

Special Meeting of the Board
Wednesday, October 15, 2025 4:00 PM Central

Secondary Campus Room B103 Media Center
7729 161st Avenue Northwest
Ramsey, MN 55303

Jason Busch: Absent
Ryan Heineman: Present
Nicole Kallod: Present
Chad Lucas: Present
Amanda Mackereth: Present
Ann Ostendorf: Present
Nathan Plack: Present
Nicole Rhoad: Present
Danae Trauth: Absent

Present: 7, Absent: 2.

Jason Busch: Present

Present: 8, Absent: 1.

1. Call To Order

2. Roll Call

3. Approval of Agenda and Consent Agenda

Motion to Approve the Agenda and Consent Agenda. This motion, made by Ann Ostendorf and seconded by Nathan Plack, Carried.

Jason Busch: Absent, Danae Trauth: Absent, Ryan Heineman: Yea, Nicole Kallod:

Yea, Chad Lucas: Yea, Amanda Mackereth: Yea, Ann Ostendorf: Yea, Nathan Plack:

Yea, Nicole Rhoad: Yea

Yea: 7, Nay: 0, Absent: 2

4. Administrative Reports and Recommendations

4.a. Minnesota State High School League (MSHSL) Co-op Agreements

4.a.i. Nordic Skiing Co-op

Motion to approve Nordic Skiing co-op with Heritage Christian Academy, Providence Academy, and River Tree School. This motion, made by Ann Ostendorf and seconded by Amanda Mackereth, Carried.

Jason Busch: Absent, Danae Trauth: Absent, Ryan Heineman: Yea, Nicole

Kallod: Yea, Chad Lucas: Yea, Amanda Mackereth: Yea, Ann Ostendorf:

Yea, Nathan Plack: Yea, Nicole Rhoad: Yea

Yea: 7, Nay: 0, Absent: 2

4.a.ii. Girls Basketball Co-op

Motion to approve Girls basketball co-op with LILA Charter School. This motion, made by Amanda Mackereth and seconded by Ann Ostendorf, Carried.

Jason Busch: Absent, Danae Trauth: Absent, Ryan Heineman: Yea, Nicole

Kallod: Yea, Chad Lucas: Yea, Amanda Mackereth: Yea, Ann Ostendorf:

Yea, Nathan Plack: Yea, Nicole Rhoad: Yea

Yea: 7, Nay: 0, Absent: 2

4.b. Human Resource and Operations Services

4.b.i. Drama Fees

Motion to approve setting drama fees at \$150.00 per session. This motion, made by Ann Ostendorf and seconded by Nicole Rhoad, Carried.

Danae Trauth: Absent, Jason Busch: Yea, Ryan Heineman: Yea, Nicole Kallod: Yea, Chad Lucas: Yea, Amanda Mackereth: Yea, Ann Ostendorf: Yea, Nathan Plack: Yea, Nicole Rhoad: Yea
Yea: 8, Nay: 0, Absent: 1

4.b.ii. Medical Insurance Renewal Options

Recommendation to approve medical insurance: 2026 UHC/ Surest plus \$50 plan as presented with Delta Dental. This motion, made by Ann Ostendorf and seconded by Chad Lucas, Carried.

Danae Trauth: Absent, Jason Busch: Yea, Ryan Heineman: Yea, Nicole Kallod: Yea, Chad Lucas: Yea, Amanda Mackereth: Yea, Ann Ostendorf: Yea, Nathan Plack: Yea, Nicole Rhoad: Yea
Yea: 8, Nay: 0, Absent: 1

5. Adjourn

Motion to adjourn. This motion, made by Jason Busch and seconded by Chad Lucas, Carried.

Danae Trauth: Absent, Jason Busch: Yea, Ryan Heineman: Yea, Nicole Kallod: Yea, Chad Lucas: Yea, Amanda Mackereth: Yea, Ann Ostendorf: Yea, Nathan Plack: Yea, Nicole Rhoad: Yea
Yea: 8, Nay: 0, Absent: 1

Application for Cooperative Sponsorship

Deadline: Not later than 30 days prior to the first day of practice for that sport season.
 PLEASE SEE BYLAW 403.2 (A-C) and 403.4 (A-D) (amended May 15, 2017) FOR INFORMATION REGARDING REQUIRED DOCUMENTATION AND APPLICATION PROCEDURE

The governing boards of each participating school must jointly make application for cooperative sponsorship.

On behalf of the following schools, we hereby apply for cooperative sponsorship of Nordic Skiing, Boys And Girls
 beginning with the 20 25 - 20 26 school year. (activity) (boys' or girls') (Adapted-CI or PI)

List ALL schools included in the cooperative sponsorship. Attach another form if necessary.

	School	Enrollment (9-12)*	City	Administrative Region**	Competitive Section**
High School #1:	Heritage Christian Academy	135	MAPLE GROVE, MN	4A	6A
High School #2:	PACT Charter School	409	Ramsey, MN	4A	6A
High School #3:	Providence Academy	348	PLYMOUTH, MN	4A	6A
High School #4:	RiverTree School	39	CRYSTAL, MN	4A	6A

*Enrollment reported to the State of Minnesota on October 1 of the previous school year.

**Current (Number and Class)

- Do any of the above schools belong to a conference in this activity?
 Yes This application must include a review and comments from the conference(s) of which the schools are members.
 No
- Do any of the above schools currently have a cooperative agreement in this activity?
 Yes An application for dissolution must be submitted for the existing agreement.
 No
- Describe the conditions which have prompted your request to co-sponsor this activity. (See model resolution at [www.mshsl.org/About MSHSL/Membership Information: A History & Model Resolution for School Boards](http://www.mshsl.org/About_MSHSL/Membership_Information:_A_History_&_Model_Resolution_for_School_Boards))

Low Numbers for all Schools

- List the number of students, by grade level, who participated in this activity during the previous year. If the school did not sponsor the program last year, indicate the number of students expected to participate in this cooperatively-sponsored activity this year if approved.

	7th	8th	9th	10th	11th	12th
High School #1	-	1	-	3	2	-
High School #2				1		1
High School #3	1	-	2	2	-	1
High School #4	-	-	5	-	2	2

- Team Identification: (Indicate how cooped schools should be identified in tournament programs): Heritage/Providence

6. Team Colors: ROYAL BLUE Team Mascot: EAGLES

7. Host School (school that will receive revenue share check): HERITAGE

	Board of Education (or designee)	School	Date
Signed	<u>[Signature]</u>	<u>HERITAGE</u>	<u>10/6/25</u>
Signed	<u>[Signature]</u>	<u>PACT</u>	<u>10/8/25</u>
Signed	<u>[Signature]</u>	<u>PROVIDENCE</u>	<u>10/7/25</u>
Signed	<u>Jessica Johnson</u>	<u>RIVER TREE</u>	<u>10/7/25</u>

Official Action of the MSHSL Board of Directors

Approved Not Approved

Signature: _____ Date: _____

Application for Cooperative Sponsorship

Deadline: Not later than 30 days prior to the first day of practice for that sport season.
 PLEASE SEE BYLAW 403.2 (A-C) and 403.4 (A-D) (amended May 15, 2017) FOR INFORMATION REGARDING REQUIRED DOCUMENTATION AND APPLICATION PROCEDURE

The governing boards of each participating school must jointly make application for cooperative sponsorship.

On behalf of the following schools, we hereby apply for cooperative sponsorship of Basketball, Girls
 beginning with the 20 25 - 20 26 school year. (activity) (boys' or girls') (Adapted-CI or PI)

List ALL schools included in the cooperative sponsorship. Attach another form if necessary.

	School	Enrollment (9-12)*	City	Administrative Region**	Competitive Section**
High School #1:	Pact Charter School	409	Ramsey, MN	5A	6AA
High School #2:	Lakes International Language Academy	267	Forest Lake, MN	4A	4AA
High School #3:					
High School #4:					

*Enrollment reported to the State of Minnesota on October 1 of the previous school year.

**Current (Number and Class)

- Do any of the above schools belong to a conference in this activity?
 Yes This application must include a review and comments from the conference(s) of which the schools are members.
 No
- Do any of the above schools currently have a cooperative agreement in this activity?
 Yes An application for dissolution must be submitted for the existing agreement.
 No
- Describe the conditions which have prompted your request to co-sponsor this activity. (See model resolution at [www.mshsl.org/About/MSHSL/Membership Information: A History & Model Resolution for School Boards](http://www.mshsl.org/About/MSHSL/Membership%20Information%20-%20A%20History%20&%20Model%20Resolution%20for%20School%20Boards))

Low Participation Numbers for both schools

- List the number of students, by grade level, who participated in this activity during the previous year. If the school did not sponsor the program last year, indicate the number of students expected to participate in this cooperatively-sponsored activity this year if approved.

	7th	8th	9th	10th	11th	12th
High School #1	7	3	3	10	4	2
High School #2	1	0	6	2	5	0
High School #3						
High School #4						

- Team Identification: (Indicate how cooped schools should be identified in tournament programs): PACT Charter Girls
Basketball

6. Team Colors: Red, Blue, White Team Mascot: Panthers

7. Host School (school that will receive revenue share check): PACT Charter School

Board of Education (or designee)	School	Date
Signed <u>[Signature]</u>	<u>Lakes Int'l Language Acad.</u>	<u>10/8/25</u>
Signed <u>[Signature]</u>	<u>PACT Charter School</u>	<u>10/9/25</u>
Signed _____	_____	_____
Signed _____	_____	_____

Official Action of the MSHSL Board of Directors

- Approved Not Approved

Signature: _____ Date: _____



Medical Plan Group

Current
 2025 Medica MHC Current
\$ 977,533⁰⁹

Medical Plan Design

	Minnesota Healthcare Consortium 2026 MSI \$3,400-0% HSA Passport Passport				Minnesota Healthcare Consortium 2026 MSI \$3,400-0% HSA Elect Elect				Minnesota Healthcare Consortium 2026 MSI \$3,400-0% HSA VantagePI Vantage Plus				Minnesota Healthcare Consortium 2026 MSI \$3,400-0% HSA Park Nico Park Nicollet			
	Single		Family		Single		Family		Single		Family		Single		Family	
Deductible	\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800	
	Embedded		Embedded		Embedded		Embedded		Embedded		Embedded		Embedded		Embedded	
Employee Coinsurance	20 %		20 %		0 %		0 %		0 %		0 %		0 %		0 %	
Out-of-Pocket Max	\$ 4,600		\$ 9,200		\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800	
Employer Funding	\$ - 1,000		\$ - 1,500		\$ - 1,000		\$ - 1,500		\$ - 1,000		\$ - 1,500		\$ - 1,000		\$ - 1,500	
Net Out-of-Pocket Max	\$ 3,600		\$ 7,700		\$ 2,400		\$ 5,300		\$ 2,400		\$ 5,300		\$ 2,400		\$ 5,300	
Employee Annual Premium	\$ + 1,627		\$ + 12,785		\$ + 422		\$ + 9,704		\$ + 180		\$ + 9,088		\$ + 180		\$ + 9,088	
Employee Max Annual Cost	\$ 5,227		\$ 20,485		\$ 2,822		\$ 15,004		\$ 2,580		\$ 14,388		\$ 2,580		\$ 14,388	
Medical Copays	Copay															
Primary Care	\$ -- 0% after deductible															
Specialty Care	\$ -- 0% after deductible															
Urgent Care	\$ -- 0% after deductible															
Emergency	\$ -- 0% after deductible															
In-Patient Hospital	\$ -- 0% after deductible															
Out-Patient Hospital	\$ -- 0% after deductible															
Rx	Integrated with Medical															
Tiers	--															
Enrollment	11	Prem	ER	EE	30	Prem	ER	EE	22	Prem	ER	EE	35	Prem	ER	EE
Employee Only	7	\$ 803 ³⁶	83 %	\$ 135 ⁵⁷	22	\$ 702 ⁹⁴	95 %	\$ 35 ¹⁵	17	\$ 682 ⁸⁶	98 %	\$ 15 ⁰²	28	\$ 682 ⁸⁶	98 %	\$ 15 ⁰²
Employee + Spouse	0	\$ 1,775 ⁵⁸	44 %	\$ 998 ⁷⁶	2	\$ 1,553 ⁶²	50 %	\$ 776 ⁸¹	1	\$ 1,509 ²⁴	51 %	\$ 732 ⁴³	1	\$ 1,509 ²⁴	51 %	\$ 732 ⁴³
Family	4	\$ 2,053 ⁸²	48 %	\$ 1,065 ⁴²	6	\$ 1,797 ¹⁰	55 %	\$ 808 ⁷⁰	4	\$ 1,745 ⁷⁶	57 %	\$ 757 ³¹	6	\$ 1,745 ⁷⁶	57 %	\$ 757 ³¹
Annual Insurance Premium	\$ 166,065 ⁶⁰				\$ 352,254 ²⁴				\$ 241,210 ⁸⁰				\$ 373,246 ⁵⁶			
Employer Premium Contribution	\$ 103,537 ⁸⁵				\$ 266,105 ⁹⁵				\$ 193,006 ⁰⁰				\$ 304,883 ²⁸			
Budgeted HRA + HSA	\$ + 0 ⁰⁰ + 13,000 ⁰⁰				\$ + 0 ⁰⁰ + 34,000 ⁰⁰				\$ + 0 ⁰⁰ + 24,500 ⁰⁰				\$ + 0 ⁰⁰ + 38,500 ⁰⁰			
Employer Annual Cost	\$ 116,537.85				\$ 300,105.95				\$ 217,506.00				\$ 343,383.28			



Kraus - Anderson Insurance
PACT Charter School
 Report as of 14 October 2025

Plan Group Comparison - 1/1/26 - 12/31/26
 Carrier summaries provide the most information of proposed benefits and supersede any outline included in this proposal.
 * = Additional details available

Medical Plan Group

Proposed
 2026 Medica MHC Renewal
\$ 1,236,928³² +26.5%

Medical Plan Design

	Minnesota Healthcare Consortium 2026 MSI \$3,400-0% HSA Passport Passport				Minnesota Healthcare Consortium 2026 MSI \$3,400-0% HSA Elect Elect				Minnesota Healthcare Consortium 2026 MSI \$3,400-0% HSA Vantage P Vantage Plus				Minnesota Healthcare Consortium 2026 MSI \$3,400-0% HSA Park Nico Park Nicollett First			
	Single		Family		Single		Family		Single		Family		Single		Family	
Deductible	\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800	
Employee Coinsurance	Embedded		Embedded		Embedded		Embedded		Embedded		Embedded		Embedded		Embedded	
Out-of-Pocket Max	0 %		0 %		0 %		0 %		0 %		0 %		0 %		0 %	
Employer Funding	\$ -	\$ 1,000	\$ -	\$ 1,500	\$ -	\$ 1,000	\$ -	\$ 1,500	\$ -	\$ 1,000	\$ -	\$ 1,500	\$ -	\$ 1,000	\$ -	\$ 1,500
Net Out-of-Pocket Max	\$ 2,400		\$ 5,300		\$ 2,400		\$ 5,300		\$ 2,400		\$ 5,300		\$ 2,400		\$ 5,300	
Employee Annual Premium	\$ + 2,113		\$ + 16,608		\$ + 548		\$ + 12,606		\$ + 234		\$ + 11,805		\$ + 234		\$ + 11,805	
Employee Max Annual Cost	\$ ▼ 4,513		\$ ▲ 21,908		\$ ▲ 2,948		\$ ▲ 17,906		\$ ▲ 2,634		\$ ▲ 17,105		\$ ▲ 2,634		\$ ▲ 17,105	
Medical Copays	Copay		Copay		Copay		Copay		Copay		Copay		Copay		Copay	
Primary Care	\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible	
Specialty Care	\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible	
Urgent Care	\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible	
Emergency	\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible	
In-Patient Hospital	\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible	
Out-Patient Hospital	\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible		\$ -- 0% after deductible	
Rx	Integrated with Medical		Integrated with Medical		Integrated with Medical		Integrated with Medical		Integrated with Medical		Integrated with Medical		Integrated with Medical		Integrated with Medical	
Tiers	--		--		--		--		--		--		--		--	
Enrollment	11	Prem	ER	EE	30	Prem	ER	EE	22	Prem	ER	EE	35	Prem	ER	EE
Employee Only	7	\$ 1,043 ⁵⁶	83 %	\$ 176 ¹⁰	22	\$ 913 ¹²	95 %	\$ 45 ⁶⁶	17	\$ 887 ⁰⁴	98 %	\$ 19 ⁵¹	28	\$ 887 ⁰⁴	98 %	\$ 19 ⁵¹
Employee + Spouse	0	\$ 2,306 ⁴⁶	44 %	\$ 1,297 ³⁸	2	\$ 2,018 ¹⁶	50 %	\$ 1,009 ⁰⁸	1	\$ 1,960 ⁵⁰	51 %	\$ 951 ⁴³	1	\$ 1,960 ⁵⁰	51 %	\$ 951 ⁴³
Family	4	\$ 2,667 ⁹²	48 %	\$ 1,383 ⁹⁸	6	\$ 2,334 ⁴⁴	55 %	\$ 1,050 ⁵⁰	4	\$ 2,267 ⁷⁴	57 %	\$ 983 ⁷⁵	6	\$ 2,267 ⁷⁴	57 %	\$ 983 ⁷⁵
Annual Insurance Premium	\$ 215,719 ²⁰ ▲		+29.9%		\$ 457,579 ²⁰ ▲		+29.9%		\$ 313,333 ⁶⁸ ▲		+29.9%		\$ 484,848 ⁷² ▲		+29.9%	
Employer Premium Contribution	\$ 134,495 ⁵³				\$ 345,672 ²⁴				\$ 250,715 ⁶⁹				\$ 396,044 ⁸⁷			
Budgeted HRA + HSA	\$ + 0 ⁰⁰ + 13,000 ⁰⁰				\$ + 0 ⁰⁰ + 34,000 ⁰⁰				\$ + 0 ⁰⁰ + 24,500 ⁰⁰				\$ + 0 ⁰⁰ + 38,500 ⁰⁰			
Employer Annual Cost	\$ 147,495.53 +26.6%				\$ 379,672.24 +26.5%				\$ 275,215.69 +26.5%				\$ 434,544.87 +26.5%			



Medical Plan Group

Proposed
 2026 Medica MHC Add Coinsurance
\$ 1,059,784⁶⁴ +8.4%

Medical Plan Design

	Minnesota Healthcare Consortium 2026 MSI \$3,400-20% HSA Passport Passport				Minnesota Healthcare Consortium 2026 MSI \$3,400-80% HSA Elect Elect				Minnesota Healthcare Consortium 2026 MSI \$3,400-80% HSA Vantage Vantage Plus				Minnesota Healthcare Consortium 2026 MSI \$3,400-80% HSA Park Nic Park Nicollett First			
	Single		Family		Single		Family		Single		Family		Single		Family	
Deductible	\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800	
	Embedded		Embedded		Embedded		Embedded		Embedded		Embedded		Embedded		Embedded	
Employee Coinsurance	20 %		20 %		20 %		20 %		20 %		20 %		20 %		20 %	
Out-of-Pocket Max	\$ 4,600		\$ 9,200		\$ 4,600		\$ 9,200		\$ 4,600		\$ 9,200		\$ 4,600		\$ 9,200	
Employer Funding	\$ - 1,000		\$ - 1,500		\$ - 1,000		\$ - 1,500		\$ - 1,000		\$ - 1,500		\$ - 1,000		\$ - 1,500	
Net Out-of-Pocket Max	\$ 3,600		\$ 7,700		\$ 3,600		\$ 7,700		\$ 3,600		\$ 7,700		\$ 3,600		\$ 7,700	
Employee Annual Premium	\$ + 1,943		\$ + 20,053		\$ + 489		\$ + 16,335		\$ + 198		\$ + 15,591		\$ + 198		\$ + 15,591	
Employee Max Annual Cost	\$ ▲ 5,543		\$ ▲ 27,753		\$ ▲ 4,089		\$ ▲ 24,035		\$ ▲ 3,798		\$ ▲ 23,291		\$ ▲ 3,798		\$ ▲ 23,291	
Medical Copays	Copay															
Primary Care	\$ -- 0% after deductible															
Specialty Care	\$ -- 0% after deductible															
Urgent Care	\$ -- 0% after deductible															
Emergency	\$ -- 0% after deductible															
In-Patient Hospital	\$ -- 0% after deductible															
Out-Patient Hospital	\$ -- 0% after deductible															
Rx	Integrated with Medical															
Tiers	--															
Enrollment	11	Prem	ER	EE	30	Prem	ER	EE	22	Prem	ER	EE	35	Prem	ER	EE
Employee Only	7	\$ 969 ⁵⁶	83 %	\$ 161 ⁹²	22	\$ 848 ³⁶	95 %	\$ 40 ⁷²	17	\$ 824 ¹²	98 %	\$ 16 ⁴⁸	28	\$ 824 ¹²	98 %	\$ 16 ⁴⁸
Employee + Spouse	0	\$ 2,142 ⁸⁸	38 %	\$ 1,335 ²⁴	2	\$ 1,875 ⁰²	43 %	\$ 1,067 ³⁸	1	\$ 1,821 ⁴⁴	44 %	\$ 1,013 ⁸⁰	1	\$ 1,821 ⁴⁴	44 %	\$ 1,013 ⁸⁰
Family	4	\$ 2,478 ⁷⁰	33 %	\$ 1,671 ⁰⁶	6	\$ 2,168 ⁸⁶	37 %	\$ 1,361 ²²	4	\$ 2,106 ⁹⁰	38 %	\$ 1,299 ²⁶	6	\$ 2,106 ⁹⁰	38 %	\$ 1,299 ²⁶
Annual Insurance Premium	\$ 200,420 ⁶⁴ ▲		+20.7%		\$ 425,125 ⁴⁴ ▲		+20.7%		\$ 291,108 ⁹⁶ ▲		+20.7%		\$ 450,458 ⁴⁰ ▲		+20.7%	
Employer Premium Contribution	\$ 106,608 ⁴⁸				\$ 290,750 ⁴⁰				\$ 213,216 ⁹⁶				\$ 339,208 ⁸⁰			
Budgeted HRA + HSA	\$ + 0 ⁰⁰ + 13,000 ⁰⁰				\$ + 0 ⁰⁰ + 34,000 ⁰⁰				\$ + 0 ⁰⁰ + 24,500 ⁰⁰				\$ + 0 ⁰⁰ + 38,500 ⁰⁰			
Employer Annual Cost	\$ 119,608.48 +2.6%				\$ 324,750.40 +8.2%				\$ 237,716.96 +9.3%				\$ 377,708.80 +10.0%			



Kraus - Anderson Insurance
PACT Charter School
 Report as of 14 October 2025

Plan Group Comparison - 1/1/26 - 12/31/26
 Carrier summaries provide the most information of proposed benefits and supersede any outline included in this proposal.
 * = Additional details available

Medical Plan Group	Proposed 2026 Medica MHC + Elect Base \$ 1,138,988 ¹⁵ +16.5%				Cont'd »											
	Minnesota Healthcare Consortium 2026 MSI \$3,400-0% HSA Passport Passport				Minnesota Healthcare Consortium 2026 MSI \$3,400-0% HSA Elect Elect				Minnesota Healthcare Consortium 2026 MSI \$3,400-0% HSA Vantage P Vantage Plus				Minnesota Healthcare Consortium 2026 MSI \$3,400-0% HSA Park Nico Park Nicollet First			
Medical Plan Design	Single		Family		Single		Family		Single		Family		Single		Family	
Deductible	\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800	
Employee Coinsurance	Embedded		Embedded		Embedded		Embedded		Embedded		Embedded		Embedded		Embedded	
Out-of-Pocket Max	0 %		0 %		0 %		0 %		0 %		0 %		0 %		0 %	
Employer Funding	\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800		\$ 3,400		\$ 6,800	
Net Out-of-Pocket Max	\$ - 1,000		\$ - 1,500		\$ - 1,000		\$ - 1,500		\$ - 1,000		\$ - 1,500		\$ - 1,000		\$ - 1,500	
Employee Annual Premium	\$ 2,400		\$ 5,300		\$ 2,400		\$ 5,300		\$ 2,400		\$ 5,300		\$ 2,400		\$ 5,300	
Employee Max Annual Cost	\$ + 2,112		\$ + 16,607		\$ + 547		\$ + 12,605		\$ + 692		\$ + 12,947		\$ + 692		\$ + 12,947	
	\$ ▼ 4,512		\$ ▲ 21,907		\$ ▲ 2,947		\$ ▲ 17,905		\$ ▲ 3,092		\$ ▲ 18,247		\$ ▲ 3,092		\$ ▲ 18,247	
Medical Copays	Copay															
Primary Care	\$ -- 0% after deductible															
Specialty Care	\$ -- 0% after deductible															
Urgent Care	\$ -- 0% after deductible															
Emergency	\$ -- 0% after deductible															
In-Patient Hospital	\$ -- 0% after deductible															
Out-Patient Hospital	\$ -- 0% after deductible															
Rx	Integrated with Medical															
Tiers	--															
Enrollment	11	Prem	ER	EE	30	Prem	ER	EE	0	Prem	ER	EE	0	Prem	ER	EE
Employee Only	7	\$ 1,043 ⁵⁶	83 %	\$ 176 ⁰³	22	\$ 913 ¹²	95 %	\$ 45 ⁵⁹	0	\$ 887 ⁰⁴	93 %	\$ 57 ⁶⁸	0	\$ 887 ⁰⁴	93 %	\$ 57 ⁶⁸
Employee + Spouse	0	\$ 2,306 ⁴⁶	43 %	\$ 1,315 ⁹⁶	2	\$ 2,018 ¹⁶	49 %	\$ 1,027 ⁶⁶	0	\$ 1,960 ⁵⁰	46 %	\$ 1,055 ⁴⁸	0	\$ 1,960 ⁵⁰	46 %	\$ 1,055 ⁴⁸
Family	4	\$ 2,667 ⁹²	48 %	\$ 1,383 ⁹³	6	\$ 2,334 ⁴⁴	55 %	\$ 1,050 ⁴⁵	0	\$ 2,267 ⁷⁴	52 %	\$ 1,078 ⁸⁸	0	\$ 2,267 ⁷⁴	52 %	\$ 1,078 ⁸⁸
Annual Insurance Premium	\$ 215,719 ²⁰ ▲				\$ 457,579 ²⁰ ▲				\$ 0 ⁰⁰ ▼				\$ 0 ⁰⁰ ▼			
	+29.9%				+29.9%				-100.0%				-100.0%			
Employer Premium Contribution	\$ 134,503 ⁸⁴															
Budgeted HRA + HSA	\$ + 0 ⁰⁰ + 13,000 ⁰⁰															
Employer Annual Cost	\$ 147,503.84 +26.6%				\$ 379,246.23 +26.4%				\$ 0.00 -100.0%				\$ 0.00 -100.0%			



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Plan Group Comparison - 1/1/26 - 12/31/26
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Medical Plan Group

Proposed « Cont'd
 2026 Medica MHC + Elect Base
\$ 1,138,988¹⁵ +16.5%

Medical Plan Design

Minnesota Healthcare Consortium
 2026 MSI \$3,400-80% HSA Elect
 Elect

	Single	Family
Deductible	\$ 3,400	\$ 6,800
Employee Coinsurance	Embedded 20 %	Embedded 20 %
Out-of-Pocket Max	\$ 4,600	\$ 9,200
Employer Funding	\$ - 0	\$ - 0
Net Out-of-Pocket Max	\$ 4,600	\$ 9,200
Employee Annual Premium	\$ + 228	\$ + 11,760
Employee Max Annual Cost	\$ 4,828	\$ 20,960

Medical Copays

Primary Care	\$ -- 20% after deductible
Specialty Care	\$ -- 20% after deductible
Urgent Care	\$ -- 20% after deductible
Emergency	\$ -- 20% after deductible
In-Patient Hospital	\$ -- 20% after deductible
Out-Patient Hospital	\$ -- 20% after deductible

Rx

Tiers

Copay
 Integrated with Medical
 --

Enrollment

Employee Only

Employee + Spouse

Family

	57	Prem	ER	EE
Employee Only	45	\$ 848 ³⁶	98 %	\$ 19 ⁰⁰
Employee + Spouse	2	\$ 1,875 ⁰²	48 %	\$ 970 ⁰⁰
Family	10	\$ 2,168 ⁸⁶	55 %	\$ 980 ⁰⁰

Annual Insurance Premium

\$ 763,378⁰⁸

Employer Premium Contribution

\$ 612,238⁰⁸

Budgeted HRA + HSA

\$ + 0⁰⁰ + 0⁰⁰

Employer Annual Cost

\$ 612,238.08



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Medical Plan Group

Proposed
 2026 UHC/Surest + \$0
\$ 1,135,732⁸⁰ +16.2%

Medical Plan Design

	UnitedHealthcare 2026 UnitedHealthcare EQJx MOD Choice Passport				UnitedHealthcare 2026 Surest F 7000 Plan Choice P Choice Plus			
	Single		Family		Single		Family	
Deductible	\$ 3,400		\$ 6,800		\$ 0		\$ 0	
Employee Coinsurance	0 %		0 %		100 %		100 %	
Out-of-Pocket Max	\$ 3,400		\$ 6,800		\$ 7,000		\$ 14,000	
Employer Funding	\$ - 0		\$ - 0		\$ - 0		\$ - 0	
Net Out-of-Pocket Max	\$ 3,400		\$ 6,800		\$ 7,000		\$ 14,000	
Employee Annual Premium	\$ + 1,859		\$ + 15,944		\$ + 240		\$ + 9,088	
Employee Max Annual Cost	\$ ▲ 5,259		\$ ▲ 22,744		\$ ▲ 7,240		\$ ▲ 23,088	
Medical Copays	Copay				Copay			
Primary Care	\$ -- 0% after deductible				\$ 50 \$50-\$160			
Specialty Care	\$ -- 0% after deductible				\$ 160 \$50-\$160			
Urgent Care	\$ -- 0% after deductible				\$ 110			
Emergency	\$ -- 0% after deductible				\$ 1,200			
In-Patient Hospital	\$ -- 0% after deductible				\$ 5,500 \$500-\$5500			
Out-Patient Hospital	\$ -- 0% after deductible				\$ 5,500 \$80-\$5500			
Rx	Integrated with Medical				Deductible \$2,000			
Tiers	--				\$10, \$35, \$60			
Enrollment	0	Prem	ER	EE	98	Prem	ER	EE
Employee Only	0	\$ 987 ³⁷	84 %	\$ 154 ⁹⁵	74	\$ 852 ⁴²	98 %	\$ 20 ⁰⁰
Employee + Spouse	0	\$ 2,177 ²⁰	42 %	\$ 1,263 ¹⁹	4	\$ 1,884 ⁰¹	61 %	\$ 732 ⁴³
Family	0	\$ 2,527 ⁹⁶	47 %	\$ 1,328 ⁷⁰	20	\$ 2,179 ²⁶	65 %	\$ 757 ³¹
Annual Insurance Premium	\$ 0 ⁰⁰ ▼		-100.0%		\$ 1,370,403 ⁸⁴ ▲		+289.0%	
Employer Premium Contribution	\$ 0 ⁰⁰				\$ 1,135,732 ⁸⁰			
Budgeted HRA + HSA	\$ + 0 ⁰⁰ + 0 ⁰⁰				\$ + 0 ⁰⁰ + 0 ⁰⁰			
Employer Annual Cost	\$ 0.00		-100.0%		\$ 1,135,732.80		+278.4%	



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Medical Plan Group

Proposed
 2026 UHC/Surest + \$50
\$ 1,121,332⁸⁰ +14.7%

Medical Plan Design

	UnitedHealthcare 2026 UnitedHealthcare EQJx MOD Choice Passport				UnitedHealthcare 2026 Surest F 7000 Plan Choice P Choice Plus			
	Single		Family		Single		Family	
Deductible	\$ 3,400		\$ 6,800		\$ 0		\$ 0	
Employee Coinsurance	Embedded 0 %		Embedded 0 %		Unknown 100 %		Unknown 100 %	
Out-of-Pocket Max	\$ 3,400		\$ 6,800		\$ 7,000		\$ 14,000	
Employer Funding	\$ - 0		\$ - 0		\$ - 0		\$ - 0	
Net Out-of-Pocket Max	\$ 3,400		\$ 6,800		\$ 7,000		\$ 14,000	
Employee Annual Premium	\$ + 1,859		\$ + 15,944		\$ + 240		\$ + 9,688	
Employee Max Annual Cost	\$ ▲ 5,259		\$ ▲ 22,744		\$ ▲ 7,240		\$ ▲ 23,688	
Medical Copays	Copay				Copay			
Primary Care	\$ -- 0% after deductible				\$ 50 \$50-\$160			
Specialty Care	\$ -- 0% after deductible				\$ 160 \$50-\$160			
Urgent Care	\$ -- 0% after deductible				\$ 110			
Emergency	\$ -- 0% after deductible				\$ 1,200			
In-Patient Hospital	\$ -- 0% after deductible				\$ 5,500 \$500-\$5500			
Out-Patient Hospital	\$ -- 0% after deductible				\$ 5,500 \$80-\$5500			
Rx	Integrated with Medical				Deductible \$2,000			
Tiers	--				\$10, \$35, \$60			
Enrollment	0	Prem	ER	EE	98	Prem	ER	EE
Employee Only	0	\$ 987 ³⁷	84 %	\$ 154 ⁹⁵	74	\$ 852 ⁴²	98 %	\$ 20 ⁰⁰
Employee + Spouse	0	\$ 2,177 ²⁰	42 %	\$ 1,263 ¹⁹	4	\$ 1,884 ⁰¹	58 %	\$ 782 ⁴³
Family	0	\$ 2,527 ⁹⁶	47 %	\$ 1,328 ⁷⁰	20	\$ 2,179 ²⁶	63 %	\$ 807 ³¹
Annual Insurance Premium	\$ 0 ⁰⁰ ▼		-100.0%		\$ 1,370,403 ⁸⁴ ▲		+289.0%	
Employer Premium Contribution	\$ 0 ⁰⁰		0 ⁰⁰		\$ 1,121,332 ⁸⁰		1,121,332 ⁸⁰	
Budgeted HRA + HSA	\$ + 0 ⁰⁰ + 0 ⁰⁰		+ 0 ⁰⁰ + 0 ⁰⁰		\$ + 0 ⁰⁰ + 0 ⁰⁰		+ 0 ⁰⁰ + 0 ⁰⁰	
Employer Annual Cost	\$ 0.00		-100.0%		\$ 1,121,332.80		+273.6%	



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Medical Plan Group

Proposed
 2026 UHC/Surest + \$100
\$ 1,106,932⁸⁰ +13.2%

Medical Plan Design

	UnitedHealthcare 2026 UnitedHealthcare EQJx MOD Choice Passport				UnitedHealthcare 2026 Surest F 7000 Plan Choice P Choice Plus			
	Single		Family		Single		Family	
Deductible	\$ 3,400		\$ 6,800		\$ 0		\$ 0	
	Embedded		Embedded		Unknown		Unknown	
Employee Coinsurance	0 %		0 %		100 %		100 %	
Out-of-Pocket Max	\$ 3,400		\$ 6,800		\$ 7,000		\$ 14,000	
Employer Funding	\$ - 0		\$ - 0		\$ - 0		\$ - 0	
Net Out-of-Pocket Max	\$ 3,400		\$ 6,800		\$ 7,000		\$ 14,000	
Employee Annual Premium	\$ + 1,859		\$ + 15,944		\$ + 240		\$ + 10,288	
Employee Max Annual Cost	\$ ▲ 5,259		\$ ▲ 22,744		\$ ▲ 7,240		\$ ▲ 24,288	
Medical Copays	Copay				Copay			
Primary Care	\$ -- 0% after deductible				\$ 50 \$50-\$160			
Specialty Care	\$ -- 0% after deductible				\$ 160 \$50-\$160			
Urgent Care	\$ -- 0% after deductible				\$ 110			
Emergency	\$ -- 0% after deductible				\$ 1,200			
In-Patient Hospital	\$ -- 0% after deductible				\$ 5,500 \$500-\$5500			
Out-Patient Hospital	\$ -- 0% after deductible				\$ 5,500 \$80-\$5500			
Rx	Integrated with Medical				Deductible \$2,000			
Tiers	--				\$10, \$35, \$60			
Enrollment	0	Prem	ER	EE	98	Prem	ER	EE
Employee Only	0	\$ 987 ³⁷	84 %	\$ 154 ⁹⁵	74	\$ 852 ⁴²	98 %	\$ 20 ⁰⁰
Employee + Spouse	0	\$ 2,177 ²⁰	42 %	\$ 1,263 ¹⁹	4	\$ 1,884 ⁰¹	56 %	\$ 832 ⁴³
Family	0	\$ 2,527 ⁹⁶	47 %	\$ 1,328 ⁷⁰	20	\$ 2,179 ²⁶	61 %	\$ 857 ³¹
Annual Insurance Premium	\$ 0 ⁰⁰ ▼			-100.0%	\$ 1,370,403 ⁸⁴ ▲			+289.0%
Employer Premium Contribution	\$ 0 ⁰⁰				\$ 1,106,932 ⁸⁰			
Budgeted HRA + HSA	\$ + 0 ⁰⁰ + 0 ⁰⁰				\$ + 0 ⁰⁰ + 0 ⁰⁰			
Employer Annual Cost	\$ 0.00 -100.0%				\$ 1,106,932.80 +268.8%			



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Plan Group Comparison - 1/1/26 - 12/31/26
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Medical Plan Group

Proposed
 2026 UHC/Surest + \$150
\$ 1,092,532⁸⁰ +11.8%

Medical Plan Design

	UnitedHealthcare 2026 UnitedHealthcare EQJx MOD Choice Passport				UnitedHealthcare 2026 Surest F 7000 Plan Choice P Choice Plus			
	Single		Family		Single		Family	
Deductible	\$ 3,400		\$ 6,800		\$ 0		\$ 0	
	Embedded		Embedded		Unknown		Unknown	
Employee Coinsurance	0 %		0 %		100 %		100 %	
Out-of-Pocket Max	\$ 3,400		\$ 6,800		\$ 7,000		\$ 14,000	
Employer Funding	\$ - 0		\$ - 0		\$ - 0		\$ - 0	
Net Out-of-Pocket Max	\$ 3,400		\$ 6,800		\$ 7,000		\$ 14,000	
Employee Annual Premium	\$ + 1,859		\$ + 15,944		\$ + 240		\$ + 10,888	
Employee Max Annual Cost	\$ ▲ 5,259		\$ ▲ 22,744		\$ ▲ 7,240		\$ ▲ 24,888	
Medical Copays	Copay				Copay			
Primary Care	\$ -- 0% after deductible				\$ 50 \$50-\$160			
Specialty Care	\$ -- 0% after deductible				\$ 160 \$50-\$160			
Urgent Care	\$ -- 0% after deductible				\$ 110			
Emergency	\$ -- 0% after deductible				\$ 1,200			
In-Patient Hospital	\$ -- 0% after deductible				\$ 5,500 \$500-\$5500			
Out-Patient Hospital	\$ -- 0% after deductible				\$ 5,500 \$80-\$5500			
Rx	Integrated with Medical				Deductible \$2,000			
Tiers	--				\$10, \$35, \$60			
Enrollment	0	Prem	ER	EE	98	Prem	ER	EE
Employee Only	0	\$ 987 ³⁷	84 %	\$ 154 ⁹⁵	74	\$ 852 ⁴²	98 %	\$ 20 ⁰⁰
Employee + Spouse	0	\$ 2,177 ²⁰	42 %	\$ 1,263 ¹⁹	4	\$ 1,884 ⁰¹	53 %	\$ 882 ⁴³
Family	0	\$ 2,527 ⁹⁶	47 %	\$ 1,328 ⁷⁰	20	\$ 2,179 ²⁶	58 %	\$ 907 ³¹
Annual Insurance Premium	\$ 0 ⁰⁰ ▼		-100.0%		\$ 1,370,403 ⁸⁴ ▲		+289.0%	
Employer Premium Contribution	\$ 0 ⁰⁰				\$ 1,092,532 ⁸⁰			
Budgeted HRA + HSA	\$ + 0 ⁰⁰ + 0 ⁰⁰				\$ + 0 ⁰⁰ + 0 ⁰⁰			
Employer Annual Cost	\$ 0.00		-100.0%		\$ 1,092,532.80		+264.0%	



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Medical Plan Group

Proposed
 2026 UHC/Surest + \$200
\$ 1,078,132⁸⁰ +10.3%

Medical Plan Design

	UnitedHealthcare 2026 UnitedHealthcare EQJx MOD Choice Passport				UnitedHealthcare 2026 Surest F 7000 Plan Choice P Choice Plus			
	Single		Family		Single		Family	
Deductible	\$ 3,400		\$ 6,800		\$ 0		\$ 0	
	Embedded		Embedded		Unknown		Unknown	
Employee Coinsurance	0 %		0 %		100 %		100 %	
Out-of-Pocket Max	\$ 3,400		\$ 6,800		\$ 7,000		\$ 14,000	
Employer Funding	\$ - 0		\$ - 0		\$ - 0		\$ - 0	
Net Out-of-Pocket Max	\$ 3,400		\$ 6,800		\$ 7,000		\$ 14,000	
Employee Annual Premium	\$ + 1,859		\$ + 15,944		\$ + 240		\$ + 11,488	
Employee Max Annual Cost	\$ ▲ 5,259		\$ ▲ 22,744		\$ ▲ 7,240		\$ ▲ 25,488	
Medical Copays	Copay				Copay			
Primary Care	\$ -- 0% after deductible				\$ 50 \$50-\$160			
Specialty Care	\$ -- 0% after deductible				\$ 160 \$50-\$160			
Urgent Care	\$ -- 0% after deductible				\$ 110			
Emergency	\$ -- 0% after deductible				\$ 1,200			
In-Patient Hospital	\$ -- 0% after deductible				\$ 5,500 \$500-\$5500			
Out-Patient Hospital	\$ -- 0% after deductible				\$ 5,500 \$80-\$5500			
Rx	Integrated with Medical				Deductible \$2,000			
Tiers	--				\$10, \$35, \$60			
Enrollment	0	Prem	ER	EE	98	Prem	ER	EE
Employee Only	0	\$ 987 ³⁷	84 %	\$ 154 ⁹⁵	74	\$ 852 ⁴²	98 %	\$ 20 ⁰⁰
Employee + Spouse	0	\$ 2,177 ²⁰	42 %	\$ 1,263 ¹⁹	4	\$ 1,884 ⁰¹	51 %	\$ 932 ⁴³
Family	0	\$ 2,527 ⁹⁶	47 %	\$ 1,328 ⁷⁰	20	\$ 2,179 ²⁶	56 %	\$ 957 ³¹
Annual Insurance Premium	\$ 0 ⁰⁰ ▼			-100.0%	\$ 1,370,403 ⁸⁴ ▲			+289.0%
Employer Premium Contribution	\$ 0 ⁰⁰				\$ 1,078,132 ⁸⁰			
Budgeted HRA + HSA	\$ + 0 ⁰⁰ + 0 ⁰⁰				\$ + 0 ⁰⁰ + 0 ⁰⁰			
Employer Annual Cost	\$ 0.00 -100.0%				\$ 1,078,132.80 +259.3%			