



Windom Area Schools

District Office:
PO Box 177
Windom MN 56101
Phone: 507-831-6901
Fax: 507-831-6919

An Equal Opportunity Employer
Windom Area Elementary
1200 17th Street
PO box 177
Windom MN 56101
Phone: 507-831-6925

Windom Area
Middle /High School
1400 17th Street
PO Box 177
Windom MN 56101
Phone: 507-831-6910

Windom Schools will create a safe, responsive, and nurturing environment where every learner receives a high-quality, challenging education that empowers them with the skills and knowledge needed for a successful future.

WWW.WINDOM.K12.MN.US

April 22, 2024 Work Session
Windom City Council Chamber
444 9th Street
Windom, MN 56101
April 22, 2024
6:30 PM
Live at [Media SB22](#) on youtube

1. Call to Order
Joel Bordewyk
2. Pledge of Allegiance
Joel Bordewyk
3. Approval of Agenda (revise as necessary)
Joel Bordewyk
4. Title I Family Engagement Policy Approval
Jamie Frank
Board approval for the Title I Family Engagement policy is an annual requirement. This document is submitted annually with the Title I application in June.
5. 2024-2025 Calendar Approval
Jamie Frank
Enclosed is an updated calendar for the 24-25 school year. There is one minor change to the academic calendar. October 16 has been changed from a full day to an early release for the staff to practice emergency procedures.
6. Approval to move group health insurance to Blue Cross Blue Shield.
Peggy Pfeffer
At the end of March, we received three health insurance quotes for our renewal on July 1, 2024. These included quotes from Medica (current provider through the SWWC/MHC group insurance pool), Blue Cross Clue Shield and PEIP. With the assistance from Paul Pederson, our insurance agent, the Insurance Committee compared these 3 plans and discussed the pros/cons to each proposal. Below are the rate increases we have had for the last 3 years:
 - July 1, 2021- 12.5% (provider BCBS with SWWC/MHC group insurance pool)
 - July 1, 2022 - 19% (provider Medica with SWWC/MHC group insurance pool)
 - July 1, 2023 - 28% (provider Medica with SWWC/MHC group insurance pool)In order to offer the best plan and pricing to our employees, the Insurance Committee is making the recommendation for the board to approve the BCBS proposal effective July 1, 2024. This includes a 15%-21% increase for year 1 depending on the chosen plan and a 2nd year rate cap of 12.5%. This means that we will be leaving the SWWC/Medica group insurance

pool that we have been with for over 20+ years, but Blue Cross Blue Shield quoted a better rate than Medica.

7. Budget to Actual

Peggy Pfeffer

Enclosed in your packet is a review of the FY2024 Budget to Actual Percentages as of March 31, 2024.

8. Review Preliminary FY25 Budget

Peggy Pfeffer, Business Manager

This is the first view of the Preliminary Budget for the 2024-2025 school year. This is information only for tonight and will be on the agenda for approval at the May 13th Regular School Board Meeting.

9. Other items to discuss

10. Closed session to discuss MSEA Negotiations Per M.S. 13D03

11. Adjourn

Joel Bordewyk

612.1 DEVELOPMENT OF PARENT AND FAMILY ENGAGEMENT POLICIES FOR TITLE I PROGRAMS

[Note: This policy reflects recent federal statutory changes made by Every Student Succeeds Act (ESSA) which require school districts and schools to meet with parents and jointly develop parent and family engagement policies at both a district wide and school building level. This policy lists the required components of the parent and family engagement policies described herein and serves as a framework for their development. The policies and these components are mandatory in order for the school district to receive federal funds under this program.]

I. PURPOSE

The purpose of this policy is to encourage and facilitate involvement by parents of students participating in Title I in the educational programs and experiences of students. The policy shall provide the framework for organized, systematic, ongoing, informed and timely parental involvement in relation to decisions about the Title I services within the school district. The involvement of parents by the school district shall be directed toward either public or private school children whose parents are school district residents or whose children attend school within the boundaries of the school district.

II. GENERAL STATEMENT OF POLICY

- A. The policy of the school district is to plan and implement, with meaningful consultation with parents of participating children, programs, activities and procedures for the engagement of parents and families in its Title I programs.
- B. The policy of the school district is to fully comply with 20 U.S.C. § 6318 which requires the school district to develop jointly with, agree upon with, and distribute to parents of children participating in Title I programs written parent and family engagement policies.

III. DEVELOPMENT OF DISTRICT LEVEL POLICY

The school board will direct the administration to develop jointly with, agree upon with, and make available to parents and family members via the District Webpage, a parent and family engagement policy that will be incorporated into the school district's Title I plan. The policy will establish the expectations for meaningful parent and family involvement and describe how the school district will:

- A. Involve parents and family members in the joint development of the school district's Title I plan and the development of support and improvement plans;
- B. Provide the coordination, technical assistance, and other support necessary to assist and build the capacity of all participating schools within the school district in planning and implementing effective parent and family involvement activities to improve student academic achievement and school performance, which may

include meaningful consultation with employers, business leaders, and philanthropic organizations, or individuals with expertise in effectively engaging parents and family members in education;

- C. Coordinate and integrate parent and family engagement strategies with similar strategies, to extend feasible and appropriate, with other relevant federal, state, and local laws and programs;
- D. Conduct, with the meaningful involvement of parents and family members, an annual evaluation of the content and effectiveness of the parent and family engagement policy in improving the academic quality of the schools served, including identifying barriers to greater participation by parents in parental involvement activities (with particular attention to parents who are economically disadvantaged, disabled, have limited English proficiency, have limited literacy, or who are of a racial or ethnic minority background); the needs of parents and family members to assist with the learning of their children, including engaging with school personnel and teachers; and strategies to support successful school and family interactions;
- E. Use the findings of such evaluations to design evidence-based strategies for more effective parental involvement and to revise, if necessary, the district-level and school-level parent and family engagement policies; and
- F. Involve parents in the activities of the schools, which may include establishing a parent advisory board comprised of a sufficient number and representative group of parents and family members served by the school district to adequately represent the needs of the population served by the school district for the purposes of developing, revising, and reviewing the parent and family engagement policy.

IV. DEVELOPMENT OF SCHOOL LEVEL POLICY

The school board will direct the administration of each school to develop (or amend an existing parental involvement policy) jointly with, and distribute to—make available to, parents and family members of children participating in Grades Kindergarten through Fifth a written parent and family engagement policy the Student-Parent-School Partnership Plan, agreed upon by such parents and families, that shall describe the means for carrying out the federal requirements of parent and family engagement. Parents shall be notified of the policy in an understandable and uniform format and, to the extent practicable, provided in a language the parents can understand. Such policy shall be made available to the local community and updated periodically to meet the changing needs of parents and the school.

- A. The policy will describe the means by which each school with a Title I program will:
 - 1. Convene an annual meeting, at a convenient time, to which all parents of participating children shall be invited and encouraged to attend, to inform parents of their school's participation in Title I programs, and to explain to parents of participating children the program, its requirements, and their right to be involved;

2. Offer a flexible number of meetings, such as meetings in the morning or evening, and may provide with Title I funds transportation, childcare, or home visits, as such services relate to parental involvement;
 3. Involve parents in an organized, ongoing, and timely way, in the planning, review, and improvement of the parental involvement programs, including the planning, review, and improvement of the school parent and family engagement policy, Student-Parent-School Partnership Plan and the joint development of the school-wide program plan, except that if a school has in place a process for involving parents in the joint planning and design of the school's programs, the school may use that process, if such process includes an adequate representation of parents of participating children;
 4. Provide parents of participating children in Grades Kindergarten through Fifth with: timely information about the School-Wide Title I programs; a description and explanation of the curriculum in use at the school, the forms of academic assessment used to measure student progress, and the achievement levels of the challenging state academic standards; if requested by parents, opportunities for regular meetings to formulate suggestions, and to participate, as appropriate, in decisions relating to the education of their children, and respond to any such suggestions as soon as practicably possible; and
 5. If the school-wide program plan is not satisfactory to the parents of participating children in Grades Kindergarten through Fifth, submit any parent's comments on the plan when it is submitted to the school district.
- B. As a component of this policy, each school shall jointly develop with parents a school/parent compact/Student-Parent-School Partnership Plan (printed in both English and Spanish) which outlines how parents, staff, and students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership to help children achieve the state's high standards. The compact shall:
1. Describe the school's responsibility to provide high-quality curriculum and instruction in a supportive and effective learning environment that enables participating students to meet state student academic achievement standards;
 2. Describe the ways each parent will be responsible for supporting his or her child's learning by volunteering in his or her child's classroom, and participating, as appropriate, in decisions relating to his or her child's education and use of extracurricular time.
 3. Address the importance of communication between teachers and parents on an on-going basis through the use of:
 - a. Annual parent-teacher conferences to discuss the Windom Area Elementary School-Wide compact/Student-Parent-School Partnership Plan and the child's achievement;
 - b. Frequent progress reports to the parents; and

- c. Reasonable access to staff, opportunities to volunteer, participate in the child's class, and observe in the child's classroom.
 - d. Ensuring regular two-way, meaningful communication between family members and school staff and, to the extent practicable, in a language that family members can understand.
- C. To ensure effective involvement of parents and to support a partnership among the school, parents, and community to improve student academic achievement, the policy will describe how each school and the school district will:
 - 1. Provide assistance to participating parents in understanding such topics as the state's academic content standards and state academic achievement standards, state and local academic assessments, Title I requirements, and how to monitor a child's progress and work with educators to improve the achievement of their children;
 - 2. Provide materials and training to assist parents in working with their children to improve their children's achievement, such as literacy training and using technology, as appropriate, to foster parental involvement;
 - 3. Educate school staff, with the assistance of parents, in the value and utility of contributions of parents and in how to reach out to, communicate with, and work with parents as equal partners, implement and coordinate parent programs, and build ties between parents and school;
 - 4. Coordinate and integrate parental involvement programs and activities with other federal, state, and local programs, including public preschool programs, and conduct other activities, such as parent resource centers, that encourage and support parents in more fully participating in the education of their children to the extent feasible and appropriate;
 - 5. Ensure, to the extent practicable, that information about school and parent meetings, programs, and activities is sent to the parents of participating children in a format and, to the extent practicable, in a language the parents can understand; and
 - 6. Provide such other reasonable support for parental involvement activities as requested by parents.
- D. The policy will also describe the process to be taken if the school district and school choose to:
 - 1. Involve parents in the development of training for school staff to improve the effectiveness of such training;
 - 2. Provide necessary literacy training with funds received under Title I programs if all other funding has been exhausted;
 - 3. Pay reasonable and necessary expenses associated with parental involvement activities, including transportation and child care costs, to

enable parents to participate in school-related meetings and training sessions;

4. Train parents to enhance the involvement of other parents;
 5. Arrange meetings at a variety of times or conduct in-home conferences between teachers or other educators, who work directly with participating children, and parents who are unable to attend such conferences at school in order to maximize parental involvement and participation in school-related activities;
 6. Adopt and implement model approaches to improving parental involvement;
 7. Develop appropriate roles for community-based organizations and business in parental involvement activities; and
 8. Establish a district-wide parent advisory council to provide advice on all matters related to parental involvement in Title I programs.
- E. To carry out the requirements of parent and family engagement, the school district and schools, to the extent practicable, will provide opportunities for the informed participation of parents and family members (including parents and family members who have limited English proficiency, parents and family members with disabilities, and parents and family members of migratory children), including providing information and school reports in a format and, to the extent practicable, in a language that is understandable by the parents.
- F. The school district and each school shall inform parents and parent organizations of the existence of family engagement in education programs.

The policies will be updated periodically to meet the changing needs of parents and the school.

Legal References: 20 U.S.C. § 6318 (Parent and Family Engagement)

Cross References: None

PART V. ADOPTION

Windom School District Parental Involvement Plan has been developed and/or revised jointly with, and agreed on with, parents of children participating in Title I programs, as evidenced by meeting minutes.

This Parent Involvement Plan was developed and /or revised by Windom School Board on **April 22, 2024** and will be in effect for the period of the school year. Windom Public Schools will distribute this policy/procedures to all parents of participating School Wide Title I children on or before Fall Conferences in **2024**. This Parent Involvement Policy Plan is also available on the school district webpage.

Signature of Title I Authorized Representative)

(Date)

July '24						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August '24						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September '24						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October '24						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November '24						
S	M	T	W	T	F	S
					1*	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December '24						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January '25						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17*	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February '25						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March '25						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21*	22
23	24	25	26	27	28	29
30	31					

April '25						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May '25						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29*	30	31

June '25						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Calendar is subject to change by administration with board approval.
 * 1st Draft to the board on January 22 for review
 * For approval at the February 12 meeting

Quarter End Dates	
1st	42
2nd	44
3rd	41
4th	45
172	

Student Days	Inservice Work Days	P/T Conf. Days
August	4	
September		
October		
November		2
December		
January	1	
February	1	
March	1	1
April	1	
May	1	
June		
Totals	9	3

- NEW TEACHER In-Service and BOOT CAMP
- INSERVICE/WORK DAYS - NO SCHOOL
- First Day of School
- School Breaks - NO SCHOOL
- Night Parent Teacher Conferences
- Day Parent Teacher Conf. - NO SCHOOL
- * Last day of Quarter/Semester
- Half Day Early Out (k-5 @ 12:30 & 6-12 12:35)

Notations for Above Calendar Days

- July 23-25- New Teacher Boot Camp
- August 26-29 Fall Workshop
- September 3- First Day of School for Grades 5-12
- September 5- First Day of School for Grades K-4
- October 16 - Early Release at 12:30 for Elem & 12:3
- October 17-18 - MEA Fall Break
- November 1 - Last day of Quarter 1 - Early Release at 12:30 for Elem & 12:35 for MSHS
- November 21- Parent Teacher Conferences 3:30pm - 8:30pm
- November 22- Parent Teacher Conferences 7:45 - 3:45 - No School
- November 28 & 29 - No School Thanksgiving Break
- December 20- Early Release at 12:30 for Elem & 12:35 for MSHS
- December 23-January 1- NO SCHOOL Winter Break
- January 17- Last day of Quarter 2 - Early Release at 12:30 for Elem & 12:35
- January 20 - Staff Development Day - No School
- February 14- Staff Development Day - No School
- February 17-President's Day - NO SCHOOL (potential make up day for weather)
- March 13- Parent Teacher Conferences 3:30pm -8:30pm
- March 14 - Staff Development Day - No School
- March 21- Last day of Quarter 3 - Early Release at 12:30 for Elem & 12:35 for MSHS
- April 17- Staff Professional Development Day - NO SCHOOL
- April 18-21- NO SCHOOL Spring Break
- May 23- Graduation
- May 26 - NO SCHOOL Memorial Day
- May 29- Last Day of School - Half Day Early out (K-5 @ 12:30 & 6-12 12:35)
- May 30- Staff Development Day

Inclimate Weather Days

5 ELEARNING DAYS - Elementary Students- check binders for work. MSHS Students- check Schoology
 Snow Make Up Day - February 17

Wednesdays Early Out: Elementary 2:30 & MSHS 2:35

Windom Schools Mission and Vision



Learning. Leading. Excelling Together!

Windom Schools will create a safe, responsive, and nurturing environment in which every learner will receive a high-quality, challenging education that will empower them with the skills and knowledge needed for a successful future.

Windom Public School

Proposal Rates Coverage Effective Date: 07/01/2024

Months In Proposed Plan 12

		Total Contracts	122	Proposed Rates
PLAN 1	\$3375 H S A, 0%, Aware,CMM	Single	32	\$1,088.64
		Family	10	\$2,887.31
		Plan Total		\$764,517
PLAN 2	\$6650 H S A, 0%, Aware, HSA,PPO	Single	21	\$865.81
		Family	10	\$2,296.30
		Plan Total		\$493,739
PLAN 3	\$5000 H S A , 0%, Aware, HSA, CMM	Single	14	\$964.62
		Family	9	\$2,558.37
		Plan Total		\$438,360
PLAN 4	\$6650 H S A, 20%, Aware,PPO	Single	14	\$839.41
		Family	3	\$2,226.29
		Plan Total		\$221,167
PLAN 5	\$5000 H S A, 20%, Aware, CMM	Single	7	\$902.18
		Family	2	\$2,392.78
		Plan Total		\$133,210
		Group Total		\$2,050,993

- Rates include 1.25% commission

Blue Cross is offering the following rate cap for the Service Year (s) beginning on 7/1/2025.
12.5% for 2025 Service Year

Blue Cross reserves the right to re-evaluate the rate guarantee:

- (1) if enrollment changes by more than 10%, or
- (2) if average contract size or average family size changes by more than 5%, or
- (3) for any regulatory benefit or tax changes that would impact claims costs, or
- (4) during acts of civil or military authority, civil disturbance, war, terrorism, pandemic/epidemic fires, earthquakes, floods, tornadoes or other natural disasters or acts of God ("Force Majeure Event").



Windom Bids 2024 0% Plans

SWCoop/Medica Health Plan				SWCoop/Medica Health Plan					
							July Bid Rates	<i>v \$ Current</i>	<i>v % Current</i>
Current Rates									
Plan 1	\$3375 Aware	Single	\$913.04	Plan 1	\$3375 MSI PPMN	Single	\$1,101.86	\$188.82	21%
		Family	\$2,421.56			Family	\$2,922.36	\$500.80	21%
Plan 2	\$5000 Aware	Single	\$824.98	Plan 2	\$5000 MSI PPMN	Single	\$995.60	\$170.62	21%
		Family	\$2,188.00			Family	\$2,640.50	\$452.50	21%
Plan 3	\$6650 Aware	Single	\$752.86	Plan 3	\$6650 MSI PPMN	Single	\$908.56	\$155.70	21%
		Family	\$1,996.72			Family	\$2,409.66	\$412.94	21%

SWCoop/Medica Health Plan				BCBS Bid					
							July Bid Rates	<i>v \$ Current</i>	<i>v % Current</i>
Current Rates									
Plan 1	\$3375 Aware	Single	\$913.04	Plan 1	\$3375 Aware	Single	\$1,088.64	\$175.60	19%
		Family	\$2,421.56			Family	\$2,887.33	\$465.77	19%
Plan 2	\$5000 Aware	Single	\$824.98	Plan 2	\$5000 Aware	Single	\$964.62	\$139.64	17%
		Family	\$2,188.00			Family	\$2,558.37	\$370.37	17%
Plan 3	\$6650 Aware	Single	\$752.86	Plan 3	\$6650 Aware	Single	\$865.81	\$112.95	15%
		Family	\$1,996.72			Family	\$2,296.30	\$299.58	15%

BCBSMN is offering a 2nd year rate cap of 12.5%

SWCoop/Medica Health Plan				PEIP Bid					
							July Bid Rates	<i>v \$ Current</i>	<i>v % Current</i>
Current Rates									
Plan 1	\$3375 Aware	Single	\$913.04	Plan 1	HSA	Single	\$999.72	\$86.68	9%
		Family	\$2,421.56			Family	\$2,669.22	\$247.66	10%
Plan 2	\$5000 Aware	Single	\$824.98	Plan 2	HSA	Single	\$999.72	\$174.74	21%
		Family	\$2,188.00			Family	\$2,669.22	\$481.22	22%
Plan 3	\$6650 Aware	Single	\$752.86	Plan 3	HSA	Single	\$999.72	\$246.86	33%
		Family	\$1,996.72			Family	\$2,669.22	\$672.50	34%

Windom Bids 2024 20% Plans

SWCoop/Medica Health Plan				SWCoop/Medica Health Plan					
Current Rates						3/22 Bid Rates	v \$ Current	v % Current	
Plan 1	\$3375 Aware	Single	\$822.38	Plan 1	\$3375 MSI PPMN	Single	\$992.44	\$170.06	21%
		Family	\$2,181.10			Family	\$2,632.16	\$451.06	21%
Plan 2	\$5000 Aware	Single	\$748.58	Plan 2	\$5000 MSI PPMN	Single	\$904.28	\$155.70	21%
		Family	\$1,985.36			Family	\$2,398.36	\$413.00	21%
Plan 3	\$6650 Aware	Single	\$716.62	Plan 3	\$6650 MSI PPMN	Single	\$864.98	\$148.36	21%
		Family	\$1,900.62			Family	\$2,294.08	\$393.46	21%

SWCoop/Medica Health Plan				BCBS Bid					
Current Rates						3/22 Bid Rates	v \$ Current	v % Current	
Plan 1	\$3375 Aware	Single	\$822.38	Plan 1	\$3375 Aware	Single			
		Family	\$2,181.10			Family			
Plan 2	\$5000 Aware	Single	\$748.58	Plan 2	\$5000 Aware	Single	\$902.18	\$153.60	21%
		Family	\$1,985.36			Family	\$2,392.78	\$407.42	21%
Plan 3	\$6650 Aware	Single	\$716.62	Plan 3	\$6650 Aware	Single	\$839.41	\$122.79	17%
		Family	\$1,900.62			Family	\$2,226.29	\$325.67	17%

BCBSMN is offering a 2nd year rate cap of 12.5%

SWCoop/Medica Health Plan				PEIP Bid					
Current Rates						3/22 Bid Rates	v \$ Current	v % Current	
Plan 1	\$3375 Aware	Single	\$822.38	Plan 1	HSA	Single	\$999.72	\$177.34	22%
		Family	\$2,181.10			Family	\$2,669.22	\$488.12	22%
Plan 2	\$5000 Aware	Single	\$748.58	Plan 2	HSA	Single	\$999.72	\$251.14	34%
		Family	\$1,985.36			Family	\$2,669.22	\$683.86	34%
Plan 3	\$6650 Aware	Single	\$716.62	Plan 3	HSA	Single	\$999.72	\$283.10	40%
		Family	\$1,900.62			Family	\$2,669.22	\$768.60	40%

HealthPartners Declined To Bid

Windom Schools Bid Rates

Medica/Coop Renewal Rates

Renewal Rates

Plan 1	\$3375 DED 100%	Single	\$1,101.86
		Family	\$2,922.36
Plan 2	\$5000 DED 100%	Single	\$995.60
		Family	\$2,640.50
Plan 3	\$6650 DED 100%	Single	\$908.58
		Family	\$2,409.66

Renewal Rates

Plan 1	\$3375 DED 80%	Single	\$992.44
		Family	\$2,632.16
Plan 2	\$5000 DED 80%	Single	\$904.28
		Family	\$2,398.36
Plan 3	\$6650 DED 80%	Single	\$864.98
		Family	\$2,294.08

BCBS Renewal Bid

Bid Rates

\$3375 DED 100%	Single	\$1,088.64
	Family	\$2,887.31
\$5000 DED 100%	Single	\$964.62
	Family	\$2,558.37
\$6650 DED 100%	Single	\$865.81
	Family	\$2,296.30

Bid Rates

\$3375 DED 80%	Single	
	Family	
\$5000 DED 80%	Single	\$902.18
	Family	\$2,392.78
\$6650 DED 80%	Single	\$839.41
	Family	\$2,226.29

PEIP Renewal Bid

Bid Rates

HSA	Single	\$1,022.70
	Family	\$2,692.20

Bid Rates

HSA	Single	\$1,022.70
	Family	\$2,692.20

2024

HEALTH PLAN DECISION GUIDE

Large Group – Fully Insured

Table of contents

Your best choice	1
Network solutions.....	4
Blue Distinction network solutions	5
Blue Care Advisor SM	6
Personalized employee engagement	8
Integrated pharmacy	10
A complete benefit package	12
Social responsibility	14
A digital front door for health	16

Your best choice

With Minnesota's most trusted and preferred¹ health plan;^{2,3} you get more for your investment with unmatched network options, superior benefits, service, and ease of use for you and your employees.



¹Individual, Small Group, Large Group, Medicare Supplement data: NAIC enrollment reported for year-end 2021; Medicare Advantage and Cost: CMS enrollment as of year-end 2021; Self-insured enrollment: EMMA financial statement filings and publicly available information.

²"Is a company I can trust." Brand Strength Measure Survey, Blue Cross Blue Shield Association, 2014 – 2022, results based on approximately 70,000 online interviews with an 8, 9 or 10 response (scale of 1 to 10).

³"Is a name you can trust." Brand Strength Measure Survey, Blue Cross Blue Shield Association, 2010 – 2013, results based on approximately 800 interviews (half members/half non-members) collected through a random digit dial telephone survey.

MORE FOR YOUR MONEY

With the nation's preferred¹ health plan, you get an unmatched nationwide network paired with deep local market understanding to support your changing workforce needs.



BROADEST GLOBAL NETWORK

>190

COUNTRIES AND SPANS
EVERY U.S. ZIP CODE

97%

CLAIMS PAID
IN NETWORK²

4 – 9%

LOWER TOTAL COST OF
CARE³ WITH BLUECARD[®]

58%

AVERAGE SAVINGS⁴
WITH BLUECARD PPO



BLUE HIGH PERFORMANCE NETWORKSM

11%

SAVINGS OVER
BLUECARDSM PPO⁵



VALUE-BASED PAYMENTS

\$261B

ANNUAL
SAVINGS⁶



CLINICAL INTERVENTION

\$11,852

SAVINGS
PEMPY⁷

Each healthcare provider is an independent contractor and not our agent.

¹Blue Cross Blue Shield Association market insights data, 2021.

²Blue Cross Blue Shield Association Network portfolio statistics, April 2023, National Consulting Firm CY2020 Discount Benchmark.

³Blue Cross Blue Shield Association Network portfolio statistics, National Consulting Firm CY2019 Total Cost of Care Benchmark weighted by national census.

⁴Blue Cross Blue Shield Association Network portfolio statistics, CY2020 Market Cost Nationwide Report.

⁵Consortium Health Plans analysis, September, 2022. Savings are on average and assume 100% enrollment. Results will vary based on employer locations and implementation.

⁶Blue Cross Blue Shield Association, 2022 Value-Based Program RFI Topline National Stats, December 2022.

⁷Blue Cross and Blue Shield of Minnesota internal data, population health analytics, 2019.

PEACE OF MIND

Count on exceptional service, from someone who values people more than transactions, to help you every step of the way. No surprises, or we'll make it right.

LOCALLY GROWN



Rated highest for **peace of mind** compared to national competitors.¹

NATIONALLY KNOWN



TRUSTED PARTNER

Ranked the most trusted health plan for 13 years^{2,3}

As one of the nation's founding health plans, our commitment to providing quality, affordable healthcare for the people we serve is unmatched at nearly 90 years strong. We stand by that commitment and our efforts to achieve success. Guaranteed.



1 OUT OF 3 AMERICANS COVERED⁴

IN GOOD COMPANY

343 FORTUNE 500 ORGANIZATIONS⁵

44% MINNESOTA FORTUNE 500 COMPANIES⁶

¹Blue Cross Blue Shield Association National Key Metrics, Brand attribute study, 2021.

²"Is a company I can trust." Brand Strength Measure Survey, Blue Cross Blue Shield Association, 2014 – 2022, results based on approximately 70,000 online interviews with an 8, 9 or 10 response (scale of 1 to 10).

³"Is a name you can trust." Brand Strength Measure Survey, Blue Cross Blue Shield Association, 2010 – 2013, results based on approximately 800 interviews (half members/half non-members) collected through a random digit dial telephone survey.

⁴Blue Cross Blue Shield Association, 2022 Value Story.

⁵Blue Cross Blue Shield Association, Fortune Analysis, July 2019.

⁶Fortune magazine, 2021 list of companies, Blue Cross internal data.

Network solutions

Coverage everywhere your employees live, work and travel.

UNMATCHED NETWORK OPTIONS

Plan designs meet your needs while preserving choice

Whether you want choice, savings or a combination of both, Blue Cross and Blue Shield of Minnesota offers a variety of networks to choose from. Our broad local, national and international networks provide greater access to care while our focused networks offer cost savings and a more coordinated approach to healthcare.

TRAVEL WITH CONFIDENCE

All Minnesota networks include coverage while traveling outside of Minnesota.



International coverage

Blue Cross Blue Shield Global® Core provides access to care in more than 190 countries and territories worldwide.



Nationwide coverage

BlueCard® PPO provides access to more than 1.8 million providers* nationwide.



Broad access

Aware® is our broadest open-access network with 98 percent of doctors and hospitals in Minnesota. No referral necessary to see a physician or specialist of the member's choice.



Focused networks

Cost-saving network options to offer alone or as an alternative to the Aware Network.

*Blue Cross Association Provider Data Repository (PDR), June 2023.

Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

Allina Health is an independent company that provides network access to healthcare services.

Blue Cross Blue Shield Global® Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

BETTER INSIGHTS. BETTER CARE.

Deeper insights help doctors provide higher-quality care at lower costs in every community across the country.

It begins locally and scales nationally



100+ MILLION
members

1 IN 3 AMERICANS
has Blue Cross and Blue Shield insurance

Source: Blue Cross and Blue Shield Association, May 2020.

Grounded in strong provider collaboration and deep community investment



AWARE NETWORK*

174

Hospitals

20,797

Primary care providers

47,863

Specialty care providers

HIGH VALUE NETWORK*

119

Hospitals

13,639

Primary care providers

36,820

Specialty care providers

*Numbers reflective of signed contracts as of June 2022 and are subject to change.

FOCUSED NETWORKS

High Value Network

Provides statewide access to care at a substantial premium savings compared to plans on the Aware Network.

Blue Distinction network solutions

A suite of national solutions delivered by designated providers that meet nationally consistent criteria for quality and cost. There are more than 2,480 facilities and providers available in the top 100 metropolitan statistical areas (49 states and D.C.).

CENTERS OF EXCELLENCE

Blue Distinction® Centers (BDC) for Specialty Care have demonstrated better overall outcomes with fewer medical complications, fewer readmissions and higher survival rates in the delivery of specialty care.

- Bariatric
- Cancer care
- Cardiac care
- Cellular immunotherapy (CAR-T)
- Fertility care
- Gene therapy
- Knee and hip replacement
- Maternity care
- Spine surgery
- Substance use treatment
- Transplants

Blue Distinction® Centers are providers who demonstrate quality care, treatment expertise and better overall patient results.

Blue Distinction® Centers+ are providers who demonstrate more affordable care in addition to Blue Distinction Center quality criteria.

PROVEN RESULTS

Cost savings overall for BDC facilities compared to non-BDC facilities¹

23% BARIATRIC

34%+ TRANSPLANTS

27% SPINE SURGERY

21% KNEE AND HIP REPLACEMENT

Blue Distinction Centers (BDC) met overall quality measures for patient safety and outcomes, developed with input from the medical community. Individual outcomes may vary. National criteria are displayed on www.bcbs.com. Neither Blue Cross and Blue Shield Association nor any Blue plans are responsible for damages, losses, or non-covered charges resulting from Blue Distinction or other provider finder information or care received from Blue Distinction or other providers. Designation as Blue Distinction Centers means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary.

TOTAL CARE

Focused largely on primary care, Total Care recognizes doctors and hospitals that focus on the whole patient — emphasizing prevention and wellbeing, delivering more coordinated care, and helping patients better manage chronic conditions.

Delivering better outcomes



619,524

providers are participating in value-based care arrangements (305,621 primary care providers and 313,903 specialists)²

MORE THAN 3X

the number of providers in our closest competitors' program



75 MILLION members³



20% AVERAGE SAVINGS per episode⁴

¹BDC+ eligible facilities versus relevant comparison group.

²BCBS Provider Data Repository and VBP RFI 2022 Survey.

³2022 Value-based program RFI – Topline National Stats, December 2022.

⁴BCBSA data, BDC/BDC+ eligible facilities vs. relevant comparison group. Results based on most recent designation cycle for each specialty. Savings based on total episode cost.

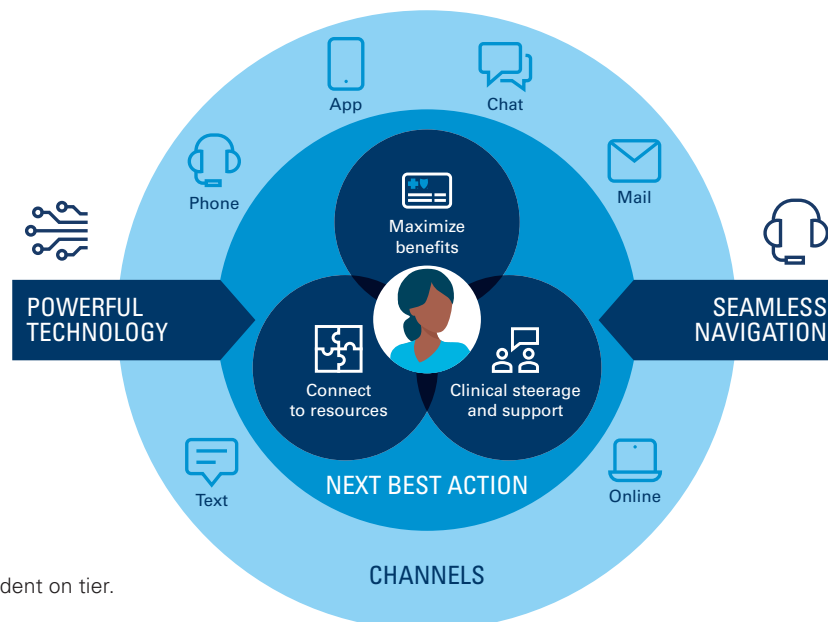
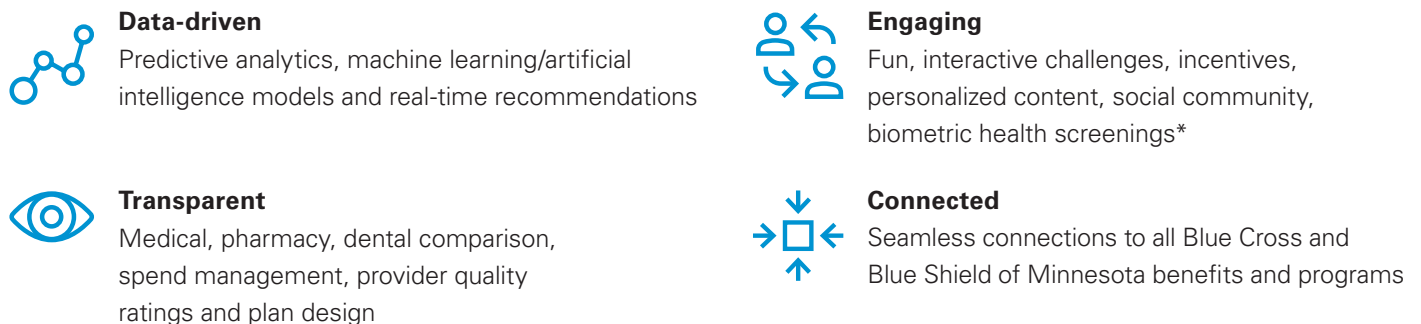
Blue Care AdvisorSM

Enhance employees' health and wellbeing with a personalized experience.

Blue Care Advisor brings together health, wellbeing and navigation into one easy-to-use digital resource. Employees can easily navigate total benefits and get expert guidance to help them get the care they need to achieve better overall health.



CONNECT EVERYTHING EMPLOYEES NEED TO MANAGE HEALTHCARE



*Availability of programs dependent on tier.

THREE LEVELS TO ENGAGEMENT

ESSENTIAL

A personalized digital experience built around high levels of individual attention and service. Connects employees to the right benefits, programs and care at the right time.

Digital front door

Employees connect to plan benefits and programs through self-service digital tools

Wellbeing engagement

The Get Active program includes motivational content, step/step-equivalent tracking, health assessment and incentives

Multichannel accessibility

Phone and in-app messaging support

Data-driven recommendations

Predictive analytics and machine learning guide members to the next best action

ESSENTIAL PLUS

Many of the features of Essential, with added benefits and health and wellbeing tools that can be tailored to individual needs and goals. Option to purchase additional health and wellbeing solutions, including reward programs.

Configurable networks, medical and/or prescription benefits

Unique benefit structures display seamlessly in the experience, ensuring members are guided to the appropriate care

Expanded benefit pages

Access to group-specific carve-out programs

Health and wellbeing reward programs*

Comprehensive reward program with features and benefits for tracking physical activity, sleep, nutrition, daily health habits, preventive visits and biometric health screenings to drive increased engagement, supporting and rewarding members along their health journey

PREMIUM*

The most robust option includes all the features from Essential Plus as well as expanded digital tools, additional clinical resources and guaranteed results. Option to purchase additional health and wellbeing solutions, including reward programs.

Additional clinical resources

Expert health coaching and increased staffing ratios

High-touch concierge service

Expert concierge care advisors, digital accessibility in English and Spanish

Health and wellbeing reward programs

Configurable reward program that allows for increased flexibility in design, with rewardable participation-based activities

Strategic support

Customer success manager for strategic planning, implementation and evaluation

Real-time insights and communications

Self-service access to aggregate population reporting and customized communication campaigns

Results

Guaranteed return on investment, engagement and health outcomes

MEMBER SATISFACTION¹



88%
overall



82.9%
understanding
benefits



84.7%
finding providers
that fit needs

¹2023 Internal BCBSMN Member Satisfaction Survey Q1 results.

*Available as a buy-up program

Personalized employee engagement

A full spectrum of integrated solutions to drive better health.

HEALTHCARE OPTIONS

Online care — Board-certified physicians and mental health providers from Doctor On Demand® deliver care for many medical and mental health conditions via smartphone, tablet or computer. Video visits can reduce time away from work as well as expensive emergency room and urgent care visits.

Nurse line† — Registered nurses provide expert advice and guide members to the right level of care. Available 24 hours a day, seven days a week.

BEHAVIORAL AND EMOTIONAL HEALTH

Employee assistance program (EAP)† — Confidential assistance for finding child care, elder care, legal advice, mental health counseling and more from masters-level professionals. Services are available to eligible members and their household by telephone 24 hours a day, seven days a week. Online and in-person counseling is available as an enhanced option for an additional fee.

Online behavioral health programs — Learn to Live is an online cognitive behavioral therapy program for people concerned about substance use, stress, insomnia, depression, social anxiety, panic or resilience.



PERSONALIZED SUPPORT

Case management — Support from a clinical case manager for managing a chronic or serious health condition. Includes education, reinforcing treatment plans and information about available community resources.

Wellness coaching† — Experienced Wellness Coaches help members develop healthy habits for lasting lifestyle change. Members receive guidance and ongoing support for creating a customized plan to address physical activity, healthy eating, weight management, sleep and stress.

Health guidance — Personalized, one-one support for nutrition, sleep, movement, medications and emotional wellbeing.

Integrated kidney care — Support managing care for chronic and end-stage kidney disease to maintain health and support overall quality of life. It is available to eligible members at no additional cost.

Maternity management — Support and guidance to maintain a healthier pregnancy from a maternity case manager. High-risk members receive telephonic outreach. All members may self-refer.



20% engagement in Learn to Live programs and services

30% drop in leading depression and anxiety measures

5x more employees receiving support for anxiety and depression

94% of members would recommend Learn to Live's programs to others

*Internal Learn to Live data, 2022.

†Available as a buy-up program. Contact your account representative for more information.

Doctor On Demand® by Included Health is an independent company providing telehealth services.

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support. Learn to Live is an educational program and should not be considered medical treatment.

MOBE, LLC is an independent company that provides guided health solutions.

Quitting tobacco support — Personalized guidance for developing a quit plan and ongoing support from a wellness coach.

Diabetes and heart disease prevention[†] — Omada[®] is a 16-week course for members at risk for diabetes and heart disease. It is the largest prevention program recognized by the CDC for high-risk conditions. Omada helps members take preventive measures through education, health coaching and online peer groups.

Diabetes prevention program — Provides lifestyle change support focused on healthy eating and physical activity to help lower the risk for Type 2 diabetes.

Peer support — Employees can connect with a peer specialist who has firsthand experience with mental health and substance abuse care for mentorship that supports recovery.

Gender care services — Guidance for transgender and non-binary members to help manage care and navigate insurance.

Autism program — Licensed professionals provide clinical and administrative assistance to get your employees the support and treatment they need.

Opioid use program — Assistance identifying underlying conditions that contribute to substance use and find appropriate care to support recovery.

Eating disorder program — One-on-one support for employees and family members at risk of or recovering from an eating disorder.

VIRTUAL HEALTH AND WELLBEING SUPPORT TOOLS

Online health and wellbeing platform — Blue Care Advisor seamlessly connects employees to everything they need to manage their health. Online tools allow them to easily find quality in-network healthcare providers, get cost estimates on care, and access claims, medical spending and wellness tools in one convenient location. Plus daily tracking helps members meet health goals.



Real change*

46,517 enrolled

334,637 pounds lost

87% of accepted applicants enroll

26.6x/week average engagement

3.8% 16-week average weight loss

3.9% 26-week average weight loss

32% sustained weight loss of at least 5%+ at 52 weeks

*Omada cumulative data through June 1, 2022.

REWARDS AND DISCOUNTS

Wellness discount marketplace — Blue365[®] provides discounts on local and national products and services that complement overall wellness.

Wellness and activity incentives[†] — Incentive program encourages employees to take steps toward improving their health.

HEALTH SCREENINGS[†]

Creates awareness about overall health status by providing individual results for standard measurements including BMI, blood pressure, cholesterol and glucose. Identifies areas for action to prevent and manage chronic conditions.

[†]Available as a buy-up program. Contact your account representative for more information.

VillageHealth is a program of DaVita Integrated Kidney Care, a division of DaVita Kidney Care, an independent company. VillageHealth offers supportive care services for kidney disease.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Blue365[®] is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

Integrated pharmacy

A comprehensive approach to managing your pharmacy benefit for improved care and reduced costs.

BRIDGING THE GAP BETWEEN MEDICAL AND PHARMACY

As your health plan carrier, we manage your pharmacy benefits in partnership with Prime Therapeutics LLC (Prime). Prime is a leading national pharmacy benefit manager (PBM) serving 33 health plans and more than 40 million members.¹

Together, Blue Cross and Prime combine insights on medical and pharmacy benefit utilization to identify gaps in care that can eliminate unnecessary healthcare costs. Our model provides a comprehensive patient picture that focuses on members, better outcomes and overall net costs.

In addition, Prime's collaboration with leaders in healthcare in the United States offers unmatched scale and purchasing power to help drive down the cost of prescription drugs.

Together, Blue Cross and Prime
OFFER ONE

- Point of contact
- Member ID card
- Web point of entry
- Resource for claims and spending



CARVE-IN MEDICAL SAVINGS VS. CARVE-OUT

COMPETITOR X CARVE-IN

Per member per year versus carve-out

\$148²

4% of total medical costs

BLUE CROSS CARVE-IN

Per member per year versus carve-out

\$422³

9% of total medical costs

HOSPITALIZATION

↓ 17%
lower rates³

EMERGENCY ROOM

↓ 13%
fewer visits³



BLUE CROSS CARVE-IN VS. CARVE-OUT: SPECIALTY CHRONIC CONDITIONS*

MEDICAL COSTS

↓ 21% overall lower costs³

HOSPITALIZATION

↓ 22% overall lower rates³

¹Prime Therapeutics internal account data, 2023.






²Competitor X analysis, 2023.

³Gleason, Patrick and Qiu, Yang. Blue Cross and Blue Shield of Minnesota: Pharmacy Benefit Analysis (December 2022).

*Multiple sclerosis (MS) and rheumatoid arthritis (RA).

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.

BENEFIT MANAGEMENT

 Benefit management philosophy	A comprehensive and tightly managed plan design.
 Pharmacy network	Classic Network
 Formulary	KeyRx, managed
 Utilization management	<ul style="list-style-type: none">• Prior authorization• Quantity limits• Step therapy standard• GuidedHealth®
 Premium savings*	1.2%

*Client actual savings will depend on current utilization, benefits and plan design.

GuidedHealth® is a registered mark of Prime Therapeutics LLC, an independent company providing pharmacy benefit management services.

Aligning pharmacy with medical allows the focus to be on lowering the cost of care, adherence to treatment plans and overall member health.



A complete benefit package

Enjoy one seamless experience.

BLUE CROSS MAKES IT EASY

With excellent customer service, prompt claims processing and optional e-billing, choosing Blue Cross is a smart choice. In addition, when you combine one of our vision or dental products with your Blue Cross medical plan you'll enjoy:

- One enrollment and implementation process
- One account management team
- One integrated bill when medical and ancillary plans are both funded the same
- One member website

VISION

Blue Cross Vision leverages the Davis Vision network, a national network of private practice and retail locations that includes ophthalmologists and optometrists. This includes Target Optical, Pearle Vision, America's Best, JCPenney Optical and Shopko Optical, as well as online providers like 1800Contacts.com, glasses.com and befitting.com. Visit bluecrossmn.com/FindAnEyeDoctor to find participating providers.

- Fixed lens pricing for all plans; members pay the same no matter where they go in network
- Free one-year breakage warranty
- Discount on second pair of eyewear at in-network providers
- Enhanced benefits including an additional \$50 frame allowance at all Visionworks locations
- 62 percent average retail savings on lens options¹
- LASIK discounts available through QualSight LLC²
- Blue light lens coverage



4 OUT OF **5** 

TOP OPTICAL RETAILERS PARTICIPATE

including Visionworks, Costco, Walmart and Sam's Club*

¹Blue Cross Internal Data, Utilization Report, April 2022 (Based on January – December 2021 data).

²Laser vision correction services administered by QualSight, LLC[®]. Terms and savings are subject to change. QualSight is an independent company that does not offer Blue Cross products or services. QualSight is solely responsible for its products and services.

*Retail partners of Davis Vision.

Davis Vision is an independent company providing vision benefit management services and access to the Davis network. Each vision provider is an independent contractor and not our agent.

DENTAL

Blue Cross Dental uses the Advantage Plus AXS network, a large national network managed by United Concordia Dental. Visit bluecrossmn.com/FindADentist to find participating providers.

- No waiting periods or missing tooth clause
- Preventive in-network services are covered at 100 percent in all plans. To further promote regular dental visits and stretch benefit dollars, some plans do not count preventive services toward the annual maximum.
- Highly customizable for greater flexibility and employee choice, employers may offer more than one plan
- Discounts on non-covered services available from select dentists in the network

MEDICAL SAVINGS ACCOUNTS

Experience the advantages of your health plan and account administrator working together to give you and your employees a simple and seamless experience.

FurtherSM by HealthEquity is a leading health spending account administrator that has been driving innovation in medical spending accounts since 1989. Further's powerful platform provides convenient claims migration and is designed to engage and educate consumers about saving and spending wisely for healthcare.

Further offers a full range of savings and reimbursement accounts:

- Health savings accounts
- Flexible spending accounts
- Health reimbursement arrangements

FURTHERSM
by HealthEquity

United Concordia Advantage Plus AXS national network



30%
AVERAGE NETWORK
DISCOUNT⁴



369,000
ACCESS POINTS
NATIONWIDE⁵



8,600
ACCESS POINTS
IN MINNESOTA⁵

⁴United Concordia, internal claims data, 2023.

⁵As of April 2023.



United Concordia Companies, Inc. is an independent company providing dental benefit management services and access to the Advantage Plus AXS network.

Further Operations, LLC, a wholly owned subsidiary of HealthEquity, Inc. is an independent company providing account administration services.

Social responsibility

We're committed to our mission of paving the way for everyone to achieve their healthiest life by advancing racial and health equity — a key strategy to achieving and sustaining health for all.

CREATING EQUITABLE CHANGE

80 percent of health happens outside the doctor's office.¹ Factors including housing, access to healthy foods, community connections, intergenerational trauma, and racism all have a profound impact on the health of our communities. Blue Cross is focused on listening and fostering relationships in all historically marginalized communities and being accountable for creating change. Our collaborations with communities are helping to ensure that all people receive culturally responsive healthcare rooted in dignity and trust, and the continued elimination of longstanding inequities.

2022 BY THE NUMBERS²

- **14,000 hours** were donated by associates to charitable organizations in 2022
- **26 community organizations** were funded by the Center for Prevention, **totaling \$6 million**, to support health equity, access to healthy foods and commercial tobacco control
- **\$5.15 million** was donated to 40 organizations by the Racial Equity Action Committee for Health (REACH)
- **57 grants, totaling \$4.4 million**, through the Foundation to support early childhood care and education, safe and welcoming communities, and access to healthcare coverage
- **534,658 pounds of food** distributed or donated to individuals, children and families facing food insecurity through the Center for Prevention's Health POWER initiative
- **145,000 views** of antiracist videos created for the Make It Your Business campaign
- **600 charitable organizations** received a total of **\$1 million** from associate giving programs and company sponsorships



\$16.55 MILLION
DONATED TO CHARITABLE
ORGANIZATIONS



WITH



99%
REMAINING WITHIN
MINNESOTA

¹National Academy of Medicine, 2017.

²Blue Cross and Blue Shield of Minnesota internal data, 2022.

Blue Cross® and Blue Shield® of Minnesota Foundation is a nonprofit independent licensee of the Blue Cross and Blue Shield Association.



COMMUNITY IMPACT AWARD

Twin Cities Business Magazine recognized Blue Cross with its Community Impact Award for Corporate Leadership on Solving Social Problems for its work to transform care and improve health for all communities across Minnesota, especially those that have experienced racial and systemic-related health inequities.

CHANGING THE NARRATIVE

We are working to advance health equity through unique collaborations that feature stories from marginalized communities. For example, ThreeSixty Journalism works to empower the next generation of diverse storytellers, change the dominant narrative on health, and give voice to those most impacted by health inequities. A public art exhibit at the Minneapolis Institute of Art features works from high school students that reflect how racism impacts their lives and the health of their families and communities.

By amplifying these narratives we hope to expand the way the mainstream thinks about and views health, change mindsets and eliminate inequities.

SUPPORTING UNITED STATES VETERANS

United Heroes Leagues works to provide opportunities to children of military service members to participate in sports through free sports equipment, game tickets, cash grants, camps and more. In 2022, associates organized sports equipment drives at Blue Cross retail centers collecting a total of 626 pieces of equipment valued at almost \$17,000.

NATIONAL FITNESS CAMPAIGN

Blue Cross is working with the National fitness campaign to create 10 free, outdoor Fitness Courts® for communities across Minnesota with location designations in BIPOC and historically underserved communities—investing in equitable access to outdoor exercise programs to positively impact deeply embedded inequities.

GRASSROOTS COMMUNITY GIVING

Each year employees donate funds for charitable organizations of their choice through the Blue Cross Community Giving campaign. Contributions to eligible organizations earn a 50 percent match from the Blue Cross and Blue Shield of Minnesota Foundation.

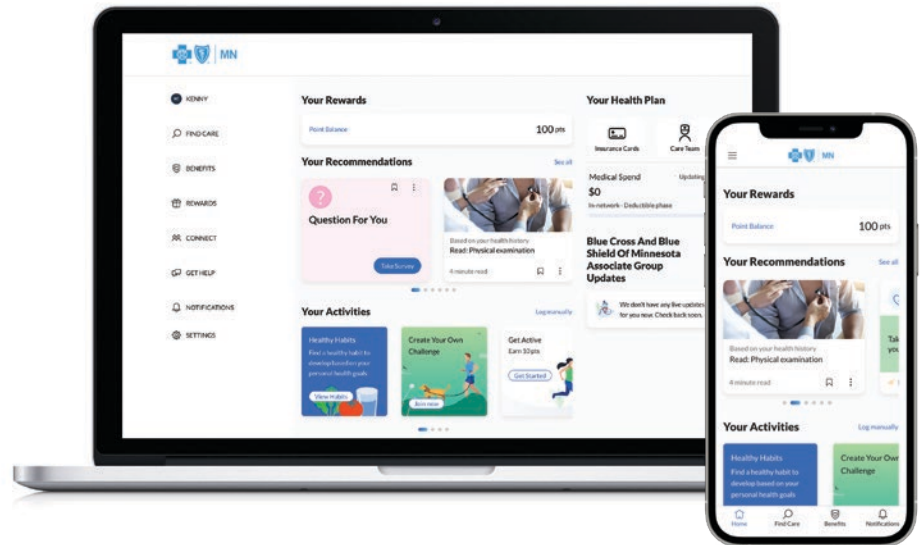
A digital front door for health

Blue Care AdvisorSM brings together health, wellbeing and navigation into one easy-to-use digital resource. Employees can easily navigate total benefits and get expert guidance to help them get the care they need to achieve better overall health.

BLUE CARE ADVISOR

Connects employees to everything they need to manage their health.

- Understand and use their plan
- Find high-quality care
- Get next best action recommendations
- Stay on track with health goals
- Access programs and benefits
- View important plan details



GET STARTED

- 1 Download the mobile app or go to bluecrossmn.com/BCA
- 2 Log in with your existing Blue Cross account or register for a new account

EXPLORE THE BLUE CARE ADVISOR DESKTOP SITE OR APP



FIND QUALITY IN-NETWORK PROVIDERS NEAR YOU



KNOW HOW MUCH CARE WILL COST BEFORE YOU SEE A DOCTOR



UNDERSTAND YOUR HEALTH PLAN

bluecrossmn.com

Better together

You and BlueSM



MN

Blue Cross[®] and Blue Shield[®] of Minnesota and Blue Plus[®] are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

M07013R02 (8/23)

BENEFIT REVIEW SUMMARY FOR FULLY-FUNDED PLAN DESIGNS

Proposed Benefit	Blue Cross Benefit Administration	Blue Cross Recommendation
<p>Autism</p> <p>Intensive behavioral and developmental therapy for the treatment of autism spectrum disorder when provided in accordance with an individualized treatment plan prescribed by the covered person’s treating physician or mental health professional.</p> <p>[No age limit.]</p>	<p>Autism treatment is covered both In-Network and Out-of-Network in accordance with Minnesota statute §256B.0949. This statute states treatment is available to persons under age 21.</p>	<p>Cover to age 21.</p>
<p>Bariatric Surgery</p> <p><i>MEDICA CHOICE PASSPORT</i> <i>3375-0% HSA / 3375-20% HSA /</i> <i>5000-0% HSA / 5000-20% HSA plans only:</i></p> <p><u>Network provider</u> Coverage level is the same as the corresponding Network Benefits depending on the type of service provided, such as Office Visits for Illness or Injury, Inpatient or Outpatient Hospital Services.</p> <p><u>Non-network provider</u> No coverage.</p>	<p><u>Options:</u></p> <ol style="list-style-type: none"> 1) Not covered. 2) If the benefit is covered, the following standards apply: <i>Members ages 18 and older must access a Blue Distinction Center (BDC) to receive the highest benefit for bariatric services:</i> BDC facility charges are covered the same as In-Network inpatient and outpatient hospital facility benefits. All other network facilities are covered the same as Out-of-Network facility benefit. Nonparticipating providers are not covered. <p><u>Aware Network options only:</u></p> <ol style="list-style-type: none"> 1) BDC 2) BDC+ 3) Do not steer to BDC or BDC+; coverage is the same as inpatient and outpatient benefits. <p><i>For BDC/BDC+ Benefits</i> <i>Members 18 and Older:</i></p> <p><u>BDC/BDC+ Facility options:</u></p> <ol style="list-style-type: none"> 1) Coverage is the same as In-Network inpatient/outpatient hospital facility benefit. 2) Apply bariatric surgery copay of \$0-\$2,500 per surgery, then 0% member coinsurance, no deductible (not HSA compatible). 	<p>Choose one of the Blue Cross benefits standards.</p>

<p>Bariatric Surgery (cont.)</p>	<p><u>Other Network facilities:</u></p> <ol style="list-style-type: none"> 1) Coverage is the same as Out-of-Network inpatient and outpatient benefits. 2) Not covered. 3) Apply a bariatric surgery copay of \$0-\$5,000 per surgery, then 0% member coinsurance, no deductible (not HSA compatible). <p><u>Nonparticipating facilities:</u></p> <ol style="list-style-type: none"> 1) Not covered. 2) Coverage is the same as Out-of-Network inpatient and outpatient benefits. <p><i>Members under age 18 can access any In-Network facility to receive the BDC+ benefit.</i></p>	
<p>Durable Medical Equipment, Prosthetics and Medical Supplies</p> <p>Hearing aids for covered persons 18 years of age and younger for hearing loss that is not correctable by other covered procedures.</p>	<p>To conform with the January 1, 2024, federal nondiscrimination requirements for essential health benefits, Blue Cross has removed this age maximum. Hearing aids, when covered, are covered for all ages.</p>	<p>Eliminate the age maximum and cover for all persons of all ages.</p>
<p>Home Health Care</p> <p>Benefits are limited to a combined maximum of 120 visits per plan year for in-network benefits and 60 visits per plan year for out-of-network benefits.</p>	<p>This limit is not an available option.</p> <p><u>Options:</u></p> <ol style="list-style-type: none"> 1) In-Network coverage only with maximum benefit of 120 visits per person per year; no coverage Out-of-Network. 2) All networks coverage with no maximum. 3) All networks coverage with maximum benefit of 120 visits per person per year. 	<p>Choose one of the Blue Cross benefits standards.</p>

Proposed Benefit	Blue Cross Benefit Administration	Blue Cross Recommendation
<p>Home Health Care (cont.)</p> <p>If you are eligible to receive palliative care in the home and the member is not homebound, there is a maximum of 8 visits per calendar year. Additional palliative care visits are eligible under the home health services benefit if the member is homebound and meets all other requirements as defined in the Plan.</p>	<p>This limit is not an available option.</p>	<p>Eliminate the separate palliative care visit maximum and cover the same as any other home health care visit. Palliative care visits are subject to the home health care visits maximum.</p>
<p>Hospice Services</p> <p>Respite care is limited to not more than five consecutive days.</p>	<p>Blue Cross does not administer this maximum.</p>	<p>Cover according to Blue Cross' benefits standard.</p>
<p>Hospice Services (cont.)</p> <p>Bereavement counseling is not covered, except when recommended and provided by the hospice program.</p>	<p>Prolonged grief/bereavement may be covered as an adjustment reaction under Federal Parity laws.</p> <p>The proposal in ICD-11 states that 'prolonged grief' can be diagnosed six months after the bereavement commenced. Criteria includes several factors, including intensity and duration, with the central issue being prolonged grief's considerable impact on daily functioning.</p>	<p>Cover according to Blue Cross' benefits standard.</p>
<p>Hospital Services</p> <p><i>Inpatient services provided through a home hospitalization program.</i></p> <p><u>Network provider</u> Coinsurance after deductible.</p>	<p>Blue Cross does not offer this program.</p>	<p>Blue Cross does not offer this program.</p>

Proposed Benefit	Blue Cross Benefit Administration	Blue Cross Recommendation
<p>Infertility Diagnosis and Fertility Treatment and Assisted Reproductive Technology</p> <p><i>MEDICA CHOICE PASSPORT 3375-0% HSA / 3375-20% HSA / 5000-0% HSA / 5000-20% HSA plans only:</i></p> <p>Coverage for fertility treatment is limited to a maximum of \$5,000 per covered person per plan year for in-network and out-of-network benefits combined. The fertility treatment limit of \$5,000 is separate from the fertility treatment drug limit of \$3,000 per plan year.</p>	<p><u>Options:</u></p> <ol style="list-style-type: none"> 1) Benefit standard: No Coverage 2) Covered, with maximum: <ol style="list-style-type: none"> a) Separate medical and prescription drug lifetime maximum limited to \$3,500 for drugs and \$8,000 for medical. b) Combined medical and prescription drug, limited to \$10,000 or \$15,000, annual or lifetime maximum. 	<p>Cover according to Blue Cross' benefits standard.</p>
<p>Medical-Related Dental Services</p> <p>Accident-related dental services to treat an injury to and to repair (not replace) sound, natural teeth. The following conditions apply:</p> <p>Coverage is limited to services received within 12 months from the later of:</p> <ol style="list-style-type: none"> i. The date you are first covered under the plan; or ii. The date of the injury. 	<p>Accident-related dental services, treatment and/or restoration of sound, natural healthy teeth must be initiated within 12 months of the date of injury or within 12 months of the effective date of coverage under the plan. This is limited to the initial treatment (or course of treatment) and/or initial restoration. Only services performed within 24 months from the date of treatment or restoration is initiated are covered. Coverage for treatment and/or restoration is limited to re-implantation of original sound and healthy natural teeth, crowns, fillings, and bridges.</p>	<p>Cover according to Blue Cross' benefits standard.</p>

Proposed Benefit	Blue Cross Benefit Administration	Blue Cross Recommendation
<p>Physical, Speech and Occupational Therapies</p> <p><i>What's Not Covered</i></p> <p>Massage therapy, provided in any setting, even when it is part of a comprehensive treatment plan.</p>	<p>Massage therapy, provided in any setting, even when it is part of a comprehensive treatment plan.</p>	<p>Cover according to Blue Cross' benefits standard.</p>
<p>Physician and Professional Services</p> <p><i>MEDICA CHOICE PASSPORT</i> 3375-0% HSA / 3375-20% HSA / 5000-0% HSA / 5000-20% HSA plans only:</p> <p><i>Urgent care</i></p> <p><u>Non-network provider</u> Covered as an in-network benefit.</p>	<p>Out-of-Network urgent care services are covered at the plan's overall Out-of-Network deductible and member coinsurance cost sharings.</p>	<p>Cover according to Blue Cross' benefits standard.</p>
<p>Prescription Drugs</p> <p><i>Fertility Drugs</i></p> <p>Fertility treatment covered drugs are limited to a benefit maximum of \$3,000 per calendar year.</p>	<p>Blue Cross standardly covers fertility prescription drugs up to a \$3,500 per lifetime.</p>	<p>Cover according to Blue Cross' benefits standard.</p>
<p>Skilled Nursing Facilities</p> <p><i>MEDICA CHOICE PASSPORT</i> 3375-0% HSA / 3375-20% HSA plans only:</p> <p>Daily skilled care or daily skilled rehabilitation services, including room and board.</p> <p>[No day maximum.]</p>	<p>Coverage for skilled nursing facility care is limited to 120 days per calendar year.</p>	<p>Cover according to Blue Cross' benefits standard.</p>
<p>Transplant Services</p> <p>Airfare is reimbursable only if the travel distance from your home to the designated transplant facility is 200 miles or more.</p>	<p>Travel reimbursement covers the lesser of (1) the IRS medical mileage allowance in effect on the dates of travel per an online web mapping service or (2) airline ticket price paid. Mileage applies to the patient traveling to and from home and the Blue Distinction Centers for Transplants (BDCT) only.</p>	<p>Cover according to Blue Cross' benefits standard.</p>

Proposed Benefit	Blue Cross Benefit Administration	Blue Cross Recommendation
<p>Transplant Services (cont.)</p> <p>There is a lifetime maximum of \$10,000 per member for all transportation and lodging expenses incurred by you and your companion(s).</p>	<p>Travel expenses have a maximum of \$5,000 In-Network per person per lifetime.</p> <p>No travel expenses coverage for non-BDC and nonparticipating providers.</p> <p>Services that are not part of the Transplant Payment Allowance process under normal benefits.</p> <p>HSA plans are required to apply the plan deductible, per covered network tier.</p>	<p>Cover according to Blue Cross' benefits standard.</p>
<p>Transplant Services (cont.)</p> <p>Coverage is provided for the following human organ transplants, if appropriate, and those that are not otherwise excluded from coverage:</p> <ul style="list-style-type: none"> • Kidney • Pancreas • Pancreas/kidney 	<p>Cornea, kidney, pancreas/kidney, and pancreas (alone) transplants are covered the same as any other illness under standard benefits by professional and facility services, places of service, and network tiers. (Kidney transplants done in conjunction with a liver transplant are covered under the Transplant benefit.) Travel benefits do not apply.</p>	<p>Cover according to Blue Cross' benefits standard.</p>

Revised Budget is based on 1,175 ADMS

FY2024 Revised Budget

FY2024 Revised Budget

FUND DESCRIPTION	FY2024 Revised Budget		FY2024 Revised Budget	
	2023-2024 REVISED BUDGET REVENUES/TRANSFERS	2023-2024 % ACTUAL REVENUES/TRANSFERS	2023-2024 REVISED BUDGET EXPENDITURES	2023-2024 % ACTUAL EXPENDITURES
GENERAL FUND				
A. 1 - UNASSIGNED (422)	\$ 15,446,011		\$ 15,077,715	
B. 2 - NON SPENDABLE (460)				
C. 2 - COMMITTED (418)				
D. 3 - ASSIGNED (462)	\$ 371,500		\$ 383,711	
B. RESERVED FOR				
(1) STAFF DEVELOPMENT (403)	\$ 183,447		\$ 188,252	
(2) LEARNING AND DEVELOPM (428)	\$ 266,314		\$ 266,314	
(3) BASIC SKILLS (441)	\$ 1,177,227		\$ 1,177,227	
(5) GIFTED & TALENTED (438)	\$ 16,705		\$ 16,705	
(6) SAFE SCHOOL LEVY (449)	\$ 46,737		\$ 60,881	
(8) OPERATING CAPITAL (424)	\$ 300,440		\$ 120,738	
(11) ACHIEVEMENT & INTEGRATION (448)	\$ 169,991		\$ 169,991	
(12) LONG TERM FACILITIES MAINT. (467)	\$ 305,821		\$ 310,500	
(13) MEDICAL ASSISTANCE (472)	\$ 85,000		\$ 85,000	
(15) PAYMENT IN LIEU OF TAXES (476)	\$ 18,000		\$ 18,000	
(16) SCHOLARSHIPS (402)	\$ 4,760		\$ 4,500	
(18) LITERACY INCENTIVE AID (401)	\$ 58,971		\$ 58,971	
(19) ENGLISH LEARNER (4439)	\$ 307,840		\$ 307,840	
(20) SCHOOL LIBRARY (443)	\$ 40,000		\$ 40,000	
TOTAL GENERAL FUND (01)	\$ 18,798,764	65%	\$ 18,286,345	62%
TOTAL FOOD SERVICE (02)	\$ 1,092,118	58%	\$ 1,134,408	65%
COMMUNITY EDUCATION				
REGULAR COMMUNITY ED (431)	\$ 146,350		\$ 149,525	
EARLY CHILDHOOD FAMILY ED (432)	\$ 70,530		\$ 54,628	
SCHOOL READINESS (444)	\$ 185,082		\$ 185,055	
ADULT BASIC EDUCATION (447)	\$ 32,000		\$ 32,000	
RESTRICTED (464)	\$ 6,949		\$ 8,081	
TOTAL COMMUNITY EDUCATION (04)	\$ 440,912	55%	\$ 429,289	56%
TOTAL DEBT SERVICE (07)	\$ 2,331,809	62%	\$ 2,310,663	100%
TOTAL STUDENT ACTIVITY ACCOUNTS (21)	\$ 162,552	100%	\$ 200,852	102%
TOTAL DISTRICT WIDE	\$ 22,826,155		\$ 22,361,557	

COVID Year

FY2023 as of 3-31-2023		FY2022 as of 3-31-2022		FY2021 as of 3-31-2021		FY2020 as of 3-31-2020		FY2019 as of 3-31-2019		FY2018 as of 3-31-2018		FY2017 as of 3-31-2017		FY2016 as of 3-31-2016	
Revenue	Expenses	Revenue	Expenses	Revenue	Expenses	Revenue	Expenses	Revenue	Expenses	Revenue	Expenses	Revenue	Expenses	Revenue	Expenses
65%	65%	57%	64%	60%	61%	61%	63%	56%	62%	57%	63%	55%	64%	60%	63%
64%	67%	70%	63%	59%	61%	62%	67%	56%	59%	63%	61%	64%	62%	65%	65%
57%	60%	52%	66%	55%	62%	55%	56%	53%	61%	44%	60%	49%	62%	57%	65%
59%	100%	58%	100%	57%	100%	55%	100%	110%**	100%	45%	100%	44%	100%	654%*	650%
124%	81%	119%	119%	33%	36%	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

**Bond Issuance

*Bond Refunding