must be both individual and family amounts in and out-of-network. It appears this is the case with this plan.</p> <p>Family out-of-pocket suggested to be at least 2x or greater than the individual limit. Approve the following: \$300 individual / \$500 family</p>
<p>Coinsurance</p>	<p>Plan 1: Coinsurance is 0% (no charge) in-network and 25% out-of-network</p> <p>Plan 2 & 3: Coinsurance amounts are the same in & out-of-network. There is no differential. Plan 2 is 20% and Plan 3 is 20%.</p>	<p>Plan 1: Approved.</p> <p>Plan 2 & 3: A greater out-of-network differential is required from In-network. Must be at least a 20% differential; minimum out-of-network coinsurance of 40%</p> <p>Please note: These differentials will be required throughout the SBCs and Certificate of Coverage unless otherwise noted.</p>

Summary of Certificate of Coverage Variations

Waconia School District 110

Benefit Type	Current Benefit	Medica Capabilities or Proposed Alternative(s)
Deductible Carryover	All Plans: Deductible carryover of last three months apply. Deductible carryover amounts do not apply to the out-of-pocket limits	All Plans: Deductible carryover is only available for calendar year plans with 4th quarter carryover. Medica assumes this plan year benefit period.
Pre-certification Requirements and/or Penalties	All plans: Pre-certification is required for certain services.	All plans: Medica standard prior authorization and notification list will apply. Failure to precertify will not result in penalty.
Office Visits - Primary and specialist	Plan 1: Copay for office visit; no charge for all other services	Plan 1: Copay will apply to the office visit charge. The most appropriate benefit will apply for other services rendered in the office. (Ex: lab will take lab benefit, x-ray will take x-ray benefit).
Acupuncture	All plans: Services for or related to acupuncture, except when medically necessary and appropriate. Acupuncture is covered 20 visits per person per benefit period in-and-out-combined.	All plans: Approve 20 visits combined in- and out-of-network.
Chiropractic Services	Plan 1: A \$20 copay applies to the chiropractic office visit; coinsurance applies to all other services including therapy/manipulations All Plans: Chiropractic visit limits not specified in and out-of-network	All plans: Medica standard limit of 15 visits per year out-of-network will apply Plan 1: Copay will apply to all chiropractic visits and services
Convenience Care / Retail Health / Virtual Care	Plan 1: E-visit and telephone consultations are covered no charge in-network. Plans 2 & 3: First five free visits, then in-network benefits apply. Retail and virtual do not match.	Plan 1: \$0 is approved. Plan 2 & 3: Due to system requirements, retail health and virtual care must be the same. Convenience and virtual will be 20% coinsurance for all visits.
Dental: Accidental	Plan 1: You pay nothing after office visit \$20 copay for the office visit charge; you pay nothing for all other eligible services. All Plans: Treatment must be initiated within 12 months of the date of injury or 12 months of the effective date. Treatment must be completed within 24 months from when treatment initiated.	Plan 1: Copay will apply to the office visit charge. The most appropriate benefit will apply for other services rendered in the office. (Ex: lab will take lab benefit, x-ray will take x-ray benefit). All Plans: Coverage is limited to services received within 24 months from the later of: 1) the date you are first covered under the contract; or 2) the date of the injury
Dental: Oral Surgery	Plan 1: Oral surgery for removal of impacted teeth, you pay nothing after office visit \$20 copay for the office visit charge; you pay nothing for all other eligible services.	Plan 1: Copay will apply to the office visit charge. The most appropriate benefit will apply for other services rendered in the office. (Ex: lab will take lab benefit, x-ray will take x-ray benefit).
Dental: Orthognathic Surgery	All Plans: Orthognathic surgery is not specified on the SPDs	All Plans: Orthognathic surgery is covered when not done for cosmetic purposes. Prior authorization is required.
Dental: TMJ services	Plan 1: You pay nothing after office visit \$20 copay for the office visit charge; you pay nothing for all other eligible services.	Plan 1: Copay will apply to the office visit charge. The most appropriate benefit will apply for other services rendered in the office. (Ex: lab will take lab benefit, x-ray will take x-ray benefit).
Preventive Care (well child)	All plans: Age 0-5: No charge for well-child care in-network. Age 0-17: No charge for immunizations. Age 6-18: Out-of-network benefits apply.	All plans: Cannot split out by age, no charge will apply for all well child up to age 18 in-and-out-of-network. Usual & customary will apply out-of-network to in-network care.

Summary of Certificate of Coverage Variations

Waconia School District 110

Benefit Type	Current Benefit	Medica Capabilities or Proposed Alternative(s)
Preventive Care (<i>non-well child</i>)	Plans 2 & 3: No charge (0% coinsurance, deductible does not apply) for preventive care out-of-network.	Plans 2 & 3: Out-of-network benefits will apply.
Pharmacy: Retail & Mail Order	Plan 1 & 2: In-network benefits: <u>Generic:</u> \$15 copay retail / \$30 copay mail <u>Preferred brand:</u> \$25 copay retail / \$50 copay mail <u>Non-preferred brand:</u> \$40 copay retail / \$80 copay mail Out-of-network benefits: Generic: \$15 copay retail Preferred brand: \$25 copay retail Non-preferred brand: \$40 copay retail Mail not covered	Plan 1 & 2: In order to maximize manufacturer discounts, rebates, and member cost share, Medica’s standard three-tier benefit structure will apply – Generic, Preferred brand, Non-preferred brand. Note: Can approve out-of-network copays, but greater out-of-network differential is needed. Out-of-network copays must be at least 1.5 times higher than in-network copays rounded to the higher even dollar. Suggested out-of-network minimum copays: Generic: \$25 copay retail Preferred brand: \$40 copay retail Non-preferred brand: \$60 copay retail
Pharmacy: Retail & Mail Order	Plan 3: In-network benefits: <u>Generic:</u> \$20 copay retail / \$40 copay mail <u>Preferred brand:</u> \$35 copay retail / \$70 copay mail <u>Non-preferred brand:</u> \$50 copay retail / \$100 copay mail Out-of-network benefits: Generic: \$20 copay retail Preferred brand: \$35 copay retail Non-preferred brand: \$50 copay retail Mail not covered	Plan 3: In order to maximize manufacturer discounts, rebates, and member cost share, Medica’s standard three-tier benefit structure will apply – Generic, Preferred brand, Non-preferred brand. Note: Can approve out-of-network copays, but greater out-of-network differential is needed. Out-of-network copays must be at least 1.5 times higher than in-network copays rounded to the higher even dollar. Suggested out-of-network minimum copays: Generic: \$30 copay retail Preferred brand: \$55 copay retail Non-preferred brand: \$75 copay retail
Pharmacy: Specialty	All plans: No benefits specified for specialty drugs.	All plans: In order to maximize manufacturer discounts, rebates, and member cost share, Preferred and non-preferred specialty benefits will apply. Differential is needed for in-network non-preferred specialty drugs. Our standard specialty would still be two-tier and we can allow copays. For rebate compliance, there should be a \$15 minimum copay differential between preferred and non-preferred medications. With copays, recommended benefits (below) can mirror retail as they do have a differential between preferred and non-preferred already: Plan 1 & 2: Preferred and non-preferred specialty benefits will apply. Recommend Medica standard In-network benefits: <ul style="list-style-type: none"> • Preferred: \$25 copay • Non-preferred: \$40 copay • Deductible does not apply Plan 3: Preferred and non-preferred specialty benefits will apply. Recommend Medica standard In-network benefits: <ul style="list-style-type: none"> • Preferred: \$35 copay • Non-preferred: \$50 copay • Deductible does not apply

Summary of Certificate of Coverage Variations

Waconia School District 110

Benefit Type	Current Benefit	Medica Capabilities or Proposed Alternative(s)
Pharmacy: Weight Loss GLP1	All Plans - GLP1s for weight loss is covered.	All Plans - All appetite suppressants, including GLP-1s that are FDA-approved for weight loss or managing obesity (I.E Wegovy, Saxenda) are contractually excluded for all Fully Insured groups, regardless of mechanism of action. Note: GLP-1s that are FDA-approved for diabetes (I.E Ozempic, Trulicity, Mounjaro) remain available with a Prior Authorization (PA) for members who meet the PA criteria through Medica.
Insulin	All plans: Insulin listed on the preferred/generic brand drug list are covered at zero cost-sharing.	All plans: Medica's drug list will apply. Standard \$25 retail / \$50 mail will apply
Pharmacy: Day Supply Limits	All plans: Retail: 34 days or 100 units whichever is greater Mail order: 90-day supply Specialty: 21 day supply	All plans: The following will apply: Retail: 31-day supply Mail order: 93 day supply Specialty: 31-day supply
Emergency Room & Emergency Transportation	Plan 1: Emergency room care and emergency medical transportation do not match.	Plan 1: Benefits for emergency room and emergency transportation must match and will both be no charge.
Urgent Care	All plans: Out-of-network benefits apply Plan 1: \$20 copay for office visit; no charge for all other services	All plans: Out-of-network care will mirror in-network benefits. Usual & customary will not apply. Plan 1: Urgent care and primary office visit benefit must match to be compliant with federal mental health parity. Copay will apply to the urgent care visit charge. The most appropriate benefit will apply for other services rendered in the office. (Ex: lab will take lab benefit, x-ray will take x-ray benefit).
Behavioral Health: Substance use disorder Outpatient	Plan 1: Certificate of Coverage or SBC indicated In-network mental health benefit does not mirror the primary medical office visit benefit. M/S office visit: \$20 copay MH/SUD outpatient: No charge SPD indicates M/S and MH/SUD match at no charge in-network.	Plan 1: Mental health office visits must be equal to or better than primary medical visits per Federal Mental Health Parity. It appears that is the case with this plan.
Prenatal Care	All plans: No charge for prenatal care in- and out-of-network.	All plans: Deductible and coinsurance will not apply to preventive prenatal care out-of-network. Usual & customary charges will apply. Note: To conform with ACA requirements, all preventive prenatal care is covered with no member cost share. Non-preventive prenatal care is covered at the corresponding in-network benefit level, depending on type of services provided.
Postnatal Care	Plan 1: \$20 copay applies in-network Plans 2 & 3: In-network postnatal standard medical benefit (deductible and coinsurance) applies.	All plans: Postnatal visit will be covered at no charge.
Home Health Care	All plans: No visit limit detailed.	All plans: Limit of 120 visits in network & 60 visits out-of-network per year will apply. Does not include home IV therapy.

Summary of Certificate of Coverage Variations

Waconia School District 110

Benefit Type	Current Benefit	Medica Capabilities or Proposed Alternative(s)
Rehabilitation & Habilitation Services	<p>All plans: No visit limit.</p> <p>Plan 1: Rehabilitation & habilitation services benefit do not match the office visit benefit.</p>	<p>Plan 1: Approve no charge for rehabilitation and habilitation services.</p> <p>All plans: Coverage for physical and occupational therapy is limited to a combined maximum of 20 visits per year out-of-network; speech therapy limited to a separate 20 visits per year out-of-network.</p> <p>Note: Visits limits do not apply to behavioral health conditions. Rehab services and office visit benefit must match to be compliant with federal mental health parity.</p>
Skilled Nursing Care	<p>Plan 1: No visit limit.</p> <p>Plans 2 & 3: Limit combined 120 days per person per benefit period.</p>	<p>All plans: Benefit is limited to a maximum of 120 days per year in and out-of-network combined.</p> <p>Due to system requirements, benefit is limited to a maximum of 120 days per year in and out-of-network combined. Visit limits not combined to all inpatient services.</p>
Durable Medical Equipment (DME)	<p>All Plans: Wigs (scalp hair prostheses) for hair loss due to alopecia areata only. Maximum of one wig per person per plan year. Deductible does not apply.</p>	<p>All Plans: Scalp hair prosthesis for hair loss due to a health condition, including alopecia areata or treatment for cancer, including all equipment and accessories necessary for regular use, when prescribed by a provider, unless there is a clinical basis for limitation. Coverage is limited to \$1,000 per year. If the cost for scalp hair prosthesis is less than \$1,000, coverage will also be provided for any equipment or accessories necessary for regular use, when prescribed by a provider, up to a total combined dollar limit of \$1,000 per year.</p>
Hospice Services	<p>All plans: Not covered out-of-network.</p>	<p>All plans: Out-of-network benefits will apply.</p> <p>Limits & restrictions will not apply.</p>
Child Eye Exam	<p>Plan 1: In-network: No charge Out-of-network: •Age 0-5: No charge •Age 6-18: 25% coinsurance.</p> <p>Plans 2 & 3: No charge in- and out-of-network exam.</p>	<p>All Plans: Out-of-network benefits will apply. Cannot break out by age.</p>
Transplant Services	<p>All plans: No charge for transplant with Blue Distinction Centers for Transplant provider.</p>	<p>All plans match Medica's standard transplant benefits with in-network providers.</p>
Services Your Plan does NOT Cover	<p>1-Routine foot care</p> <p>2-Non-emergency care when traveling outside the U.S.</p>	<p>1-Routine foot care is covered for certain medically necessary criteria.</p> <p>2-Out-of-network benefits will apply to non-emergency services rendered outside the U.S.</p>

Summary of Certificate of Coverage Variations

Waconia School District 110

Benefit Type	Current Benefit	Medica Capabilities or Proposed Alternative(s)
Other Covered Services	<p>1-Bariatric surgery: <u>18 and older:</u> You pay nothing when you use Blue Distinction Centers for Bariatric Surgery <u>17 and younger:</u> You pay nothing when you use in-network providers <u>Out-of-network:</u> Not covered.</p> <p>2-Infertility treatment Assisted reproductive technology benefits are subject to a lifetime maximum limit of \$10,000 per member for medical services and prescription drugs combined, including self-administered injectable and oral outpatient prescription drugs.</p> <p>3 - Hearing aids are covered and limited to 1 hearing aid per ear every 3 years. Age limits will not apply.</p> <p>4 - Weight loss drugs</p>	<p>1-Bariatric Surgery: If covered, In-network and out-of-network benefits will apply. Prior authorization is required.</p> <p>2-Infertility Treatment: Lifetime infertility limits are not available. Suggest standard limits of \$5,000 medical, \$3,000 pharmacy for treatment. Diagnostic services covered as a medical benefit and are not subject to medical limit. Note: Assisted reproductive technology (ART), including in vitro fertilization (IVF), gamete and zygote intrafallopian transfer (GIFT and ZIFT) are standardly not covered.</p> <p>3 - MN Hearing Aids: Hearing aids are covered and limited to 1 hearing aid per ear every 3 years. Age limits will not apply.</p> <p>4 - Weight loss drugs: All appetite suppressants, including GLP-1s that are FDA-approved for weight loss or managing obesity (I.E Wegovy, Saxenda) are contractually excluded for all Fully Insured groups, regardless of mechanism of action.</p>

Approved by _____

Title _____

Date _____

3. **Results of Technology Review (Pivotalogic)**

Presenter: Erika Nesvig, Director of Educational Services and Pam Carman, Director of Finance and Operations



Technology Update

April 14, 2025

Current 110 Instructional Technology

Instructional Technology for Students

Elementary

- Kindergarten and 1st grade - 2:1 ipads
- 2nd grade through 4th grade - 2:1 Chromebooks
- 5th grade - Bring Your Own Device (BYOD)
- Innovation Labs

Secondary

- 6th grade through 12th grade - BYOD
- Computer labs - PLTW, Graphic Design



Current 110 Instructional Technology

Classroom Technology

- Teacher laptops
 - Macbooks at elementary
 - HP laptops at secondary
- Smartboards
- Document Cameras



District Technology Infrastructure

- District Wide Wireless & Network
- District Wide Internet Access, Servers, and Storage
- District Wide Copiers / Printers
- District Wide Phone System
- District Wide Cyber Security (Knowbe4)



District Technology Reductions 2022-2023 School Year

- Restructuring of staffing
 - Director of Technology change to Technology Manager
 - Reduction of tech integration positions along with elementary specialist restructuring
- Reduced Infrastructure hardware and software
- Delayed computer lab replacement
- Reduced online subscriptions



Technology Assessment Overview

Purpose

- Evaluate the district's current state through a comprehensive technology assessment, including interviews, surveys, scanning, and end-user surveys.
- Assess across govern, administrative, physical, internal, and external technical domains
- Leverage established industry frameworks, standards, and compliance guidelines

Outcome

- Gain a thorough understanding of your district's technology & strengths and areas for improvement
- Ensure alignment with industry-standard frameworks and compliance standards through clear mapping
- Clarify necessary tasks and facilitate a clear path forward via reporting and a roadmap



Technology Scorecard from Pivotalgic

Areas of Strength	<ul style="list-style-type: none">● Data Management● E-Rate Compliance● Network Infrastructure
Areas of Improvement	<ul style="list-style-type: none">● User Experience● Data Center
High Priority	<ul style="list-style-type: none">● Cyber Security● Governance and Financial● IT Asset Management● Educational Technology



Pivotalogic Recommendations

Create a district-wide classroom technology standard, allocate funds to under-resourced schools, and form a technology learning review team.

Develop and implement a long-term device replacement plan.

Implement steps to help improve cyber security of district.

Create a comprehensive plan for building security which may address public access to all buildings and update surveillance cameras.



Technology Replacement Cycle

Replacement cycle for devices

- iPads
 - Recommended replacement every 6 years
- Chromebooks
 - Recommended replacement every 3 years
- Teacher devices
 - Recommended replacement every 4 years
- SmartBoards
 - Recommended replacement every 7 years

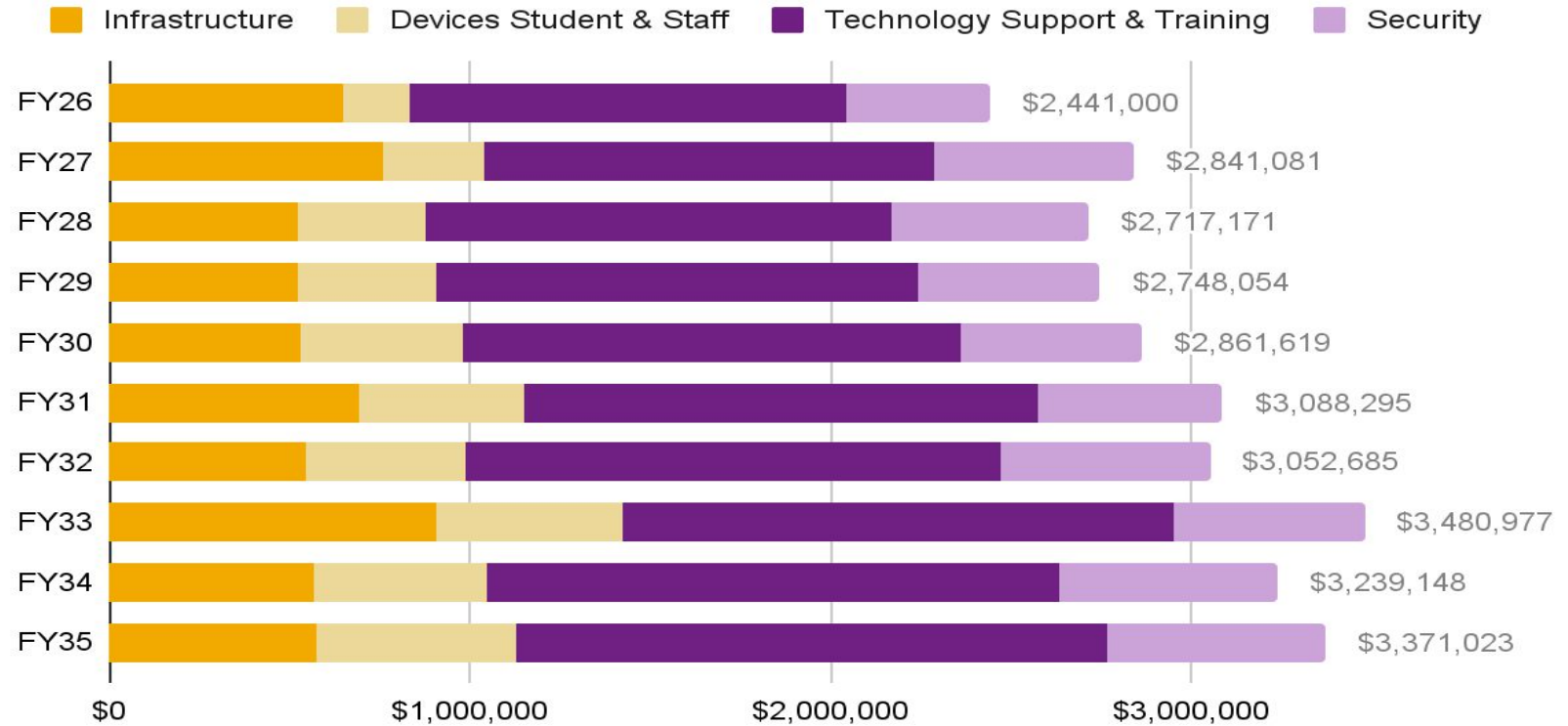


Urgent Technology Needs

Computer Technology	Need	Cost Estimate	FY26 Planned Funding
Chromebooks - Elementary	75	\$19,500	Restricted Learning & Development
Chromebooks - Secondary	50	\$13,000	Technology Budget
iPads	15	\$5,250	Restricted Learning & Development
Elementary Teacher Devices	15	\$13,680	Restricted Learning & Development
Secondary Teacher Devices	58	\$50,080	Technology Budget
District Wide Devices	7	\$5,950	Technology Budget
District Wide Switches	96	\$200,000	Technology Budget (\$200,000) & E-Rate Reimbursement (\$200,000)
Total Urgent Needs		\$307,428	

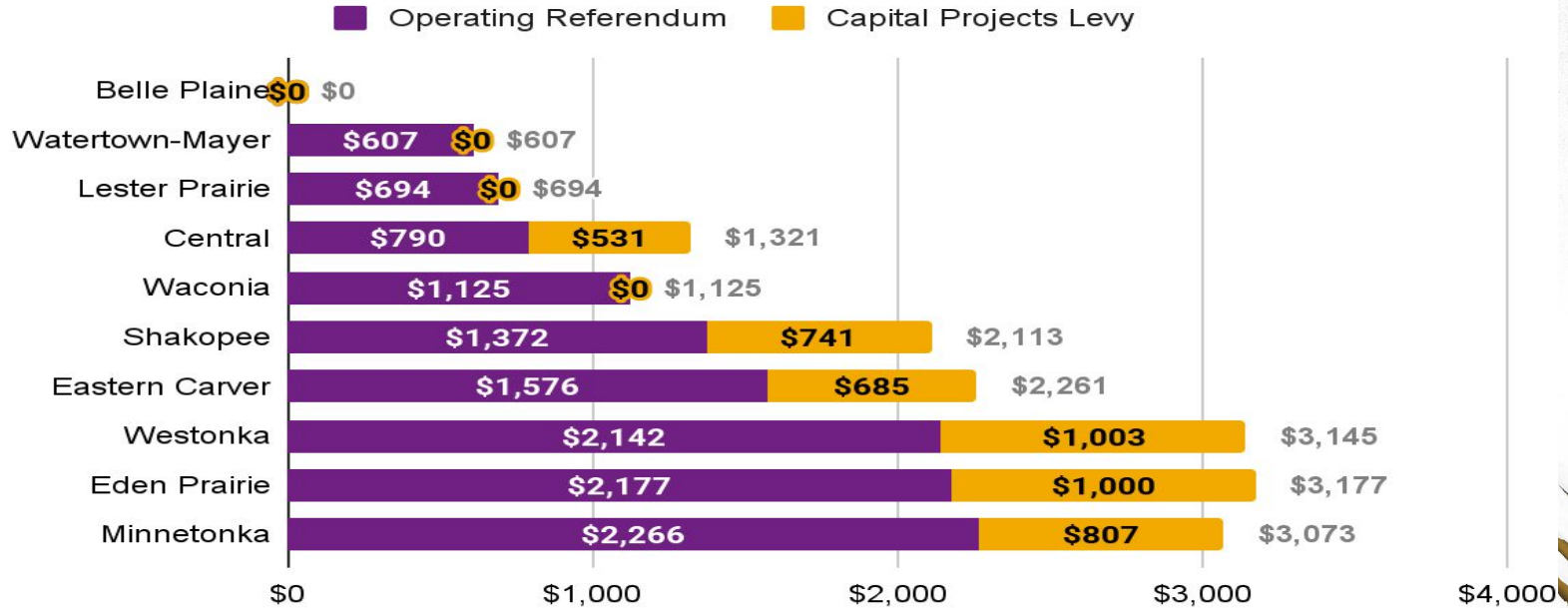


Ten-Year Technology Plan



FY26 Operating Referendum & Capital Projects Levy Comparison

Dollars per APU





Questions?

4. **Superintendent Updates**

Presenter: Brian
Gersich,
Superintendent

5. **Survey Results and Possible Fall Referendum**