

# Hustisford School District

**District Office**

845 S. Lake St. · P.O. Box 326  
Hustisford, WI 53034  
(920) 349-8109

**Jr./Sr. High School**

845 S. Lake St. · P.O. Box 326  
Hustisford, WI 53034  
(920) 349-3261

**John Hustis Elementary**

600 S. Hustis. St · P.O. Box 326  
Hustisford, WI 53034  
(920) 349-3228

**Todd Bugnacki**

Interim Superintendent

**Clint Bushey**

Principal

**Peter Moe**

Principal

**Nicole Feucht**

Director of Financial Services

**Alex Pishler**

Director of Special Education/Psychologist

**Glen Falkenthal**

Athletic Director

## Personnel and Finance Committee - AGENDA

Notice is hereby given that the **Personnel and Finance Committee** of the Hustisford School District Board of Education will meet on **Wednesday, April 8, 2026, immediately following the Policy Committee meeting but no later than 5:00 p.m.**, in the Conference Room at Hustisford High School, 845 South Lake Street, Hustisford, WI 53034.

A quorum of the School Board may be present at this committee meeting; however, no official School Board action will be taken at this committee meeting.

School board members on this committee include Tracy Malterer, Chair, and Jamie Kulkee, Member, Jay Huncosky, Member.

Meeting called to order

### AGENDA:

1. Minutes from the February 10, 2026 Personnel and Finance Committee meeting.
  - a. The Committee may take action to approve the minutes from the February 10, 2026 Personnel and Finance Committee meeting.
2. Health Insurance - discussion on possible plan changes for the 2026-27 school year. Insurance representatives will be present to review options.
  - a. The Committee may take action to change the insurance plan for the 2026-27 year and refer to the full Board for approval.
3. School lunch prices - discussion on history of lunch prices, current prices, cost of running lunch program and best practices.
  - a. The Committee may take action to increase lunch prices for the 2026-27 school year and refer to the full Board for approval.
4. Planning for 2026-27 budget year - discussion of the 2026-27 budget, including staffing, cash flow and forecast scenario.
  - a. No action required.
5. Track Co-op - discussion on possible track Co-op with Dodgeland for the 2026-27 school year.
  - a. The Committee may take action to approve Track Co-op with Dodgeland for the 2026-27 school year and refer to the full Board for approval.
6. Renewal of Girls Soccer Co-op with Dodgeland
  - a. The Committee may take action to approve the Girls Soccer Co-op with Dodgeland and refer to the full Board for approval.

Next tentative meeting: May 5, 2026 at 5:00 PM

Adjournment

Posted: April 2, 2026

*"Notice is hereby given that a majority of the Hustisford School District Board of Education may be present at the above scheduled meeting of the Personnel and Finance Committee to gather information about a subject over which they have decision-making responsibility. Should a majority of the Board be present at this meeting, it will constitute a meeting of the Board of Education. The Board will not take any formal action at this meeting."*

*The Hustisford School District does not discriminate on the basis of age, race, color, sex, national origin, ancestry, religion, creed, pregnancy, marital or parental status, gender, sexual orientation, homelessness status, physical, emotional, or learning disability/handicap, in its curricular, career and technical education programs, co-curricular programs, student services, recreational or other programs and activities, or in admissions or access to programs or activities offered by the school district or in its employment practices. The Superintendent of Schools has been designated to handle inquiries regarding non-discrimination issues. He/she can be reached at: Superintendent of Schools, Hustisford School District, 845 South Lake Street, Hustisford, WI 53034 (920-349-8109).*

# HUSTISFORD SCHOOL DISTRICT

**District Office**

845 S. Lake St. · P.O. Box 326  
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(920) 349-8109

**Todd Bugnacki**

Interim Superintendent

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Hustisford, WI 53034  
(920) 349-3228

**Peter Moe**

Principal

**Glen Falkenthal**

Athletic Director

## Personnel and Finance Committee - MINUTES

Notice is hereby given that the **Personnel and Finance Committee** of the Hustisford School District Board of Education will meet on **Tuesday, February 10, 2026, at 5:00 p.m.**, in the Conference Room at Hustisford High School, 845 South Lake Street, Hustisford, WI 53034.

A quorum of the School Board may be present at this committee meeting; however, no official School Board action will be taken at this committee meeting.

School board members present Tracy Malterer, Chair, and Jamie Kulkee, Committee Member, Jay Huncosky, Committee Member, Steve Weinheimer, Board Member, Kevin Muche Board Member. Others present: Nicky Feucht, Todd Bugnacki (virtually), Melissa Schall, Ryan Pelz.

Meeting called to order at 5:00 p.m. by Tracy Malterer

### AGENDA:

1. Minutes from the December 2, 2025 Personnel and Finance Committee meeting.
  - a. The Committee may take action to approve the minutes from the December 2, 2025 Personnel and Finance Committee meeting.
    - i. Motion made by Jay, second Jamie, to approve December 2, 2025 P&F Minutes. Motion passed 3-0.
2. Health Insurance - discussed possible plan changes for the 2026-27 school year. Insurance representatives reviewed options. Insurance renewals will be forthcoming. Any changes to the current insurance plan will need to be approved by July 1, 2026.
  - a. Not action was taken.
3. Monthly Financial Report - discussed and reviewed monthly financial reports for the full Board.
  - a. No action required
4. Referendum education campaign - discussed presentations, timelines, and webpage.
  - a. No action required
5. State Trust Fund Loan - discussed and reviewed application, timeline and process. The resolution for an additional loan from the Trust Fund will be presented at the February 16, 2026 Regular Board meeting.
  - a. No action required.
6. Dissolution Resolution - Discussed dissolution resolution. Further discussion was tabled until after the April referendum vote.
  - a. No action was taken.
7. School fees - discussed history of school fees, current fees, best practices. The topic was tabled until the next P&F meeting.
  - a. No action was taken.
8. School lunch prices - discussed increasing the lunch prices to offset the deficit in the lunch program account. Administration will bring recommended lunch price increases for the 26-27 school year to the next P&F meeting.
  - a. No action was taken.
9. Personnel Update - reviewed current personnel report.
  - a. No action was taken.

Next tentative meeting: March 3, 2026 at 5:00 PM

Adjourned at 6:50. Motion by Jay, second by Jamie passed 3-0.

Agenda Posted: November 26, 2025

Minutes Approved: April 8, 2026

# Hustisford School District

Health Insurance Options

Effective Date

July 1, 2026

|                                    | Proposed Plan Designs |                            |                    |                            |                    |                            |                    |                            |                    |                            |                    |                            |
|------------------------------------|-----------------------|----------------------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|----------------------------|
|                                    | WCA-GHT               |                            |                    | WCA-GHT                    |                    |                            | WCA-GHT            |                            |                    | WCA-GHT                    |                    |                            |
|                                    | Current   Renewal     | Option 1                   |                    | Option 2                   |                    | Option 3                   |                    | Option 4                   |                    | Option 5 - HSA             |                    | WCA-GHT                    |
|                                    | In Network            | In Network                 | Out of Network     | In Network                 | Out of Network     | In Network                 | Out of Network     | In Network                 | Out of Network     | In Network                 | Out of Network     | Option 6 - HSA             |
| Deductible (Single/Family)         | \$1,500 / \$3,000     | \$2,000 / \$4,000          | \$8,000 / \$16,000 | \$2,000 / \$4,000          | \$8,000 / \$16,000 | \$3,000 / \$6,000          | \$4,000 / \$8,000  | \$3,000 / \$6,000          | \$4,000 / \$8,000  | \$2,000 / \$4,000          | \$8,000 / \$16,000 | \$3,000 / \$6,000          |
| Coinsurance                        | 100%                  | 100%                       | 30%                | 90%                        | 30%                | 100%                       | 30%                | 90%                        | 30%                | 100%                       | 30%                | 90%                        |
| OOPM (Single/Family)               | \$1,500 / \$3,000     | \$10 / \$25 / \$50 / \$100 | \$7,000 / \$14,000 | \$10 / \$25 / \$50 / \$100 | \$7,000 / \$14,000 | \$10 / \$25 / \$50 / \$100 | \$7,000 / \$14,000 | \$10 / \$25 / \$50 / \$100 | \$7,000 / \$14,000 | \$10 / \$25 / \$50 / \$100 | \$7,000 / \$14,000 | \$10 / \$25 / \$50 / \$100 |
| Rx Copays                          | \$2,000 / \$4,000     | \$2,000 / \$4,000          | \$2,000 / \$4,000  | \$2,000 / \$4,000          | \$2,000 / \$4,000  | \$2,000 / \$4,000          | \$2,000 / \$4,000  | \$2,000 / \$4,000          | \$2,000 / \$4,000  | \$2,000 / \$4,000          | \$2,000 / \$4,000  | \$2,000 / \$4,000          |
| Rx OOPM (Single/Family)            | Deductible Applies    | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         |
| OV Copay                           | Deductible Applies    | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         |
| UC Copay                           | Deductible Applies    | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         |
| ER Copay                           | Deductible Applies    | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         | Deductible Applies | Deductible Applies         |
| Estimated Rates*                   |                       |                            |                    |                            |                    |                            |                    |                            |                    |                            |                    |                            |
| Enrollment                         | Current               | Renewal                    |                    |                            |                    |                            |                    |                            |                    |                            |                    |                            |
| Employee                           | 12                    | \$1,209.73                 | \$1,288.36         | \$1,233.04                 | \$1,264.17         | \$1,233.04                 | \$1,264.17         | \$1,233.04                 | \$1,264.17         | \$1,233.04                 | \$1,264.17         | \$1,233.04                 |
| Family                             | 28                    | \$2,733.96                 | \$2,911.67         | \$2,764.03                 | \$2,856.99         | \$2,764.03                 | \$2,856.99         | \$2,764.03                 | \$2,856.99         | \$2,764.03                 | \$2,856.99         | \$2,764.03                 |
| Estimated Total Monthly Premium    |                       | \$91,067.64                | \$96,987.08        | \$92,069.38                | \$92,888.99        | \$92,069.38                | \$92,888.99        | \$92,069.38                | \$92,888.99        | \$92,069.38                | \$92,888.99        | \$92,069.38                |
| Estimated Total Annual Premium     |                       | \$1,092,811.68             | \$1,163,844.96     | \$1,104,832.61             | \$1,114,667.91     | \$1,104,832.61             | \$1,114,667.91     | \$1,104,832.61             | \$1,114,667.91     | \$1,104,832.61             | \$1,114,667.91     | \$1,104,832.61             |
| Estimated Difference from Current  |                       |                            | 6.50%              | 1.10%                      | 2.00%              | 1.10%                      | 2.00%              | 1.10%                      | 2.00%              | 1.10%                      | 2.00%              | 1.10%                      |
| Employee Contributions             |                       |                            |                    |                            |                    |                            |                    |                            |                    |                            |                    |                            |
| Single                             | 15%                   | \$90.73                    | \$193.25           | \$183.46                   | \$189.63           | \$183.46                   | \$189.63           | \$183.46                   | \$189.63           | \$183.46                   | \$189.63           | \$183.46                   |
| Family                             | 15%                   | \$205.05                   | \$436.75           | \$414.61                   | \$428.55           | \$414.61                   | \$428.55           | \$414.61                   | \$428.55           | \$414.61                   | \$428.55           | \$414.61                   |
| Estimated Annual District Premium* |                       | \$1,010,850.80             | \$989,268.22       | \$939,107.72               | \$947,467.73       | \$939,107.72               | \$947,467.73       | \$939,107.72               | \$947,467.73       | \$939,107.72               | \$947,467.73       | \$939,107.72               |
| Estimated Difference from Current  |                       |                            | -\$21,582.59       | -\$71,743.09               | -\$63,383.08       | -\$71,743.09               | -\$63,383.08       | -\$71,743.09               | -\$63,383.08       | -\$71,743.09               | -\$63,383.08       | -\$71,743.09               |

\*Note: The figures shown in this document are estimates intended for planning and modeling purposes only. They do not represent guaranteed costs or funding requirements and should not be interpreted as exact or final amounts.



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# Hustisford School District

## Health Insurance Options

Effective Date

July 1, 2026

| Proposed Plan Designs              |                          |                    |                |                          |                          |                          |                    |                     |                          |                          |                    |                     |                     |                     |                     |
|------------------------------------|--------------------------|--------------------|----------------|--------------------------|--------------------------|--------------------------|--------------------|---------------------|--------------------------|--------------------------|--------------------|---------------------|---------------------|---------------------|---------------------|
|                                    | WCA-GHT                  |                    |                | WCA-GHT                  |                          |                          | WCA-GHT            |                     |                          | WCA-GHT                  |                    |                     | WCA-GHT             |                     |                     |
|                                    | Current   Renewal        |                    |                | Option 1                 |                          | Option 2                 |                    | Option 3            |                          | Option 4                 |                    | Option 5 - HSA      |                     | Option 6 - HSA      |                     |
|                                    | In Network               | Out of Network     | Out of Network | In Network               | Out of Network           | In Network               | Out of Network     | In Network          | Out of Network           | In Network               | Out of Network     | In Network          | Out of Network      | In Network          | Out of Network      |
| Deductible (Single/Family)         | \$1,500 / \$3,000        | \$3,000 / \$6,000  | 30%            | \$2,000 / \$4,000        | \$8,000 / \$16,000       | 30%                      | \$2,000 / \$4,000  | \$8,000 / \$16,000  | \$3,000 / \$6,000        | \$4,000 / \$8,000        | \$3,000 / \$6,000  | \$4,000 / \$8,000   | \$2,000 / \$4,000   | \$8,000 / \$16,000  | \$3,000 / \$6,000   |
| Coinurance                         | 100%                     | 30%                | 30%            | 90%                      | 30%                      | 100%                     | 30%                | 90%                 | 30%                      | 100%                     | 30%                | 90%                 | 30%                 | 100%                | 30%                 |
| OOPM (Single/Family)               | \$1,500 / \$3,000        | \$7,000 / \$14,000 |                | \$10 / \$25 / \$50 / 30% | \$3,000 / \$6,000        | \$10 / \$25 / \$50 / 30% | \$2,000 / \$4,000  | \$16,000 / \$32,000 | \$8,000 / \$16,000       | \$4,000 / \$8,000        | \$2,000 / \$4,000  | \$10,000 / \$20,000 | \$4,000 / \$8,000   | \$2,000 / \$4,000   | \$10,000 / \$20,000 |
| Rx Copays                          | \$10 / \$25 / \$50 / 30% | \$2,000 / \$4,000  |                | \$2,000 / \$4,000        | \$10 / \$25 / \$50 / 30% | \$2,000 / \$4,000        | \$2,000 / \$4,000  | \$2,000 / \$4,000   | \$10 / \$25 / \$50 / 30% | \$10 / \$25 / \$50 / 30% | \$2,000 / \$4,000  | \$2,000 / \$4,000   | No Separate Rx OOPM | Deductible Applies  | Deductible Applies  |
| Rx OOPM (Single/Family)            | Deductible Applies       | Deductible Applies |                | Deductible Applies       | Deductible Applies       | Deductible Applies       | Deductible Applies | Deductible Applies  | Deductible Applies       | Deductible Applies       | Deductible Applies | Deductible Applies  | Deductible Applies  | No Separate Rx OOPM | Deductible Applies  |
| OV Copay                           | Deductible Applies       | Deductible Applies |                | Deductible Applies       | Deductible Applies       | Deductible Applies       | Deductible Applies | Deductible Applies  | Deductible Applies       | Deductible Applies       | Deductible Applies | Deductible Applies  | Deductible Applies  | Deductible Applies  | Deductible Applies  |
| UC Copay                           | Deductible Applies       | Deductible Applies |                | Deductible Applies       | Deductible Applies       | Deductible Applies       | Deductible Applies | Deductible Applies  | Deductible Applies       | Deductible Applies       | Deductible Applies | Deductible Applies  | Deductible Applies  | Deductible Applies  | Deductible Applies  |
| ER Copay                           | Deductible Applies       | Deductible Applies |                | Deductible Applies       | Deductible Applies       | Deductible Applies       | Deductible Applies | Deductible Applies  | Deductible Applies       | Deductible Applies       | Deductible Applies | Deductible Applies  | Deductible Applies  | Deductible Applies  | Deductible Applies  |
| Enrollment                         | Current                  | Renewal            |                | Estimated Rates*         |                          |                          |                    |                     |                          |                          |                    |                     |                     |                     |                     |
| Employee                           | 12                       | \$1,209.73         | \$1,288.36     | \$1,264.17               | \$1,233.92               | \$1,223.04               | \$1,201.26         | \$1,201.26          | \$1,262.96               | \$1,167.39               | \$1,167.39         | \$1,167.39          | \$1,262.96          | \$1,167.39          | \$1,167.39          |
| Family                             | 28                       | \$2,733.96         | \$2,911.67     | \$2,856.99               | \$2,788.64               | \$2,764.03               | \$2,714.82         | \$2,714.82          | \$2,854.25               | \$2,638.27               | \$2,638.27         | \$2,638.27          | \$2,854.25          | \$2,638.27          | \$2,638.27          |
| Estimated Total Monthly Premium    |                          | \$91,067.64        | \$96,987.08    | \$95,165.68              | \$92,888.99              | \$92,069.38              | \$90,430.17        | \$90,430.17         | \$95,074.62              | \$87,880.27              | \$87,880.27        | \$87,880.27         | \$95,074.62         | \$87,880.27         | \$87,880.27         |
| Estimated Total Annual Premium     |                          | \$1,092,811.68     | \$1,163,844.96 | \$1,141,988.21           | \$1,114,667.91           | \$1,104,832.61           | \$1,085,162.00     | \$1,085,162.00      | \$1,140,895.39           | \$1,054,563.27           | \$1,054,563.27     | \$1,054,563.27      | \$1,140,895.39      | \$1,054,563.27      | \$1,054,563.27      |
| Estimated Difference from Current  |                          |                    | 6.50%          | 4.50%                    | 2.00%                    | 1.10%                    | -0.70%             | -0.70%              | 4.40%                    | -3.50%                   | -3.50%             | -3.50%              | 4.40%               | -3.50%              | -3.50%              |
| Employee Contributions             | 7.5%                     |                    |                |                          |                          |                          |                    |                     |                          |                          |                    |                     |                     |                     |                     |
| Single                             | 12%                      | \$90.73            | \$154.60       | \$151.70                 | \$148.07                 | \$146.76                 | \$144.15           | \$144.15            | \$151.55                 | \$140.09                 | \$140.09           | \$140.09            | \$151.55            | \$140.09            | \$140.09            |
| Family                             | 12%                      | \$205.05           | \$349.40       | \$342.84                 | \$334.64                 | \$331.68                 | \$325.78           | \$325.78            | \$342.51                 | \$316.59                 | \$316.59           | \$316.59            | \$342.51            | \$316.59            | \$316.59            |
| Estimated Annual District Premium* |                          | \$1,010,850.80     | \$1,024,183.56 | \$1,004,949.62           | \$980,907.76             | \$972,252.70             | \$954,942.56       | \$954,942.56        | \$1,003,987.95           | \$928,015.68             | \$928,015.68       | \$928,015.68        | \$1,003,987.95      | \$928,015.68        | \$928,015.68        |
| Estimated Difference from Current  |                          |                    |                | -\$5,901.18              | -\$29,943.04             | -\$38,598.11             | -\$55,908.25       | -\$55,908.25        | -\$6,862.86              | -\$82,835.13             | -\$82,835.13       | -\$82,835.13        | -\$6,862.86         | -\$82,835.13        | -\$82,835.13        |

\*Note: The figures shown in this document are estimates intended for planning and modeling purposes only. They do not represent guaranteed costs or funding requirements and should not be interpreted as exact or final amounts.



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# Hustisford School District

## Health Insurance Options

Effective Date

July 1, 2026

|                                                                                                                                                                                                                                   |     | Proposed Plan Designs    |                    |                |                          |                          |                    |                   |                          |                   |                          |                    |                          |                   |                          |                   |                          |                   |                          |                   |                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|--------------------|----------------|--------------------------|--------------------------|--------------------|-------------------|--------------------------|-------------------|--------------------------|--------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|-------------------|-------------------|--|
|                                                                                                                                                                                                                                   |     | WCA-GHT                  |                    |                | WCA-GHT                  |                          |                    | WCA-GHT           |                          |                   | WCA-GHT                  |                    |                          | WCA-GHT           |                          |                   |                          |                   |                          |                   |                   |  |
|                                                                                                                                                                                                                                   |     | Current   Renewal        |                    |                | Option 1                 |                          |                    | Option 2          |                          |                   | Option 3                 |                    |                          | Option 4          |                          |                   | Option 5 - HSA           |                   |                          | Option 6 - HSA    |                   |  |
|                                                                                                                                                                                                                                   |     | In Network               | Out of Network     | Out of Network | In Network               | Out of Network           | In Network         | Out of Network    | In Network               | Out of Network    | In Network               | Out of Network     | In Network               | Out of Network    | In Network               | Out of Network    | In Network               | Out of Network    | In Network               | Out of Network    |                   |  |
| Deductible (Single/Family)                                                                                                                                                                                                        |     | \$1,500 / \$3,000        | \$3,000 / \$6,000  | 30%            | \$2,000 / \$4,000        | \$8,000 / \$16,000       | \$2,000 / \$4,000  | \$4,000 / \$8,000 | \$2,000 / \$4,000        | \$4,000 / \$8,000 | \$2,000 / \$4,000        | \$6,000 / \$12,000 | \$3,000 / \$6,000        | \$4,000 / \$8,000 | \$3,000 / \$6,000        | \$4,000 / \$8,000 | \$2,000 / \$4,000        | \$4,000 / \$8,000 | \$3,000 / \$6,000        | \$4,000 / \$8,000 | \$2,000 / \$4,000 |  |
| Coinurance                                                                                                                                                                                                                        |     | 100%                     | 30%                |                | 100%                     | 30%                      |                    | 30%               | 90%                      | 30%               |                          | 100%               | 30%                      |                   | 90%                      | 30%               |                          | 100%              | 30%                      |                   | 90%               |  |
| OOPM (Single/Family)                                                                                                                                                                                                              |     | \$1,500 / \$3,000        | \$7,000 / \$14,000 |                | \$10 / \$25 / \$50 / 30% | \$10 / \$25 / \$50 / 30% | \$2,000 / \$4,000  | \$2,000 / \$4,000 | \$2,000 / \$4,000        | \$2,000 / \$4,000 | \$2,000 / \$4,000        | \$2,000 / \$4,000  | \$2,000 / \$4,000        | \$2,000 / \$4,000 | \$2,000 / \$4,000        | \$2,000 / \$4,000 | \$2,000 / \$4,000        | \$2,000 / \$4,000 | \$2,000 / \$4,000        | \$2,000 / \$4,000 |                   |  |
| Rx Copays                                                                                                                                                                                                                         |     | \$10 / \$25 / \$50 / 30% |                    |                | \$10 / \$25 / \$50 / 30% |                          | \$2,000 / \$4,000  |                   | \$10 / \$25 / \$50 / 30% |                   | \$10 / \$25 / \$50 / 30% |                    | \$10 / \$25 / \$50 / 30% |                   | \$10 / \$25 / \$50 / 30% |                   | \$10 / \$25 / \$50 / 30% |                   | \$10 / \$25 / \$50 / 30% |                   |                   |  |
| Rx OOPM (Single/Family)                                                                                                                                                                                                           |     | \$2,000 / \$4,000        |                    |                | Deductible Applies       |                          | Deductible Applies |                   | Deductible Applies       |                   | Deductible Applies       |                    | Deductible Applies       |                   | Deductible Applies       |                   | Deductible Applies       |                   | Deductible Applies       |                   |                   |  |
| OV Copay                                                                                                                                                                                                                          |     | Deductible Applies       |                    |                | Deductible Applies       |                          | Deductible Applies |                   | Deductible Applies       |                   | Deductible Applies       |                    | Deductible Applies       |                   | Deductible Applies       |                   | Deductible Applies       |                   | Deductible Applies       |                   |                   |  |
| UC Copay                                                                                                                                                                                                                          |     | Deductible Applies       |                    |                | Deductible Applies       |                          | Deductible Applies |                   | Deductible Applies       |                   | Deductible Applies       |                    | Deductible Applies       |                   | Deductible Applies       |                   | Deductible Applies       |                   | Deductible Applies       |                   |                   |  |
| ER Copay                                                                                                                                                                                                                          |     | Deductible Applies       |                    |                | Deductible Applies       |                          | Deductible Applies |                   | Deductible Applies       |                   | Deductible Applies       |                    | Deductible Applies       |                   | Deductible Applies       |                   | Deductible Applies       |                   | Deductible Applies       |                   |                   |  |
| Enrollment                                                                                                                                                                                                                        |     | Current                  | Renewal            |                | Estimated Rates*         |                          |                    |                   |                          |                   |                          |                    |                          |                   |                          |                   |                          |                   |                          |                   |                   |  |
| Employee                                                                                                                                                                                                                          | 12  | \$1,209.73               | \$1,288.36         |                | \$1,264.17               | \$1,233.92               |                    | \$1,233.92        | \$1,201.26               |                   | \$1,223.04               | \$1,262.96         |                          | \$1,262.96        |                          | \$1,167.39        |                          | \$2,638.27        |                          | \$1,167.39        |                   |  |
| Family                                                                                                                                                                                                                            | 28  | \$2,733.96               | \$2,911.67         |                | \$2,856.99               | \$2,788.64               |                    | \$2,788.64        | \$2,714.82               |                   | \$2,764.03               | \$2,854.25         |                          | \$2,854.25        |                          | \$2,638.27        |                          | \$87,880.27       |                          | \$2,638.27        |                   |  |
| Estimated Total Monthly Premium                                                                                                                                                                                                   |     | \$91,067.64              | \$96,987.08        |                | \$95,165.63              | \$92,888.99              |                    | \$92,888.99       | \$90,430.17              |                   | \$92,069.38              | \$95,074.62        |                          | \$95,074.62       |                          | \$87,880.27       |                          | \$1,054,563.27    |                          | \$87,880.27       |                   |  |
| Estimated Total Annual Premium                                                                                                                                                                                                    |     | \$1,092,811.68           | \$1,163,844.96     |                | \$1,141,988.21           | \$1,114,667.91           |                    | \$1,114,667.91    | \$1,085,162.00           |                   | \$1,104,832.61           | \$1,140,895.39     |                          | \$1,140,895.39    |                          | \$1,054,563.27    |                          | \$1,054,563.27    |                          | \$1,054,563.27    |                   |  |
| Estimated Difference from Current                                                                                                                                                                                                 |     |                          | 6.50%              |                | 4.50%                    | 2.00%                    |                    | 2.00%             | -0.70%                   |                   | 1.10%                    | 4.40%              |                          | 4.40%             |                          | -3.50%            |                          | -3.50%            |                          | -3.50%            |                   |  |
| Employee Contributions                                                                                                                                                                                                            |     |                          |                    | 7.5%           |                          |                          |                    |                   |                          |                   |                          |                    |                          |                   |                          |                   |                          |                   |                          |                   |                   |  |
| Single                                                                                                                                                                                                                            | 10% | \$90.73                  | \$128.84           |                | \$126.42                 | \$123.39                 |                    | \$123.39          | \$120.13                 |                   | \$122.30                 | \$126.30           |                          | \$126.30          |                          | \$116.74          |                          | \$116.74          |                          | \$116.74          |                   |  |
| Family                                                                                                                                                                                                                            | 10% | \$205.05                 | \$291.17           |                | \$285.70                 | \$278.86                 |                    | \$278.86          | \$271.48                 |                   | \$276.40                 | \$285.43           |                          | \$285.43          |                          | \$263.83          |                          | \$263.83          |                          | \$263.83          |                   |  |
| Estimated Annual District Premium*                                                                                                                                                                                                |     | \$1,010,850.80           | \$1,047,460.46     |                | \$1,027,789.39           | \$1,003,201.12           |                    | \$1,003,201.12    | \$976,645.80             |                   | \$994,349.35             | \$1,026,805.85     |                          | \$1,026,805.85    |                          | \$949,106.94      |                          | \$949,106.94      |                          | \$949,106.94      |                   |  |
| Estimated Difference from Current                                                                                                                                                                                                 |     |                          |                    |                | \$16,938.58              | -\$7,649.68              |                    | -\$7,649.68       | -\$34,205.01             |                   | -\$16,501.46             | \$15,955.05        |                          | \$15,955.05       |                          | -\$61,743.86      |                          | -\$61,743.86      |                          | -\$61,743.86      |                   |  |
| *Assumes a ER contribution of 90%                                                                                                                                                                                                 |     |                          |                    |                |                          |                          |                    |                   |                          |                   |                          |                    |                          |                   |                          |                   |                          |                   |                          |                   |                   |  |
| *Note: The figures shown in this document are estimates intended for planning and modeling purposes only. They do not represent guaranteed costs or funding requirements and should not be interpreted as exact or final amounts. |     |                          |                    |                |                          |                          |                    |                   |                          |                   |                          |                    |                          |                   |                          |                   |                          |                   |                          |                   |                   |  |

\*Note: The figures shown in this document are estimates intended for planning and modeling purposes only. They do not represent guaranteed costs or funding requirements and should not be interpreted as exact or final amounts.



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# Hustisford School District

## Health Insurance Options

Effective Date July 1, 2026

|                                    | Proposed Plan Designs |                    |                |                          |                    |  |                          |                    |  |                          |                    |  |
|------------------------------------|-----------------------|--------------------|----------------|--------------------------|--------------------|--|--------------------------|--------------------|--|--------------------------|--------------------|--|
|                                    | WCA-GHT               |                    |                | WCA-GHT                  |                    |  | WCA-GHT                  |                    |  | WCA-GHT                  |                    |  |
|                                    | Current   Renewal     |                    |                | Option 1                 |                    |  | Option 2                 |                    |  | Option 3                 |                    |  |
|                                    | In Network            | Out of Network     |                | In Network               | Out of Network     |  | In Network               | Out of Network     |  | In Network               | Out of Network     |  |
| Deductible (Single/Family)         | \$1,500 / \$3,000     | \$3,000 / \$6,000  |                | \$2,000 / \$4,000        | \$8,000 / \$16,000 |  | \$2,000 / \$4,000        | \$8,000 / \$16,000 |  | \$2,000 / \$4,000        | \$8,000 / \$16,000 |  |
| Coinurance                         | 100%                  | 30%                |                | 100%                     | 30%                |  | 90%                      | 30%                |  | 100%                     | 30%                |  |
| OOPM (Single/Family)               | \$1,500 / \$3,000     | \$7,000 / \$14,000 |                | \$10 / \$25 / \$50 / 30% | \$2,000 / \$4,000  |  | \$10 / \$25 / \$50 / 30% | \$2,000 / \$4,000  |  | \$10 / \$25 / \$50 / 30% | \$2,000 / \$4,000  |  |
| Rx Copays                          | \$2,000 / \$4,000     |                    |                | Deductible Applies       | Deductible Applies |  | Deductible Applies       | Deductible Applies |  | Deductible Applies       | Deductible Applies |  |
| Rx OOPM (Single/Family)            | Deductible Applies    |                    |                | Deductible Applies       |                    |  | Deductible Applies       |                    |  | Deductible Applies       |                    |  |
| OV Copay                           | Deductible Applies    |                    |                | Deductible Applies       |                    |  | Deductible Applies       |                    |  | Deductible Applies       |                    |  |
| UC Copay                           | Deductible Applies    |                    |                | Deductible Applies       |                    |  | Deductible Applies       |                    |  | Deductible Applies       |                    |  |
| ER Copay                           | Deductible Applies    |                    |                | Deductible Applies       |                    |  | Deductible Applies       |                    |  | Deductible Applies       |                    |  |
| Enrollment                         | Current               | Renewal            |                | Estimated Rates*         |                    |  |                          |                    |  |                          |                    |  |
| Employee                           | 12                    | \$1,209.73         | \$1,288.36     | \$1,264.17               | \$1,233.92         |  | \$1,233.92               | \$1,264.17         |  | \$1,233.04               | \$1,201.26         |  |
| Family                             | 28                    | \$2,733.96         | \$2,911.67     | \$2,856.99               | \$2,788.64         |  | \$2,788.64               | \$2,714.82         |  | \$2,764.03               | \$2,714.82         |  |
| Estimated Total Monthly Premium    |                       | \$91,067.64        | \$96,987.08    | \$95,165.68              | \$92,888.99        |  | \$92,888.99              | \$90,430.17        |  | \$92,063.38              | \$95,074.62        |  |
| Estimated Total Annual Premium     |                       | \$1,092,811.68     | \$1,163,844.96 | \$1,141,988.21           | \$1,114,667.91     |  | \$1,114,667.91           | \$1,085,162.00     |  | \$1,104,832.61           | \$1,140,895.39     |  |
| Estimated Difference from Current  |                       | 6.50%              |                | 4.50%                    | 2.10%              |  | 2.10%                    | -0.70%             |  | 1.10%                    | 4.40%              |  |
| Employee Contributions             |                       |                    |                |                          |                    |  |                          |                    |  |                          |                    |  |
| Single                             | 7.5%                  | \$90.73            | \$96.63        | \$94.81                  | \$92.54            |  | \$92.54                  | \$90.09            |  | \$91.73                  | \$94.72            |  |
| Family                             | 7.5%                  | \$205.05           | \$218.38       | \$214.27                 | \$209.15           |  | \$209.15                 | \$203.61           |  | \$207.30                 | \$214.07           |  |
| Estimated Annual District Premium* |                       | \$1,010,850.80     | \$1,076,556.59 | \$1,056,339.09           | \$1,031,067.82     |  | \$1,031,067.82           | \$1,003,774.85     |  | \$1,021,970.16           | \$1,055,328.24     |  |
| Estimated Difference from Current  |                       |                    | \$65,705.78    | \$45,488.29              | \$20,217.02        |  | \$20,217.02              | -\$7,075.96        |  | \$11,119.36              | \$44,477.44        |  |

\*Note: The figures shown in this document are estimates intended for planning and modeling purposes only. They do not represent guaranteed costs or funding requirements and should not be interpreted as exact or final amounts.



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## 2625 - Hustisford

| Status Quo                         |             |               |               |               |               |               |                | Base |
|------------------------------------|-------------|---------------|---------------|---------------|---------------|---------------|----------------|------|
|                                    | Historical  | Current Year  | Budget Year   | Forecast      |               |               |                |      |
|                                    | 2024 - 2025 | 2025 - 2026   | 2026 - 2027   | 2027 - 2028   | 2028 - 2029   | 2029 - 2030   | 2030 - 2031    |      |
| Sept Membership (FTE)              | 327         | 297           | 274           | 259           | 246           | 237           | 226            |      |
| Per Pupil Increase                 | \$325       | \$325         | \$325         | \$325         | \$325         | \$325         | \$325          |      |
| Per-Pupil Categorical Aid \$       | \$742       | \$742         | \$742         | \$742         | \$742         | \$742         | \$742          |      |
| TIF Out Equalized Valuation Growth | 10.88%      | 8.81%         | 2.00%         | 2.00%         | 2.00%         | 2.00%         | 2.00%          |      |
| Fund 10 Total Salaries Increase    | -4.30%      | -1.79%        | 3.00%         | 3.00%         | 3.00%         | 3.00%         | 3.00%          |      |
| Fund 10 Total Benefits Increase    | -8.90%      | 3.59%         | 2.94%         | 2.85%         | 2.02%         | 3.32%         | 3.41%          |      |
| Fund 10 Revenues                   | \$5,310,377 | \$6,432,815   | \$5,145,585   | \$4,999,908   | \$4,729,133   | \$4,508,595   | \$4,671,317    |      |
| Fund 10 Expenditures               | \$6,082,550 | \$6,353,131   | \$6,487,754   | \$6,599,183   | \$6,728,447   | \$6,896,146   | \$7,072,370    |      |
| Surplus (Deficit)                  | (\$772,172) | \$79,684      | (\$1,342,169) | (\$1,599,275) | (\$1,999,314) | (\$2,387,551) | (\$2,401,053)  |      |
| Fund Balance without STF Loan      | (\$735,798) | (\$1,656,114) | (\$2,998,283) | (\$4,597,558) | (\$6,596,872) | (\$8,984,422) | (\$10,385,475) |      |
| Fund Balance                       | (\$735,798) | (\$656,114)   | (\$1,998,283) | (\$3,597,558) | (\$5,596,872) | (\$7,984,422) | (\$10,385,475) |      |
| Fund Balance as % of Expenditures  | -12.10%     | -10.33%       | -30.80%       | -54.52%       | -83.18%       | -115.78%      | -146.85%       |      |
| Non-Recurring Referendum \$        | \$0         | \$0           | \$0           | \$0           | \$0           | \$0           | \$0            |      |
| Total School-Based Tax Levy        | \$2,903,183 | \$3,150,867   | \$3,391,457   | \$3,489,903   | \$3,413,006   | \$3,374,026   | \$3,382,442    |      |
| Mill Rate (per \$1,000 EQ Value)   | \$5.38      | \$5.37        | \$5.66        | \$5.71        | \$5.48        | \$5.31        | \$5.22         |      |

Includes the State Trust Fund Loan received January 2026. That is the reason for the lower negative fund balance in the 2025-2026 column. The four years following (2026-27, 2027-28, 2028-29, and 2029-30), the annual repayment of the State Trust Fund Loan is included. This payment amount will be part of Fund 38. The amount will become part of the revenue limit.

| \$1.9 million each year for 2 years |             |               |               |               |               |               |                | Scenario 1 |
|-------------------------------------|-------------|---------------|---------------|---------------|---------------|---------------|----------------|------------|
|                                     | Historical  | Current Year  | Budget Year   | Forecast      |               |               |                |            |
|                                     | 2024 - 2025 | 2025 - 2026   | 2026 - 2027   | 2027 - 2028   | 2028 - 2029   | 2029 - 2030   | 2030 - 2031    |            |
| Sept Membership (FTE)               | 327         | 297           | 274           | 259           | 246           | 237           | 226            |            |
| Per Pupil Increase                  | \$325       | \$325         | \$325         | \$325         | \$325         | \$325         | \$325          |            |
| Per-Pupil Categorical Aid \$        | \$742       | \$742         | \$742         | \$742         | \$742         | \$742         | \$742          |            |
| TIF Out Equalized Valuation Growth  | 10.88%      | 8.81%         | 2.00%         | 2.00%         | 2.00%         | 2.00%         | 2.00%          |            |
| Fund 10 Total Salaries Increase     | -4.30%      | -1.79%        | 3.00%         | 3.00%         | 3.00%         | 3.00%         | 3.00%          |            |
| Fund 10 Total Benefits Increase     | -8.90%      | 3.59%         | 2.94%         | 2.85%         | 2.02%         | 3.32%         | 3.41%          |            |
| Fund 10 Revenues                    | \$5,310,377 | \$6,432,815   | \$7,045,585   | \$6,899,908   | \$4,729,133   | \$4,508,595   | \$4,671,317    |            |
| Fund 10 Expenditures                | \$6,082,550 | \$6,353,131   | \$6,487,754   | \$6,599,183   | \$6,728,447   | \$6,896,146   | \$7,072,370    |            |
| Surplus (Deficit)                   | (\$772,172) | \$79,684      | \$557,831     | \$300,725     | (\$1,999,314) | (\$2,387,551) | (\$2,401,053)  |            |
| Fund Balance without STF Loan       | (\$735,798) | (\$1,656,114) | (\$2,998,283) | (\$4,597,558) | (\$6,596,872) | (\$8,984,422) | (\$10,385,475) |            |
| Fund Balance                        | (\$735,798) | (\$656,114)   | (\$98,283)    | \$202,442     | (\$1,796,872) | (\$4,184,422) | (\$6,585,475)  |            |
| Fund Balance as % of Expenditures   | -12.10%     | -10.33%       | -1.51%        | 3.07%         | -26.71%       | -60.68%       | -93.12%        |            |
| Non-Recurring Referendum \$         | \$0         | \$0           | \$1,900,000   | \$1,900,000   | \$0           | \$0           | \$0            |            |
| Total School-Based Tax Levy         | \$2,903,183 | \$3,150,867   | \$5,291,457   | \$5,389,903   | \$3,413,006   | \$3,374,026   | \$3,382,442    |            |
| Mill Rate (per \$1,000 EQ Value)    | \$5.38      | \$5.37        | \$8.84        | \$8.82        | \$5.48        | \$5.31        | \$5.22         |            |

Provides a "cushion" for unexpected expenses. Includes the State Trust Fund Loan received January 2026. That is the reason for the lower negative fund balance in the 2025-2026 column. The four years following (2026-27, 2027-28, 2028-29, and 2029-30), the annual repayment of the State Trust Fund Loan is included. This payment amount will be part of Fund 38. The amount will become part of the revenue limit.

| \$1.875 million each year for 2 years |             |               |               |               |               |               |                | Scenario 2 |
|---------------------------------------|-------------|---------------|---------------|---------------|---------------|---------------|----------------|------------|
|                                       | Historical  | Current Year  | Budget Year   | Forecast      |               |               |                |            |
|                                       | 2024 - 2025 | 2025 - 2026   | 2026 - 2027   | 2027 - 2028   | 2028 - 2029   | 2029 - 2030   | 2030 - 2031    |            |
| Sept Membership (FTE)                 | 327         | 297           | 274           | 259           | 246           | 237           | 226            |            |
| Per Pupil Increase                    | \$325       | \$325         | \$325         | \$325         | \$325         | \$325         | \$325          |            |
| Per-Pupil Categorical Aid \$          | \$742       | \$742         | \$742         | \$742         | \$742         | \$742         | \$742          |            |
| TIF Out Equalized Valuation Growth    | 10.88%      | 8.81%         | 2.00%         | 2.00%         | 2.00%         | 2.00%         | 2.00%          |            |
| Fund 10 Total Salaries Increase       | -4.30%      | -1.79%        | 3.00%         | 3.00%         | 3.00%         | 3.00%         | 3.00%          |            |
| Fund 10 Total Benefits Increase       | -8.90%      | 3.59%         | 2.94%         | 2.85%         | 2.02%         | 3.32%         | 3.41%          |            |
| Fund 10 Revenues                      | \$5,310,377 | \$6,432,815   | \$7,020,585   | \$6,874,908   | \$4,729,133   | \$4,508,595   | \$4,671,317    |            |
| Fund 10 Expenditures                  | \$6,082,550 | \$6,353,131   | \$6,487,754   | \$6,599,183   | \$6,728,447   | \$6,896,146   | \$7,072,370    |            |
| Surplus (Deficit)                     | (\$772,172) | \$79,684      | \$532,831     | \$275,725     | (\$1,999,314) | (\$2,387,551) | (\$2,401,053)  |            |
| Fund Balance without STF Loan         | (\$735,798) | (\$1,656,114) | (\$2,998,283) | (\$4,597,558) | (\$6,596,872) | (\$8,984,422) | (\$10,385,475) |            |
| Fund Balance                          | (\$735,798) | (\$656,114)   | (\$123,283)   | \$152,442     | (\$1,846,872) | (\$4,234,422) | (\$6,635,475)  |            |
| Fund Balance as % of Expenditures     | -12.10%     | -10.33%       | -1.90%        | 2.31%         | -27.45%       | -61.40%       | -93.82%        |            |
| Non-Recurring Referendum \$           | \$0         | \$0           | \$1,875,000   | \$1,875,000   | \$0           | \$0           | \$0            |            |
| Total School-Based Tax Levy           | \$2,903,183 | \$3,150,867   | \$5,266,457   | \$5,364,903   | \$3,413,006   | \$3,374,026   | \$3,382,442    |            |
| Mill Rate (per \$1,000 EQ Value)      | \$5.38      | \$5.37        | \$8.79        | \$8.78        | \$5.48        | \$5.31        | \$5.22         |            |

Fund balance positive after two years; provides slight "cushion" for unexpected expenses. Reminder: This includes the State Trust Fund Loan received January 2026. That is the reason for the lower negative fund balance in the 2025-2026 column. The four years following (2026-27, 2027-28, 2028-29, and 2029-30), the annual repayment of the State Trust Fund Loan is included. This payment amount will be part of Fund 38. The amount will become part of the revenue limit.