

**Discovery Public School
126 - 8th Street N.W.
Faribault, MN 55021
Regular Meeting
November 18, 2021 @ 4:30pm**

We believe all children can learn.
We believe a trusting, caring, and nurturing environment must pervade the entire school.
We believe in including as many children as possible in all of the learning opportunities.
We believe all of our actions should be consistent with our purpose and vision.
We believe students should be taught "how" to think, not "what" to think.
We believe the primary purpose of education is to teach children "how" to learn.
We believe children must take responsibility for and be actively involved in their learning.

Per Statute 13D.021 subdivision 1.1:

"The DPS Board Chair has determined that an in-person meeting is not practical or prudent because of a health pandemic."

1. Call to Order and Roll Call –

<input type="checkbox"/> Russ Kennedy, Chair	<input type="checkbox"/> Steven (Sam) Macklay, Clerk/Treasurer
<input type="checkbox"/> Jim Severson, Vice-Chair	<input type="checkbox"/> Cody Hanson
<input type="checkbox"/> Kay Hammer	<input type="checkbox"/> Sharon Hansen
<input type="checkbox"/> Authorizer (Osprey Wilds):	<input type="checkbox"/> Kari-Ann Schmidt
<input type="checkbox"/> Guest(s):	<input type="checkbox"/> Dan Weisser, Ex-Officio

2. Approval of the Agenda-

Motion: _____ Second: _____ Carried: _____ Failed: _____ Abstain: _____

3. Approval of the October 14, 2021 Minutes-

Motion: _____ Second: _____ Carried: _____ Failed: _____ Abstain: _____

4. Monthly Financial Statement –

Motion: _____ Second: _____ Carried: _____ Failed: _____ Abstain: _____

5. Citizen Participation –

6. REPORTS –

1. Director's Report –
2. Community – (Dan Weisser)
3. Finance – (Russ Kennedy, Jim Severson, Dan Weisser)
4. Academic Committee – (Dan Weisser, Jim Severson, Sharon Hansen)
5. Environmental Education - (Allie Peterson, Jim Severson, Sharon Hansen)

7. DISCUSSION ITEMS:

7.1 SCHOOL BOARD TRAINING: None

7.2 COVID-19 UPDATE –

7.3 DPS STUDENT BEHAVIOR-

7.4 EICKHOFF (REPLACEMENT) -

8. ACTION ITEMS:

8.1 DPS EMPLOYEE HEALTH INSURANCE POLICY (2022) -

Motion: _____ Second: _____ Carried: _____ Failed: _____ Abstain: _____

8.2 DPS – BA BOYS BASKETBALL COOP -

Motion: _____ Second: _____ Carried: _____ Failed: _____ Abstain: _____

8.3 MACS MEMBERSHIP -

Motion: _____ Second: _____ Carried: _____ Failed: _____ Abstain: _____

Our next meeting is scheduled for **December 16, 2021 at 4:30.**

Agenda items:

Board members are requested to check their schedules to confirm this date and time *prior to Adjournment* today.

9. ADJOURNMENT:

Motion: _____ Second: _____ Carried: _____ Failed: _____ Abstain: _____

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Per MN statute 13D.021 subdivision 1.1: “The DPS Board Chair has determined that an in-person meeting is not practical or prudent because of a health pandemic.”

1. **Call to Order and Roll Call:** *The meeting was called to order at 4:30 p.m. by Russ Kennedy. Russ Kennedy (Chair), S. Sam Macklay (Secretary), Dan Weisser (Ex-Officio), and Sharon Hansen were present. Cody Hanson and Kari-Ann Schmidt attended remotely, via “Google Meet”.*
2. **Approval of the Agenda:** *Russ K. made a motion to approve the agenda with the addition of item 8.11, Co-Op with Bethlehem Academy for Boys’ Basketball. The motion was seconded by Sharon H. The motion carried (5-0).*
3. **Approval of the September 16, 2021 Minutes:** *Sharon H. made a motion to approve the September 16, 2021 minutes. The motion was seconded by Sam M. The motion carried (5-0).*
4. **Monthly Financial Statement:** *The financial statement was reviewed and discussed by the board. Even though pages 4 and 5 were not printed properly in the meeting packet, it was determined that the other information in the report supported the summary on pages 1 and 2. Sharon H. made a motion to accept the [As of] September 30, 2021 Financial Statements, as submitted in the meeting packet. The motion was seconded by Cody H. The motion carried (4-1).*
5. **Citizen Participation:** None.
6. **Reports:**

6.1 Director’s Report:

Cash on Hand: \$ 241,029

Enrollment: 50

- DPS was out of school for 4 days (9/30 – 10/5) due to staff being out with COVID. The school had Online Learning during 3 of those days. If possible DPS will use their provisional online provider status to code those days as Instructional Days. If not able to, they will just be considered E Learning Days.
- DPS is short on Substitute Teachers and this is creating a staffing problem when multiple staff are not able to be at work.
- DPS is requiring that all students and staff wear face masks following the guidance of Faribault Public Schools.

6.2 Community: (Dan W.) No report.

6.3 Finance: (Russ K., Jim S., Dan W.) Brenda Kes has concerns about enrollment, since the budget is based on 55 students and (as of Oct. 1) enrollment is 50. Grant applications are in place. Paperwork for PPP loan forgiveness is being handled by a designated person in Brenda's office. Brenda approved possibly raising the substitute teacher pay.

6.4 Academic Committee: (Dan W., Jim S., Sharon H.)

NWEA Testing is nearly complete. In all three subjects, more than half of the students have improved since last spring.

A second student has been accepted to South Central to begin PSEO classes for Spring Semester. I expect both of our PSEO students to successfully complete their college classes.

The new Freshman Seminar class has been successful so far. We have noticed an improvement in the behavior of most ninth grade students since the beginning of the year. They have been completing lessons on social-emotional skills and working on getting the yearbook started (jointly with the seniors in Career Readiness). They have also started exploring their interests and possible careers that would match their interests, and are keeping planners to organize their school responsibilities. We plan to clean the highway this fall with the seniors for Adopt-a-Highway.

6.5 Environmental Education: (Alli P., Jim S., Sharon H.)

Our Environmental Literacy Plan (ELP) for the 2021-22 school year has been approved by Osprey Wilds. Students have completed their second issue of the EE Newsletter. The topic for this issue is Animals. The latest issue can be read at <https://dpsenvironmentalsciencenewsletter.com/animals/>. The newsletter is our ELP strategy/evaluation for Indicator 1: Awareness.

7. Discussion Items:

7.1 School Board Training: None.

7.2 COVID-19 Update: Our approval as a State-approved online provider was very fortuitous as it allowed us to use only one snow day when the school was insufficiently staffed for four days. The other three days were e-learning days. Masks are mandatory in the school. The infection rate in Rice County is near the level where schools went to on-line learning last year.

7.3 Substitute Teachers: Substitute teachers are not generally available. We do have one special education substitute who is available two days a week. The Board directed Sharon H. to advertise on our school website.

8. Action Items:

8.1 Substitute Teacher Pay: We currently pay substitute teachers \$150/day. Faribault H.S. is paying \$250/day. *Russ K. made a motion that we raise substitute teachers' pay to \$250/day. The motion was seconded by Cody H. The motion carried (5-0).*

8.2 2020-2021 Annual Report: The Board reviewed the report (printed in the meeting packet). *Sam M. made a motion to approve the Annual Report and WBWF Summary 2020-21. The motion was seconded by Cody H. The motion carried (5-0).*

8.3 Dress Code Policy: The Board reviewed the policy (printed in the meeting packet). *Russ K. made a motion to approve the DPS Dress Code Policy. The motion was seconded by Cody H. The motion carried (5-0).*

8.4 DPS Whistleblower Policy: The Board reviewed the policy (printed in the meeting packet). *Sam M. made a motion to approve the DPS Whistleblower Policy. The motion was seconded by Sharon H. The motion carried (5-0).*

8.5 Lottery/Admissions Policy: The Board reviewed the policy (printed in the meeting packet). *Sharon H. made a motion to approve the Student Admissions and Enrollment Policy. The motion was seconded by Cody H. The motion carried (5-0).*

8.6 Public Data Access Policy: The Board reviewed the policy (printed in the meeting packet). *Sam M. made a motion to approve the Data Practices Policy and Procedures. The motion was seconded by Sharon H. The motion carried (5-0).*

8.7 Religious Accommodations Policy: The Board reviewed the policy (printed in the meeting packet). *Cody H. made a motion to approve the Religion policy. The motion was seconded by Sharon H. The motion carried (5-0).*

8.8 Data Subject Rights and Access Policy: The Board reviewed the policy (printed in the meeting packet). *Sharon H. made a motion to approve the Data Subject Rights and Access Policy. The motion was seconded by Sam M. The motion carried (5-0).*

8.9 Equal Access Policy: This policy is required if the charter school allows religious or other activities on school property during non-instructional time. We do not currently have any outside group activities on school property. *Russ K. made a motion that Discovery Public School of Faribault not allow religious or other (outside group) activities on school property during non-instructional time. The motion was seconded by Sharon H. The motion carried (5-0).*

8.10 Charter School Assurance: The assurances (printed in the meeting packet) were reviewed by The Board. *Sharon H. made a motion to certify the 2020-22 Annual Charter School Assurances for the MN Department of Education. The motion was seconded by Russ K. The motion carried (5-0).*

8.11 Co-Op with Bethlehem Academy for Boys' Basketball: Board approval is needed so that our student(s) can participate in a MSHSL-sanctioned high school sports program. *Russ K. made a motion that we approve a Co-Op between DPS and Bethlehem Academy for boys' basketball, pending acceptance by the B.A. Board of Directors. The motion was seconded by Sharon H. The motion carried (5-0).*

9. Adjournment: Board members were reminded that our next Regular Board Meeting is scheduled for November , 2021 at 4:30pm. *Russ K. made a motion to adjourn the meeting. The motion was seconded by Cody H. The motion carried (5-0).*

Respectfully submitted: Sam Macklay, Secretary



Discovery Public School of Faribault #4081
Faribault, MN

Financial Statements

As of October 31, 2021

Prepared by:
Brenda Kes
Outsourced CFO,
School Services

Discovery Public School of Faribault

Charter School

October 2021

Financial Statements

Table of Contents

Executive Summary	Page 1
Balance Sheet	Page 2
Statement of Revenues and Expenditures	Page 3
Supplemental Information – <i>October 2021</i>	
Payroll checks	Page 5
Receipts Recorded	Page 8
AP Checks & Wire transfers issued	Page 9
Journal Entries	Page 10
Cash Flow Projections	Page 11

**Discovery Public School of Faribault
Faribault, Minnesota
October 2021 Financial Statements
Executive Summary**

Summary of Key Financial Indicators

- * Average Daily Membership (ADM) Overview –
 - o Original Budget: 55 ADM
 - o Revised Budget: TBD
 - o Actual: 49 ADM
- * The School's budgeted surplus for the year is \$6,880. A projected cumulative fund balance of \$256,660 or 27.3% of expenditures at fiscal year-end.
- * Projected Days Cash on Hand for the projected fiscal year-end is 78 days. Above 30 days meets best practices.

Financial Statement Key Points

- * As of month-end, 33% of the year was complete.
- * Cash Balance as of the reporting period is \$248,539 up from the previous month of \$241,029. Mainly due to holdback payments from the State.
- * Prior year holdback balance is \$14,049 as of the reporting period. Amounts will be paid back during the Winter and final payments will be made as MDE finalizes their review of annual entitlements.
- * Revenues received at end of the reporting period - 30%
- * Expenditures disbursed at end of the reporting period - 27%
- * Nothing significant to mention on the Revenues and Expenditures this month, all is on track currently when comparing budget to actual.

Other Items

- * The FY21 annual audit fieldwork has concluded. Reports are currently being drafted by the auditor and will be presented at the December Board meeting.
- * Discovery Public School has approximately \$179,000 in Covid relief funds available for FY22. These grants are approved by MDE and are in process of being budgeted.
- * Estimated enrollment data is included in this set of financial statements, along with comparison to budget. Enrollment is currently trending less than the board-approved budget
- * Supplemental information is provided, that shows checks that were written during the month, receipts that were posted this month, journal entries that were completed, payroll check history for the month and FY21 projected cashflow.

**Discovery Public School of Faribault
Faribault, MN**

October 31, 2021

	Unaudited Balance June 30, 2021	Ending Balance September 30 2021
<u>Assets</u>		
Current Assets		
Cash and Investments	194,904	248,539
Accounts Receivable	3,148	2,578
MDE/State Aids Receivable/(Deferred Rev.) 20-21	74,453	14,049
MDE/State Aids Receivable balance 21-22	0	26,796
Federal Aids Receivable	33,250	21,289
Prepaid Expenses and Deposits	21,213	-
Total Current Assets	326,968	313,251
Total All Assets	326,968	313,251
<u>Liabilities and Fund Balance</u>		
Current Liabilities		
Salaries and Wages Payable, fy 2020-21	36,673	7,408
Accounts Payable	10,424	0
Payroll Deductions and Contributions	30,372	(0)
Deferred Revenue	65	65
Total Current Liabilities	77,534	7,472
Fund Balance		
Audited Fund Balance 6-30-2021	249,433	249,433
Net Income fy 20-21 & fy 21-22		56,346
Total Fund Balance	249,433	305,779
Total Liabilities and Fund Balance	326,968	313,251
		-

0

*Management has elected to omit substantially all disclosures, government-wide financial statements
and required supplementary information.*

No CPA provides any assurance on these financial statements

**Discovery Public School of Faribault
Faribault, MN**

**Statement of Revenues and Expenditures
October 31, 2021**

FY 21-22 Adopted Budge 55 ADM, 64.9 p as of 6-18-21
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General Fund - 01

Revenues

State Revenues

General Education Aid	548,714
Charter School Lease Aid	66,241
Long-Term Facilities Maintenance	8,571
Special Education Aid	191,984
Estimated State Aid fyd 2021-22	0
Prioryear - Over/under	0
Total State Revenues	815,510

Federal Revenues

Title Programs, I & II	31,127
Special Education Aid, F419 & 425	14,971
CARES Funds, GEER & ESSER	52,505
REAP Funds	16,323
Total Federal Revenues	114,926

Local Revenues

Donations & Contributions	6,000
Miscellaneous local Revenues, snack fund	2,774
Total Local Revenues	8,774

Total Revenues

939,210

Working Budget adjustments

Expenditures

Salaries and Benefits not including special ed	419,807
Contracted Services	64,605
Legal fees	3,212
Communications Services	3,577
Postage	517
Utilities	14,000
Property and Liability Insurance	10,450
Repairs and Maintenance, mowing and plowing	5,459
Contracted Transportation	360

Statement of Revenues and Expenditures
October 31, 2021

FY 21-22 Adopted Budge 55 ADM, 64.9 p as of 6-18-21
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Food Services Fund - 02

Revenues

State Revenues	0
Federal Revenues	8,438
Sale of Lunches and Other Local Revenues	0
Transfer from General Fund	3,970
Total Revenues	12,408

Expenditures

Salaries and Wages	2,400
Employee Benefits	0
Purchased Services, Food & Milk, 490 & 495	10,008
Supplies and Materials	0
Equipment	0
Dues and Memberships	0
Total Expenditures	12,408

Food Services Fund Net Income

0

Total All Funds

Revenues

State Revenues	815,510
Federal Revenues	123,364
Local Revenues	8,774
Transfers	
Total Revenues	947,648

Expenditures

Salaries and Benefits	422,207
Purchased Services	190,604
Supplies and Materials	21,834
Equipment	7,267
Other (Fundraising, Special Ed, Dues, etc.)	298,856
Total Expenditures	940,768

Discovery Public School of Faribault Check History

Calendar	Ck Date	Gross Pay	FIT-EIC	SIT	OASDI	Medicare	Retire	TSA	DEFCOMP	FLEX	Other	After Tax	Net Pay
Ackmann, Yvonne Marie													
S202207-0	10/15/2021	1,304.88	95.32	ID 31 49.74 MN	80.91	18.92	84.82 PERA						975.17
S202208-0	10/29/2021	1,405.25	113.60	56.90 MN	87.12	20.38	91.34 PERA						1,035.91
		2,710.13	208.92	106.64	168.03	39.30	176.16	0.00	0.00	0.00	0.00	0.00	2,011.08
Clark, Michelle													
S202207-0	10/15/2021	250.00	0.00	ID 71 0.00 MN	15.50	3.62	18.75 TRA						212.13
S202208-0	10/29/2021	375.00	0.00	0.00 MN	23.25	5.44	28.13 TRA						318.18
		625.00	0.00	0.00	38.75	9.06	46.88	0.00	0.00	0.00	0.00	0.00	530.31
Flores, Sonia													
S202207-0	10/15/2021	1,352.31	100.73	ID 37 52.14 MN	83.84	19.61	87.90 PERA						1,008.09
S202208-0	10/29/2021	1,347.50	104.45	53.19 MN	83.55	19.54	87.59 PERA						999.18
		2,699.81	205.18	105.33	167.39	39.15	175.49	0.00	0.00	0.00	0.00	0.00	2,007.27
Hansen, Sharon Marie													
S202207-0	10/15/2021	3,208.33	251.74	ID 53 125.96 MN	192.47	45.01	240.62 TRA			103.99			2,248.54
S202208-0	10/29/2021	2,208.33	155.06	76.97 MN	130.47	30.51	165.62 TRA			103.99			1,545.71
		5,416.66	406.80	202.93	322.94	75.52	406.24	0.00	0.00	207.98	0.00	0.00	3,794.25
Hanson, Cody A													
S202207-0	10/15/2021	1,791.67	141.32	ID 54 68.54 MN	106.94	25.01	134.38 TRA			66.75			1,248.73
S202208-0	10/29/2021	1,791.67	141.32	68.54 MN	106.95	25.01	134.38 TRA			66.75			1,248.72
		3,583.34	282.64	137.08	213.89	50.02	268.76	0.00	0.00	133.50	0.00	0.00	2,497.45
Hanson, Pamela A													
S202207-0	10/15/2021	1,791.67	0.00	ID 66 0.00 MN	105.44	24.66	134.38 TRA			91.08			1,436.11
S202208-0	10/29/2021	1,791.67	0.00	0.00 MN	105.44	24.66	134.38 TRA			91.08			1,436.11
		3,583.34	0.00	0.00	210.88	49.32	268.76	0.00	0.00	182.16	0.00	0.00	2,872.22

Discovery Public School of Faribault
Check History

Calendar	Ck Date	Gross Pay	FIT-EIC	Taxes			Before Tax			After Tax		Net Pay
				SIT	OASDI	Medicare	Retire	TSA	DEFCOMP	FLEX	Other	
Horak, Michele D												
S202207-0	10/15/2021	2,041.67	87.25	ID 64 65.91 MN	116.87	27.33	153.13 TRA	156.63				1,434.55
S202208-0	10/29/2021	2,041.67	87.25	65.91 MN	116.88	27.33	153.13 TRA	156.63				1,434.54
		4,083.34		131.82		54.66		313.26			0.00	
			174.50		233.75		306.26		0.00		0.00	2,869.09
Johnson, Lawrence												
S202207-0	10/15/2021	229.50	0.00	ID 72 0.00 MN	14.23	3.33	14.92 PERA					197.02
		229.50	0.00	0.00	14.23	3.33	14.92		0.00		0.00	197.02
Kaderlik, Dusti												
S202207-0	10/15/2021	90.00	0.00	ID 73 0.00 MN	5.58	1.31	5.85 PERA					77.26
S202208-0	10/29/2021	387.00	0.00	0.00 MN	23.99	5.61	25.16 PERA					332.24
		477.00	0.00	0.00		6.92		0.00	0.00		0.00	409.50
			0.00		29.57		31.01		0.00		0.00	409.50
Luthe, Alexandra F												
S202207-0	10/15/2021	1,858.33	150.04	ID 59 73.49 MN	111.76	26.14	139.37 TRA	55.74				1,301.79
S202208-0	10/29/2021	1,858.33	150.04	73.49 MN	111.76	26.13	139.37 TRA	55.74				1,301.80
		3,716.66		146.98		52.27		111.48			0.00	
			300.08		223.52		278.74		0.00		0.00	2,603.59
Natole, Karen T.												
S202207-0	10/15/2021	2,071.88	145.67	ID 35 95.78 MN	121.07	28.32	134.67 PERA	119.01			19.10	1,408.26
S202208-0	10/29/2021	1,900.00	127.86	85.42 MN	110.43	25.82	123.50 PERA	119.01			19.10	1,288.86
		3,971.88		181.20		54.14		238.02			38.20	
			273.53		231.50		258.17		0.00		0.00	2,697.12
Peterson, Allison L												
S202207-0	10/15/2021	1,733.33	92.60	ID 65 58.83 MN	107.47	25.13	130.00 TRA					1,319.30
S202208-0	10/29/2021	1,708.33	90.54	57.79 MN	105.92	24.77	128.12 TRA					1,301.19
		3,441.66		116.62		49.90		0.00			0.00	
			183.14		213.39		258.12		0.00		0.00	2,620.49

Calendar	Ck Date	Gross Pay	Taxes				Before Tax			After Tax		Net Pay
			FIT-EIC	SIT	OASDI	Medicare	Retire	TSA	DEFCOMP	FLEX	Other	
VanErp, Madison												
S202207-0	10/15/2021	1,155.00	0.00	44.66 MN	71.61	16.75	75.08 PERA					946.90
S202208-0	10/29/2021	1,270.50	0.00	52.52 MN	78.77	18.42	82.58 PERA					1,038.21
		2,425.50	0.00	97.18	150.38	35.17	157.66	0.00	0.00	0.00	0.00	1,985.11
Weisser, Dan R.												
S202207-0	10/15/2021	3,625.00	287.44	146.38 MN	224.75	52.56	271.88 TRA				17.90	2,624.09
S202208-0	10/29/2021	2,625.00	192.29	94.74 MN	162.75	38.07	196.88 TRA				17.90	1,922.37
		6,250.00	479.73	241.12	387.50	90.63	468.76	0.00	0.00	0.00	35.80	4,546.46
Employee Count	14											
Totals:		43,213.82	2,514.52	1,466.90	2,605.72	609.39	3,115.93	0.00	1,186.40	0.00	74.00	31,640.96

Discovery Public School of Faribault Payment Reg by Bank and Check

Bank	Batch	Pmt No	Check No	Pay Type	Grp Code	Rcd	Vendor	Tax Class	Print	Recon	Void	Pay/Void Date	Amount
WF		8878		BP	1	1093	Faribault Transportation Company, Inc.		No	Yes	No	10/08/2021	153.60
WF		8879		BP	1	1187	Eickhoffs Cleaning &		No	Yes	No	10/08/2021	120.00
WF		8880		BP	1	1231	Syand Corporation		No	Yes	No	10/08/2021	157.50
WF		8881		Wire	1	1007	MN DEPT OF REVENUE - WIRE TRSF		No	Yes	No	10/15/2021	781.43
WF		8882		Wire	1	1054	TEACHERS RETIREMENT ASSOCIATIO		No	Yes	No	10/15/2021	2,581.94
WF		8883		Wire	1	1074	PUBLIC EMPLOYEES RETIREMENT AS		No	Yes	No	10/15/2021	868.51
WF		8884		Wire	1	1143	IRS - WIRE TRANSFER		No	Yes	No	10/15/2021	4,704.39
WF		8885		Wire	1	1190	Wells Fargo Business Card		No	Yes	No	10/16/2021	730.60
WF		8886		Wire	1	1197	Medica		No	Yes	No	10/16/2021	5,932.65
WF		8887		Wire	1	1240	Wells Fargo Bank-Business Acct		No	Yes	No	10/16/2021	78.80
WF		8888		Wire	1	1392	Bill.com		Yes	Yes	Yes	10/16/2021	78.71
WF		8888		Wire	1	1392	Bill.com		Yes	Yes	Yes	10/29/2021	(78.71)
WF		8889		BP	1	1016	REGION V COMPUTER SERVICES		No	Yes	No	10/27/2021	1,084.50
WF		8890		BP	1	1060	QUILL		No	Yes	No	10/27/2021	122.24
WF		8891		BP	1	1060	QUILL		No	Yes	No	10/27/2021	26.88
WF		8892		BP	1	1060	QUILL		No	Yes	No	10/27/2021	161.07
WF		8893		BP	1	1180	AFLAC		No	Yes	No	10/27/2021	74.00
WF		8894		BP	1	1186	Hoa D. Nguyen		No	Yes	No	10/27/2021	7,300.00
WF		8895		BP	1	1231	Syand Corporation		No	Yes	No	10/27/2021	2,180.49
WF		8896		BP	1	1348	Consolidated Communications		No	Yes	No	10/27/2021	392.48
WF		8897		BP	1	1356	Loffler Companies, Inc.		No	Yes	No	10/27/2021	498.92
WF		8898		BP	1	1356	Loffler Companies, Inc.		No	Yes	No	10/27/2021	661.96
WF		8899		BP	1	1372	BerganKDV Outsourced Services LLC		No	Yes	No	10/27/2021	3,375.00
WF		8900		BP	1	1397	Navigate Care Consulting	Ind/Sole Proprietor	No	Yes	No	10/27/2021	60.00
WF		8901		BP	1	1241	The McDowell Agency, Inc.	Ind/Sole Proprietor	No	Yes	No	10/29/2021	41.00
WF		8902		BP	1	1397	Navigate Care Consulting	Ind/Sole Proprietor	No	Yes	No	10/29/2021	40.00
WF		8903		BP	1	1399	Reuvers Psych Consulting LLC	S Corporation	No	Yes	No	10/29/2021	640.00
WF		8904		BP	1	1406	1DAPE LLC		No	Yes	No	10/29/2021	250.67
WF		8905		Wire	1	1007	MN DEPT OF REVENUE - WIRE TRSF		No	No	No	10/29/2021	685.47
WF		8906		Wire	1	1054	TEACHERS RETIREMENT ASSOCIATIO		No	No	No	10/29/2021	2,280.98
WF		8907		Wire	1	1074	PUBLIC EMPLOYEES RETIREMENT AS		No	No	No	10/29/2021	883.44
WF		8908		Wire	1	1143	IRS - WIRE TRANSFER		No	No	No	10/29/2021	4,240.35
WF		8909		Wire	1	1392	Bill.com		No	Yes	No	10/07/2021	78.49

Bank Total: \$41,187.36

Report Total: \$41,187.36

Discovery Public School of Faribault
Cash Flow Projection Summary
2021-22 School Year

Period Ending	Cash Inflows (Revenues)				Cash Outflows (Expenditures)				
	State Aid Payments	Federal Aid Payments	Other Receipts	Prior Year State/Federal Holdback	Total Receipts	Salaries and Benefits	Other Expenditures	Rent	Total Expenditures
July 31	58,200		296		58,496	25,428	31,857	14,600	71,885
Aug 31	58,215		24	41,208	99,446	24,689	33,400	7,300	65,388
Sept 30	67,869	9,962	311	22,902	101,045	31,585	36,703	7,300	75,588
Oct 31	60,757	-	-	19,582	80,339	31,641	33,887	7,300	72,828
Nov 30	61,115	12,633	1,018		74,766	38,308	38,939	4,638	81,885
Dec 31	61,115	12,633	1,018		74,766	38,308	38,939	4,638	81,885
Jan 31	61,115	12,633	1,018	1,325	76,091	38,308	38,939	4,638	81,885
Feb 28	61,115	12,633	1,018		74,766	38,308	38,939	4,638	81,885
Mar 31	61,115	12,633	1,018		74,766	38,308	38,939	4,638	81,885
April 30	61,115	12,633	1,018	5,195	79,961	38,308	38,939	4,638	81,885
May 31	61,115	12,633	1,018		74,766	38,308	38,939	4,638	81,885
June 30	61,115	12,633	1,018		74,766	38,308	38,939	4,638	81,885
Projected Totals	733,959	111,028	8,774	81,419	935,179	419,807	447,360	73,601	940,768

Assumptions: 10% State Aid Holdback

Management has elected to omit substantially all disclosures, government-wide financial statements, and required supplementary information. No

Eickhoff's Cleaning and Lawn Care /

SEE
A/P RUST.
11-2-21
KW

We, Sandra and Roger Eickhoff, owners of **Eickhoff Cleaning and Lawn Care** will be retiring October 31st 2021. We want to thank you for allowing us to service you.

Kevin Filan of **Filan Lawn Service** along with Andy Herda will be taking over all of our accounts November 1st. Filan Lawn Service has been in business for over 20 years in the Rice County area. They will be able to provide all the same services we have in the past. Our employees are planning on continuing on with **Filan Lawn Service**, and that was important to us.

Kevin and Andy will be reaching out to all of our customers in the next few weeks, please feel free to reach out if you have any questions. Here is their contact info, Kevin Filan 507-210-6345 filanlawn@gmail.com / Andy Herda 612-245-5835 andy.filanlawn@gmail.com

Again thank you so much for all the years

Sandra and Roger Eickhoff

Roger Eickhoff
Sandra Eickhoff



507-210-6345

**20226 Fortune Creek Trl,
Faribault, MN**



GROUP RENEWAL PROPOSAL FOR

PRESENTED BY

DISCOVERY PUBLIC SCHOOL OF FAR
DAN WEISSER

Michael (Mike) Konzen
Employers Benefit Group
9527464854
mekonzen@e-b-g.com

126 8TH ST NW
FARIBAULT MN 55021

Medica is pleased to present you with the attached renewal information for 01/01/2022. We appreciate the trust and confidence you have placed in us and we look forward to continuing to serve your employees and their families. Medica's records indicate that there is not currently an email on file. If this is inaccurate, please respond back to us at smallgroupsubmission@medica.com to update our records. Thank you for choosing Medica for your employees' health insurance needs.

<p>POLICY RENEWAL INFORMATION</p> <p>We recommend making your plan selection at least one month prior to renewal date to provide sufficient enrollment time. You also have the opportunity to make changes to your policy's features such as benefit levels, waiting period and eligibility guidelines.</p> <p>Multiple plan/network offers require a minimum of 2 enrolled employees. Please refer to the Small Group Product Pairing Option page of this renewal.</p> <p>In order to accept the suggested renewal plan(s) simply do nothing. Your plan(s) will automatically renew.</p> <p>The final deadline for completing changes to your Medica Health policy is the 20th of the month prior to your renewal date.</p> <p>Contact me for a complete description of the suggested plan(s). When requesting a change in plan design:</p> <ul style="list-style-type: none"> • call me or email me at the contact information above; or • email your Account Representative at Mary.Johnson@medica.com; or • complete the enclosed Plan Change Request form and fax to Medica Small Group at 952-992-3700 	<p>VALUE ADDS</p> <p>Virtual Care – Virtual care visits, also known as online care or e-visits, are a quick and easy way to care for common conditions. Connect with a provider from your computer or mobile device to get a diagnosis, treatment plan and prescriptions (if needed).</p> <p>My Health Rewards by Medica® - Through My Health Rewards, members are motivated to make healthy behavior changes through incentives and rewards.</p> <p>Health Club Reimbursement Program – Meet a monthly workout requirement at a participating fitness club to earn credit toward your dues.</p> <p>Healthy Pregnancy & Parenting Program – Personalized guidance, support, and coaching for the entire parenthood journey with the Ovia Health app.</p> <p>Healthy Savings Program – Provides the opportunity to save money on a variety of foods</p> <p>Employee Assistance Program (EAP) – counselors provide members with support when they are dealing with personal, legal, financial or workplace issues. EAP phone lines are open 24/7.</p> <p>Medica CallLink® Nurseline – nurses provide members with help making smart decisions about their health or the health of a family member. Phone lines are open 24/7.</p>
<p>CHANGES FOR YOUR RENEWAL PLAN YEAR</p> <ul style="list-style-type: none"> • Some existing plans have been changed or eliminated. Refer to the renewal quote for detailed mapping of a comparable plan. • In addition, Medica may have made benefit or language changes to your existing plan(s). These changes are outlined in the Benefit Change Grid included within this renewal offering. 	

You may visit www.healthcare.gov or call them at 1-800-706-7893 to learn more about small group insurance and any additional coverage options that may be available.



--MEDICAL BENEFITS --
RENEWAL

P.O. Box 9310
Minneapolis, MN 55440-9310
952-992-2900
Fax: 952-992-3700

Account Name: DISCOVERY PUBLIC SCHOOL OF FAR
Group/Plan #: 138795
Location: MN Area-3
Zip Code: 55021

Agency Relationship Manager: Jason Hanson
Agent: Michael (Mike) Konzen
Phone: 952/464854
Email: mekonzen@e-b-g.com

Effective Date: 1/1/2022
Print Date: 10/1/2021
Calendar year accumulators

Plan :	CURRENT MIC PP MN 10%-25 PLATINUM	RENEWAL MIC PP MN 10%-25 PLATINUM
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Adult Rates:	<15	496.11	499.70
	15 - 15	496.11	499.70
	16 - 16	496.11	499.70
	17 - 17	496.11	499.70
	18 - 18	496.11	499.70
	19 - 19	496.11	499.70
	20 - 20	496.11	499.70
	21 - 21	557.42	561.46
	22 - 22	557.42	561.46
	23 - 23	557.42	561.46
	24 - 24	557.42	561.46
	25 - 25	559.65	563.71
	26 - 26	570.80	574.94
	27 - 27	584.18	588.41
	28 - 28	605.92	610.31
	29 - 29	623.76	628.28
	30 - 30	632.67	637.26
	31 - 31	646.05	650.73
	32 - 32	659.43	664.21
	33 - 33	667.79	672.63
	34 - 34	676.71	681.62
	35 - 35	681.17	686.11
	36 - 36	685.63	690.60
	37 - 37	690.09	695.09
	38 - 38	694.55	699.58
	39 - 39	703.47	708.57
	40 - 40	712.39	717.55

Upon request, Medica will make available to you information relating to the following: (1) Medica's right to change premium rates and the factors that may affect changes in premium rates; (2) renewability of coverage; (3) geographic areas served; and/or (4) benefits and premiums for all other health coverage available to small employer groups. To request this information, please call your Agency Relationship Manager or Account Representative.
Contact your Medica Broker or Agency Relationship Manager for a complete description of the above plans. When requesting a change in plan design, please refer to the Plan Change form in your renewal packet and email it to Medica Small Group at smallgroupsubmission@medica.com or Fax it to 952-992-3700 by the 20th of the month prior to the Renewal date.



--MEDICAL BENEFITS --
RENEWAL

P.O. Box 9310
Minneapolis, MN 55440-9310
952-992-2900
Fax: 952-992-3700

Effective Date: 1/1/2022
Print Date: 10/1/2021
Calendar year accumulators

Agency Relationship Manager: Jason Hanson
Agent: Michael (Mike) Konzen
Phone: 9527464854
Email: mekonzen@e-b-g.com

Account Name: DISCOVERY PUBLIC SCHOOL OF FAR
Group/Plan #: 138795
Location: MN Area-3
Zip Code: 55021

Age	Rate	Rate	Rate
41 - 41	725.76	731.02	
42 - 42	738.59	743.94	
43 - 43	756.42	761.90	
44 - 44	778.72	784.36	
45 - 45	804.92	810.75	
46 - 46	836.13	842.19	
47 - 47	871.25	877.57	
48 - 48	911.39	917.99	
49 - 49	950.96	957.85	
50 - 50	995.56	1002.77	
51 - 51	1039.59	1047.13	
52 - 52	1088.09	1095.97	
53 - 53	1137.14	1145.38	
54 - 54	1190.10	1198.72	
55 - 55	1243.05	1252.06	
56 - 56	1300.47	1309.89	
57 - 57	1358.44	1368.28	
58 - 58	1420.31	1430.61	
59 - 59	1450.97	1461.49	
60 - 60	1512.85	1523.81	
61 - 61	1566.36	1577.71	
62 - 62	1601.48	1613.08	
63 - 63	1645.51	1657.44	
64+	1672.26	1684.38	
1 child	496.11	499.70	
2 children	992.22	999.40	
3+ children	1488.33	1499.10	

Child(ren):

Upon request, Medica will make available to you information relating to the following: (1) Medica's right to change premium rates and the factors that may affect changes in premium rates; (2) renewability of coverage; (3) geographic areas served; and/or (4) benefits and premiums for all other health coverage available to small employer groups. To request this information, please call your Agency Relationship Manager or Account Representative.
Contact your Medica Broker or Agency Relationship Manager for a complete description of the above plans. When requesting a change in plan design, please refer to the Plan Change form in your renewal packet and email it to Medica Small Group at smallgroupsubmission@medica.com or Fax it to 952-992-3700 by the 20th of the month prior to the Renewal date.



-- AGE TABLE --
ALTERNATIVES

P.O. Box 9310
Minneapolis, MN 55440-9310
952-992-2900
Fax: 952-992-3700

Account Name: DISCOVERY PUBLIC SCHOOL OF FAR
Group Number: 138795
Location: MN Area-3
Zip Code: 55021

Agency Relationship Manager: Jason Hanson
Agent: Michael (Mike) Konzen
Phone: 9527464854
Email: mekonzen@e-b-g.com

Effective Date: 1/1/2022
Print Date: 10/1/2021
Calendar year accumulators

Plan	MIC ME MN 10%-25 PLATINUM	MIC MHS MN 10%-25 PLATINUM
Adult Rates:		
<15	464.74	484.71
15 - 15	464.74	484.71
16 - 16	464.74	484.71
17 - 17	464.74	484.71
18 - 18	464.74	484.71
19 - 19	464.74	484.71
20 - 20	464.74	484.71
21 - 21	522.18	544.62
22 - 22	522.18	544.62
23 - 23	522.18	544.62
24 - 24	522.18	544.62
25 - 25	524.27	546.80
26 - 26	534.71	557.69
27 - 27	547.25	570.76
28 - 28	567.61	592.00
29 - 29	584.32	609.43
30 - 30	592.68	618.14
31 - 31	605.21	631.21
32 - 32	617.74	644.29
33 - 33	625.57	652.45
34 - 34	633.93	661.17
35 - 35	638.11	665.53
36 - 36	642.28	669.88
37 - 37	646.46	674.24
38 - 38	650.64	678.60
39 - 39	658.99	687.31
40 - 40	667.35	696.02
41 - 41	679.88	709.09
42 - 42	691.89	721.62
43 - 43	708.60	739.05

Contact your Medica Broker or Agency Relationship Manager for a complete description of the above plans. When requesting a change in plan design, please refer to the Plan Change form in your renewal packet and email it to Medica Small Group at smallgroupsubmission@medica.com or Fax it to 952-992-3700 by the 20th of the month prior to the Renewal date.

P.O. Box 9310
Minneapolis, MN 55440-9310
952-992-2900
Fax: 952-992-3700

Account Name: DISCOVERY PUBLIC SCHOOL OF FAR
Group Number: 138795
Location: MN Area-3
Zip Code: 55021

Agency Relationship Manager: Jason Hanson
Agent: Michael (Mike) Konzen
Phone: 9527464854
Email: mekonzen@e-b-g.com

Effective Date: 1/1/2022
Print Date: 10/1/2021
Calendar year accumulators

Adult Rates:			
44 - 44	729.49	760.83	
45 - 45	754.03	786.43	
46 - 46	783.27	816.93	
47 - 47	816.17	851.24	
48 - 48	853.77	890.45	
49 - 49	890.84	929.12	
50 - 50	932.62	972.69	
51 - 51	973.87	1015.72	
52 - 52	1019.30	1063.10	
53 - 53	1065.25	1111.02	
54 - 54	1114.86	1162.76	
55 - 55	1164.47	1214.50	
56 - 56	1218.25	1270.60	
57 - 57	1272.56	1327.24	
58 - 58	1330.52	1387.69	
59 - 59	1359.24	1417.65	
60 - 60	1417.20	1478.10	
61 - 61	1467.33	1530.38	
62 - 62	1500.23	1564.69	
63 - 63	1541.48	1607.72	
64+	1566.54	1633.86	
Child(ren):			
1 child	464.74	484.71	
2 children	929.48	969.42	
3+ children	1394.22	1454.13	

Benefit	Current	Suggested Renewal	Renewal Alternatives	Renewal Alternatives
In-Network Deductible	MIC PP MN 10%-25 PLATINUM \$0	MIC PP MN 10%-25 PLATINUM \$0	MIC ME MN 10%-25 PLATINUM \$0	MIC MHS MN 10%-25 PLATINUM \$0
In-Network Coinsurance	10%	10%	10%	10%
In-Network Out-of-Pocket Limit	\$2500/\$5000	\$3000/\$6000	\$3000/\$6000	\$3000/\$6000
Out-of-Network Deductible	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000	\$10000/\$20000
Out-of-Network Coinsurance	50%	50%	50%	50%
Out-of-Network Out-of-Pocket Limit	No Limit	No Limit	No Limit	No Limit
Office Visit	\$25	\$25	\$25	\$25
Inpt Physician	10%	10%	10%	10%
Lab	0%	0%	0%	0%
X-ray	10%	10%	10%	10%
Outpt Phys	10%	10%	10%	10%
Outpt Facility	10%	10%	10%	10%
Inpt	10%	10%	10%	10%
Urgent Care	\$25	\$25	\$25	\$25
ER	\$200	\$200	\$200	\$200
ER Amb.	10%	10%	10%	10%
Retail Rx	\$12/\$50/\$100	\$12/\$50/\$100	\$12/\$50/\$100	\$12/\$50/\$100
RX Out Of Pocket Retail	Combined with Medical	Combined with Medical	Combined with Medical	Combined with Medical

SMALL GROUP PLAN CHANGE REQUEST FORM

DISCOVERY PUBLIC SCHOOL OF FAR
138795

Current Plan Offerings		
Group Number	Plan Name	Contract or Calendar Year Accumulators

Plan Change(s) from Current Plan Offerings		
Group Number	Current Plan Name	Plan Change to

Add Plan	
Plan Name	Network

Name of Authorized
Employer Representative _____
(Please Print)

Name of Authorized
Employer Representative _____ Date: _____

Fax this form to Medica Small Group at 952-992-3700 or via email to Mary.Johnson@medica.com by the 20th of the month prior to the Renewal date. This form should be sent back to Medica **ONLY** if requesting a plan change. Otherwise your plan will be renewed as illustrated under the above Renewal column.

Medica Medica Choice Passport MN 10%-25 Platinum

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to www.medica.com or call 952-945-8000 (Minneapolis/St. Paul Metro area) or 1-800-952-3455. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-952-3455 to request a copy.



Important Questions	Answers	Why This Matters:
What is the overall deductible?	No deductible in-network. \$10,000 per person/ \$20,000 per family for out-of-network services.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. In-network services and well child and prenatal care from out-of-network providers.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$3,000 per person/ \$6,000 per family in-network. Not applicable out-of-network.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges (unless balanced billing is prohibited), health care this plan doesn't cover, out-of-network deductible and coinsurance.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.medica.com/findcare or call 952-945-8000 or 1-800-952-3455 or 711 (TTY users) for a list of Medica Choice with UnitedHealthcare network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without a referral.

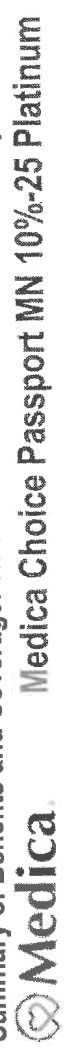
 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Primary care: \$25 copay/ visit Chiropractic: \$25 copay/ visit Retail Health: \$10 copay/ visit Virtual: \$10 copay/ visit	Primary: 50% coinsurance Chiropractic: 50% coinsurance Retail Health: 50% coinsurance Virtual: 50% coinsurance	In-network primary care visits provided at an outpatient facility may be subject to coinsurance. Limited to 15 visits per member, per year for out-of-network chiropractic care.
	Specialist visit	\$25 copay/ visit	50% coinsurance	In-network specialist visits provided at an outpatient facility may be subject to coinsurance.
	Preventive care/ screening/ immunization	No charge	Well child care: 0% coinsurance. Deductible does not apply. Other services: 50% coinsurance.	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab: No charge X-ray: 10% coinsurance	50% coinsurance	---none---
	Imaging (CT/PET scans, MRIs)	10% coinsurance	50% coinsurance	---none---



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.medica.com/drugcost3	Generic drugs	Retail: \$12/ prescription Mail order: \$24/ prescription	50% coinsurance	Up to a 31-day supply/ retail or 93-day supply/ mail order prescription. Mail order drugs not covered out-of-network. Insulin: Your cost-share will not exceed \$25 per retail prescription unit. Some Over the Counter drugs can be obtained with a prescription at the preventive level of coverage. The list of covered drugs changes periodically. Notification of changes will be available 30 days prior to the change taking effect.
	Preferred brand drugs	Retail: \$50/ prescription Mail order: \$100/ prescription	50% coinsurance	
	Non-preferred brand drugs	Retail: \$100/ prescription Mail order: \$200/ prescription	50% coinsurance	
If you have outpatient surgery	Specialty drugs	Preferred: 20% coinsurance. No more than \$250 copay/ prescription. Non-Preferred: 35% coinsurance	Not covered	Up to a 31-day supply per prescription received from a designated specialty pharmacy.
	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	50% coinsurance	---none---
	Physician/surgeon fees	10% coinsurance	50% coinsurance	50% coinsurance
If you need immediate medical attention	Emergency room care	\$200 copay/ visit	\$200 copay/ visit. Deductible does not apply.	In-network out-of-pocket applies.
	Emergency medical transportation	10% coinsurance	10% coinsurance. Deductible does not apply.	In-network out-of-pocket applies.
	Urgent care	\$25 copay/ visit	\$25 copay/ visit. Deductible does not apply.	In-network out-of-pocket applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	50% coinsurance	---none---
	Physician/surgeon fees	10% coinsurance	50% coinsurance	---none---
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 copay/visit	50% coinsurance	Coinsurance may apply for some in-network outpatient services such as intensive outpatient programs.
	Inpatient services	10% coinsurance	50% coinsurance	Residential treatment is covered as part of inpatient services.
If you are pregnant	Office visits	No charge	Prenatal care: 0% coinsurance. Deductible does not apply. Postnatal care: 50% coinsurance	Cost sharing does not apply to in-network preventive services. Depending on the type of services, a copayment, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. certain ultrasounds.)
	Childbirth/delivery professional services	10% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	10% coinsurance	50% coinsurance	
	Home health care	10% coinsurance	50% coinsurance	120 visits in-network and 60 visits out-of-network, per member per year.
If you need help recovering or have other special health needs	Rehabilitation services	\$25 copay/visit	50% coinsurance	Physical and occupational therapy combined limited to 20 visits out-of-network per member per year. Out-of-network speech therapy is limited to 20 visits per member per year.
	Habilitation services	\$25 copay/visit	50% coinsurance	Physical and occupational therapy combined limited to 20 visits out-of-network per member per year. Out-of-network speech therapy is limited to 20 visits per member per year.
	Skilled nursing care	10% coinsurance	50% coinsurance	120 day limit combined in and out-of-network per member per year.
	Durable medical equipment	10% coinsurance	50% coinsurance	---none---
If your child needs dental or eye care	Hospice services	No charge	50% coinsurance	---none---
	Children's eye exam	No charge	50% coinsurance	---none---
	Children's glasses	10% coinsurance	50% coinsurance	For members under 19 years old. Limited to one pair of glasses or contacts per year.
	Children's dental check-up	Not covered	Not covered	Coverage is available through a stand-alone dental policy.



Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of other excluded services.)

- Acupuncture exceeding 15 visits per member per year for in-network and out-of-network acupuncture services combined.
- Bariatric surgery
- Chiropractic care exceeding 15 visits per member per year out-of-network.
- Cosmetic surgery
- Dental care (Adult)
- Dental care (Child) (coverage is available through a stand-alone dental policy.)
- Dental check-up
- Hearing aids except for members 18 years of age and younger for hearing loss that is not correctable by other covered procedures; coverage is limited to one hearing aid per ear every three years.
- Infertility treatment
- Long-term care
- Private-duty nursing
- Routine foot care except for specified conditions
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Glasses or contacts for members under age 19 when prescribed for vision correction.
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult)

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Medica at 1-800-952-3455 or for group health coverage subject to ERISA, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; for all other group health coverage, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: for group health coverage subject to ERISA, Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform; for all other group health coverage you may also contact Medica at 1-800-952-3455 or the Minnesota Department of Commerce at (651) 539-1600 or 1-800-657-3602.

Does this Plan Provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes plans, health insurance available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this Plan Meet the Minimum Value Standard? NA

If your plan doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a plan through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 800-952-3455.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 800-952-3455.
Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 800-952-3455.
Navajo (Dine): Dinek'ehgo shika at'ohwolninisingo, kwijigo holne' 800-952-3455.

----- To see examples of how this plan might cover costs for a sample medical situation, see the next section. -----

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
 (9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible: \$0
- Specialist copayment: \$25
- Hospital (facility) coinsurance: 10%
- Other coinsurance: 10%

This EXAMPLE event includes services like:
 Specialist office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (ultrasounds and blood work)
 Specialist visit (anesthesia)

Total Example Cost \$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$10
Coinsurance	\$1,000
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$1,070

Managing Joe's type 2 Diabetes
 (a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible: \$0
- Specialist copayment: \$25
- Hospital (facility) coinsurance: 10%
- Other coinsurance: 10%

This EXAMPLE event includes services like:
 Primary care physician office visits (including disease education)
 Diagnostic tests (blood work)
 Prescription drugs
 Durable medical equipment (glucose meter)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$700
Coinsurance	\$80
What isn't covered	
Limits or exclusions	\$0
The total Joe would pay is	\$780

Mia's Simple fracture
 (in-network emergency room visit and follow up care)

- The plan's overall deductible: \$0
- Specialist copayment: \$25
- Hospital (facility) coinsurance: 10%
- Other coinsurance: 10%

This EXAMPLE event includes services like:
 Emergency room care (including medical supplies)
 Diagnostic test (x-ray)
 Durable medical equipment (crutches)
 Rehabilitation services (physical therapy)

Total Example Cost \$2,800

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$400
Coinsurance	\$100
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$500

The plan would be responsible for the other costs of these EXAMPLE covered services.

Discrimination is Against the Law

Medica complies with applicable Federal civil rights laws and will not discriminate against any person on the basis of race, color, national origin, age, disability or sex. Medica:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: TTY communication and written information in other formats (large print, audio, other formats).
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, call the number included in this document or on the back of your Medica ID card. If you believe that Medica has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Civil Rights Coordinator, Mail Route CP250, PO Box 9310, Minneapolis, MN 55443-9310, 952-992-3422 (phone/fax), TTY 711, civilrightscordinator@medica.com.

You can file a grievance in person or by mail, fax, or email. You may also contact the Civil Rights Coordinator if you need assistance with filing a complaint.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you want free help translating this information, call the number included in this document or on the back of your Medica ID card.

Si desea asistencia gratuita para traducir esta información, llame al número que figura en este documento o en la parte posterior de su tarjeta de identificación de Medica.

Yog koj xav tau kev pab dawb kom txhais daim ntawv no, hu rau tus xov tooj nyob hauv daim ntawv no los yog nyob nraum qab ntawm koj daim npav Medica ID.

如果您需要免費翻譯此資訊，請致電本文檔中或者在您的Medica ID卡背面包含的號碼。

Nếu quý vị muốn trợ giúp dịch thông tin này miễn phí, hãy gọi vào số có trong tài liệu này hoặc ở mặt sau thẻ ID Medica của quý vị.

Odeeffannoo kana gargaarsa tolaan akka isinii hiikamu yoo barbaaddan, lakkoobsa barruu kana keessatti argamu ykn ka dugda kaardii Waraqa Eenyummaa Medica irra jiruun biibila'a.

إذا كنت تريد مساعدة مجانية في ترجمة هذه المعلومات الخاصة بك، فاتصل على الرقم الوارد في هذه الوثيقة أو على ظهر بطاقة تعريف ميبكا الخاصة بك.

Если Вы хотите получить бесплатную помощь в переводе этой информации, позвоните по номеру телефона, указанному в данном документе и на обратной стороне Вашей идентификационной карты Medica.

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນການແປຂໍ້ມູນນີ້ໄປສູ່ ໃຫ້ໃຫ້ທາງເລກໝາຍ ທີ່ມີຢູ່ໃນເອກະສານນີ້ ຫຼື ຢູ່ຕໍ່າມຫຼັງຂອງບັດ Medica ຂອງທ່ານ.

이 정보를 번역하는 데 무료로 도움을 받고 싶으시면, 이 문서에 포함된 전화번호나 Medica ID 카드 뒷면의 전화번호로 전화하십시오.

Si vous voulez une assistance gratuite pour traduire ces informations, appelez le numéro indiqué dans ce document ou au dos de votre carte d'identification Medica.

မကုသလို တောင်းဆိုထားပါက ကလေးနဲ့ အတူတူပဲ နားထောင်ပေးနိုင်ဖို့အတွက် အင်္ဂလိပ်ဘာသာကနေ အခြားဘာသာသို့ အသံထုတ်ပေးနိုင်ဖို့အတွက် နေ့စဉ် ဝန်ဆောင်မှုပေးပါမည်။

Kung nais mo ng libreng tulong sa pagsasalin ng impormasyong ito, tawagan ang numero na kasama sa dokumentong ito o sa likod ng iyong Karo ng Medica ID.

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Ako želite besplatnu pomoć za prijevod ovih informacija, nazovite broj naveden u ovom dokumentu ili na poleđini svoje ID kartice Medica.

Dij t'aa' jik' e shá' ata' hodomih nínizingo' e' minalisicos Medica bec neitho' d'izimigi hime' deé' námbouo hika' igijit' béesh bec hod'limih.

Wenn Sie bei der Übersetzung dieser Informationen kostenlose Hilfe in Anspruch nehmen möchten, rufen Sie bitte die in diesem Dokument oder auf der Rückseite Ihrer Medica-ID-Karte angegebene Nummer an.

Medica Benefit Changes

The following table outlines some high-level benefit changes that are effective with your group’s renewal on or after January 1, 2021. These changes reflect current market benefit standards. Please refer to your Certificate of Coverage for a full outline of benefits, including any additional changes. We encourage you to share this information with your employees.

Benefit Description	Current Coverage	New Coverage
<p>Deductibles, Out-of-Pocket Maximums & Lifetime Maximum</p> <ul style="list-style-type: none"> Manufacturer Coupons/Cards 	<p>Amounts reimbursed by manufacturers through coupon programs are applied to deductible and out-of-pocket accumulators</p>	<p>Amounts reimbursed or paid by a provider or manufacturer including manufacturer coupons, rebates, coupon cards, debit cards or other forms of reimbursement or payment on a member’s behalf will not apply to the deductible or out-of-pocket</p>
<p>Behavioral Health - Substance Abuse</p> <ul style="list-style-type: none"> Medication-Assisted Treatment (MAT) 	<p>Covered with deductible and coinsurance</p>	<p>MAT will mirror the office visit benefit</p>
<p>Pregnancy - Maternity Care</p> <ul style="list-style-type: none"> Prenatal Services 	<p>All prenatal care is covered at 100% with no member cost share</p>	<p>Only those services determined to be preventive prenatal will be covered with no member cost share.</p> <p>Other eligible prenatal services not considered preventive will pay at the most appropriate benefit in the plan document</p>

Medica Benefit Changes

The following table outlines some high-level benefit changes that are effective with your group's renewal on or after January 1, 2022. These changes reflect current market benefit standards. Please refer to your Certificate of Coverage for a full outline of benefits, including any additional changes. We encourage you to share this information with your employees.

Benefit Description	Current Coverage	New Coverage
<p>Skilled Nursing Facility</p> <ul style="list-style-type: none"> Qualifying hospital stay 	<p>Skilled nursing facility stays must be preceded by a hospital admission of at least 3 consecutive days</p>	<p>This requirement is removed. All skilled nursing facility stays continue to require prior authorization.</p>
<p>Home Health Care</p> <ul style="list-style-type: none"> Extended Home Health Care 	<p>Intermittent skilled care when you are homebound is covered</p>	<p>Intermittent skilled care when homebound is covered.</p> <p>Extended home health care is not covered.</p>

Small Group Product Pairing Options

Effective Jan. 1, 2022

For 2022, Medica offers even more flexibility when selecting multiple plan/network combinations. Employers in Minnesota, Wisconsin, North Dakota, Nebraska and Iowa can offer multiple plan/network combinations when the following criteria are met.

2022 participation rules:

- Available to new or existing customers with 2 or more enrolled employees.
- Employers that have 2-5 enrolled employees can renew with the same/mapped coverage and plans they have in place today. Employers that elect to make plan changes will be required to reduce the number of plans offered to one plan/two networks.
- Multiple product offerings must include Medica Choice Passport or Choice National. All network plans must have the same design as Choice Passport or Choice National.
- The employer must be based in the product service area and the employee must live within the service area.

Plan combination rules:

	Minnesota	Wisconsin	North Dakota	Nebraska	Iowa
Product/ Network Options	<ul style="list-style-type: none"> Altru & You with MedicaSM Clear Value with MedicaSM Essentia Choice Care with MedicaSM Medica Choice[®] Passport Medica CompleteHealthSM Medica Elect[®] Park Nicollet First with MedicaSM Ridgeview Community Network[®] powered by Medica VantagePlus with MedicaSM 	<ul style="list-style-type: none"> Essentia Choice Care with MedicaSM Medica Choice[®] Passport Medica CompleteHealthSM 	<ul style="list-style-type: none"> Altru & You with MedicaSM Medica Choice[®] Passport Medica CompleteHealthSM 	<ul style="list-style-type: none"> Medica Choice[®] National Medica with CHI HealthSM 	<ul style="list-style-type: none"> Medica Choice[®] National Medica with CHI HealthSM

Employees

Employees	Product Options
2-5 enrolled employees	Up to 2 networks and 1 plan
6-20 enrolled employees	Up to 6 total plans and/or networks
21+ enrolled employees	Up to 12 total plans and/or networks

2022 Consumer Directed Solution Administration Fees

Medica ONESourceSM

Account Type	Fee
Health reimbursement account (HRA)	\$4.00 PAPM*
Flexible spending account (FSA)	\$4.00 PAPM*
HRA and FSA (if member selects both)	\$6.50 PAPM*
Health savings account (HSA)	\$3.00 PAPM*
HSA and FSA (if member selects both)	\$6.00 PAPM*
HRA, HSA and FSA (if member selects all)	\$9.50 PAPM*

*Per account per month

ACO Options

For Employers Based in Minnesota, North Dakota, South Dakota and Wisconsin

For more than 45 years, Medica has been a leader in plans and networks that provide choice and flexibility for employers and employees. We've partnered with the top health systems in the region to create accountable care organization (ACO) products which offer higher quality care at a lower cost.

ACOs are networks or teams of health care providers (such as clinics, hospitals, doctors, and specialists) that collaborate with Medica to make health care more efficient and improve the member experience. The network may be smaller than Medica's other open access networks, but the benefits are significant.

Delivering Results

Working together, Medica and our care system partners are improving health care quality, managing health care cost and enhancing the consumer experience.

ACOs deliver improvements in:

- Costs – cost savings compared to open-access products
- Clinical quality – better member engagement and care coordination
- Consumer experience – 97.5% of members renew into an ACO product (based on 2020 enrollment)

When it comes to health care, everyone appreciates choices

We know it's important to offer options that will best meet the needs of employees. Contact your Medica representative for more information about ACO options that offer a unique level of integrated health care, with an exceptional member experience at a lower cost.

2022 Small Group ACO Decrements

Altru & You with MedicaSM	10% MN 13% ND
Clear Value with MedicaSM	20%
Essentia Choice Care with MedicaSM	12%
Medica CompleteHealthSM (featuring care at Mayo Clinic)	3% MN 7% WI
Park Nicollet First with MedicaSM	12%
Ridgeview Community Network powered by Medica[®]	12%
VantagePlus with MedicaSM	10%

See the enclosed ACO products overview for more information.

GUIDELINES FOR PLAN CHANGE REQUESTS

Note: Please send all plan change requests via the Employee and Family Renewal Rate Sheet supplied with the group's renewal to: MEDICA, ATTN: Small Group, Fax #: 952-992-3700.

Request received by Medica Account Services and Enrollment:	Action Taken:
On or before the <u>1st of the month PRIOR</u> to renewal date:	<ul style="list-style-type: none"> ▪ Change processed effective on renewal date ▪ Bill should reflect revised rates ▪ ID cards should reflect new plan
From the <u>2nd of the month to the 20th of the month PRIOR</u> to the renewal date:	<ul style="list-style-type: none"> ▪ Change processed effective on renewal date ▪ Please pay as billed; bill adjusted the following month ▪ ID cards are not guaranteed to reflect plan changes -corrected cards will follow
From the <u>21st of the month PRIOR to the renewal date through the 1st of the renewal month:</u>	<ul style="list-style-type: none"> ▪ Change processed with next month effective date ▪ Bill should reflect revised rates ▪ ID cards will follow in 2 to 3 weeks
From the <u>2nd of the renewal month through the 20th</u> of the renewal month:	<ul style="list-style-type: none"> ▪ Change processed with next month effective date ▪ Please pay as billed; bill adjusted the following month ▪ ID cards will follow in 2 to 3 weeks
From the <u>21st of the renewal month through the 1st</u> of the following month:	<ul style="list-style-type: none"> ▪ Change processed effective two months after the renewal date ▪ Bill should reflect revised rates ▪ ID cards will follow in 2 to 3 weeks

For plan change requests other than at renewal:

- Plans and rates are based on plan selections and rates applicable at the last plan renewal.
- If requesting to change or add a plan not available at last renewal, an anniversary change **MUST** be made and rates for all plans will be based upon the new anniversary change. Medica requires a 90 day advance notification.
- The birthday rule for ACA coverage will have the age based on when the employee enters the employer's plan year.
 - If the employee is new to the employer's coverage, it is their age when they begin coverage.
 - If the employee had coverage with that employer since the last anniversary, but are in a plan that is new through the mid-plan-year change policy, we will use their age as of the employer's anniversary (not the effective date of the new plan).

Please send all Custom Options Selection Change Forms to MEDICA Enrollment in Salt Lake City.

Fax # 248-733-6064

Or mail to:

MEDICA ENROLLMENT
P.O. Box 30986
Salt Lake City, UT 841309

EMPLOYERS SUMMARY ON MEDICA E-FULFILLMENT

What is e-fulfillment?

E-fulfillment is a service from Medica that is designed to provide employers with a user-friendly, efficient way for their employees to access their key health insurance documents (such as their Certificate of Coverage) online. This service is available for new and renewing groups.

What are its benefits?

The resulting cost savings and administrative efficiencies of this approach benefit everyone, since it eliminates the need to print and mail paper copies to most employees. Your employees will have user-friendly 24/7 access to their plan information without having to store large, cumbersome documents. In addition, Medica is able to update these documents so employees have access to the most accurate, up-to-date information.

What are my responsibilities as an employer?

1. Tell your employees they can access their benefit information and important notices by logging on to **mymedica.com**. Medica is providing you with sample text for employee emails, newsletters and other communication vehicles.
2. Once you notify your employees, save a record for documentation purposes (for example, using a return receipt after sending an email).
3. Employees who instead want a paper copy of their documents can:
 - a. Complete the online form at **medica.com/requestplaninfo** or
 - b. Call Medica Customer Service
4. If any employees do not have access to a computer as part of their job duties, please let us know and we'll mail them paper copies of their documents. This includes employees who are not in the workplace such as retirees, those on continuation coverage, etc.
5. If you have any questions, call your broker, Sales Executive or Account Manager.

Note: While e-fulfillment greatly reduces mailings to employees, this service will not eliminate all paper documents. Members will still receive certain materials through the mail.



MN ASSOCIATION OF
CHARTER SCHOOLS

Unleashing education from convention

Unleashing education from convention - is more than the MACS motto,
it is a reminder of our purpose; our goals and it serves as a clarion **Call to Action.**

October 28, 2021

Dan Weisser
Discovery Public School of Faribault
126 NW 8th Street
Faribault, MN 55021

Dear Dan,

In the last two years, public education has been pushed to its limits. "Educator" has become synonymous with "social worker," "tech innovator," "health expert," and "political mediator" just to name a few terms. However, while traditional district schools in Minnesota have seen a drop in enrollment in the last year, Minnesota's charters saw an increase. More than ever, students and families are wielding their public education choice, and many of them are choosing us.

We've seen why. By design, charter schools have the capacity to pivot and flow more easily. They meet students where they're at in the moment and have committed themselves to genuinely responding to the needs of their communities. We've also witnessed the highest level of inter-charter communication and collaboration in memory. School leaders are now in the habit of sharing resources and leaning on each other for support. In fact, **Association membership has grown 20%** since the onset of the Pandemic. With this continually increasing show of unity, we can make our Voice louder than ever.

In 2016, the MACS Board committed itself to decreasing the cost of membership as membership increased. Again, we have reduced membership dues for now the **sixth consecutive year**.

2022 MEMBERSHIP DUES

- Minimum Dues: **\$1,250.00** - 1.5% reduction from \$1,270.00
- Maximum Dues: **\$6,995.00** - .043% reduction from \$7,025.00
- Per Pupil Dues: **\$17.95** - 2.2% reduction from \$18.35

Since 2016 – 2017 because of the growth in members our membership dues have decreased as follows:

- Minimum dues - from \$2,335.00 to \$1,250.00, a **decrease of \$1,085.00 or (-46.4%)**
- Maximum dues - from \$7,290.00 to \$6,995.00, a **decrease of \$295.00 or (-4.0%)**
- Per Pupil dues - from \$24.50 to \$17.95, a **decrease of \$6.55 or (-26.7%)**.



MN ASSOCIATION OF
CHARTER SCHOOLS

Unleashing education from convention

2022 Associate Membership Dues Calendar Year Membership Form

Membership Dues for January 1, 2022—December 31, 2022

School Name: Discovery Public School of Faribault

Pupil Count: 57 (MDE, October 2020)

2022 Dues: \$1,250.00

Per Pupil Dues: \$17.95

Minimum Dues: \$1,250.00

Maximum Dues: \$6,995.00

Payment Plans *(Select a Plan)*

Plan 1 - Automatic MONTHLY Payment Withdrawal (Ongoing Renewal): \$104.17 (Based on 12 Months)

The school authorizes MACS to automatically renew membership annually and continue ACH payments **until the school provides written notification to MACS to cancel membership**. The school will receive an annual notice of next year's annual dues. Monthly payment withdrawals are made on the 10th of the month.

Plan 2 - Automatic ANNUAL Payment Withdrawal (Ongoing Renewal): \$1,250.00

The school authorizes MACS to automatically renew membership annually and continue ACH payments **until the school provides written notification to MACS to cancel membership**. Single payment withdrawal will be made upon receipt of membership form. The school will receive an annual notice of next year's annual dues.

Starting on January 1, 2021, MACS will no longer accept checks for membership dues. As a cost-saving and safety measure, dues must be paid via ACH on an annual or monthly basis.

Authorization

School Director/Board Chair Name (Print): _____

School Director/Board Chair Signature: _____ Date: _____

Send (1) Membership Dues Form, and (2) ACH Form to:

MN Association of Charter Schools
161 St. Anthony Avenue, Suite 1000
St. Paul, MN 55103

or

adelaide@mncharterschools.org

For MACS Office use only:

Date Rec'd: _____ Payment Type: _____ Transaction ID: _____



Automatic Monthly Payment Withdrawal Direct Payment Authorization Form

We are pleased to offer you this service for paying your school’s membership dues—the Direct Payment Plan. Your school can have your MACS Membership Dues deducted automatically from your school’s checking or savings account on a monthly basis. And, your school won’t have to change your present banking relationship to take advantage of this payment option.

The Direct Payment Plan will help you in several ways:

- It helps pay your school membership installments in a convenient and timely manner
- It helps better manage your cash flow
- It saves time—fewer checks to write and mail
- Your payments are always on time—it helps maintain good credit.
- It saves postage and paper.

Here’s how the Direct Payment Plan works:

You authorize regularly scheduled payments to be made from your school’s checking or savings account. Your payments will be made automatically on the specified day, and proof of payment will appear on your bank statement.

All schools need to do is:

1. Fill in your school name, financial institution name and location, and date.
2. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account and routing number.
3. Be sure to have your authorized account signer sign the form.

NOTICE

If you are already enrolled in a direct payment plan, you do not need to fill out the form unless there have been changes to your account (ie change in account number or change of banking institution)

Please complete the information below for new account information or changes to an existing account

I authorize the MN Association of Charter Schools (MACS) to initiate electronic debit entries for payment of our membership dues. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law

Date _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

____ CHECKING ACCOUNT (or) ____ SAVINGS ACCOUNT

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

SCHOOL NAME _____

SIGNER (PRINT) _____ TITLE _____

SIGNATURE _____

IF YOU HAVE PREVIOUSLY SUBMITTED ACH INFORMATION, PLEASE LIST EFFECTIVE DATE FOR THE NEW ACCOUNT



Dan Weisser <dweisser@isd4081.org>

Discovery Public School of Faribault - Medica renewal 1/1/21 - 138795

2 messages

Michael Konzen <mekonzen@e-b-g.com>
To: Dan Weisser <dweisser@isd4081.org>
Cc: Laurie Ambroso <lambroso@e-b-g.com>

Fri, Oct 1, 2021 at 2:11 PM

Hi Dan – Hope you have been doing well. I am reaching out regarding your Medica health plan renewal we received today. Here is what we are seeing.

- Overall rate increase of about 3.9%
- Out of pocket max is going from \$2500/\$5000 to \$3000/\$6000

Given the minimal plan change and small rate increase, this is a solid renewal and with a Platinum level plan, a very nice offering for employees. Have you continued to be happy with the plan? Now is the opportunity for people to jump on the plan, make changes or add dependents. If people are going to make plan changes the sooner we get them in the better.

If you'd like to consider other carriers, we can certainly look at that, but rates aren't yet available for them. Also, if you'd like to consider rounding out your benefit offering with lines such as life, dental, disability, and vision we would be happy to look into that for you. Please let me know if you'd like to setup a time to discuss the renewal or other lines of coverage. I look forward to hearing from you. Have a great weekend!

Thank you,

Mike Konzen Jr.

Employers Benefit Group, LLC

5100 Edina Industrial Blvd, Suite 206

Edina, MN 55439

952-746-4854 - office 866-924-9990 #230 - toll free

715-225-6888 – mobile 715-833-9829 – fax

www.e-b-g.com

 **DISCOVERY PUBLIC SCHOOL OF FAR_138795_Broker_Renewal_Packet.pdf**
4335K

Dan Weisser <dweisser@isd4081.org>
To: Karen Natole <knatole@isd4081.org>

Mon, Oct 4, 2021 at 8:34 AM

Dan Weisser