



[betterhealthcollective.org](http://betterhealthcollective.org)

# July 2026 Renewal Guide

## Menahga ISD



Dear Dana,

On behalf of the Better Health Collective, supported by Sourcewell, we are pleased to deliver your health insurance renewal packet for the 2026 plan year. This resource provides clear, actionable information to help you optimize your health plan and prepare for the year ahead.

This packet includes essential documents and resources to guide you through the renewal process:

- [Benefit Summaries](#): Detailed breakdowns of each current plan alongside Smart Plan alternatives.
- [Smart Plan Toolkit](#): Comprehensive resources for understanding and evaluating these innovative plan options.
- Benefit Change Exhibit: Highlights of any updates or modifications impacting your plans.
- Renewal Rate Summaries: Insight into projected rate adjustments for both current and alternative plan offerings.
- Utilization Reports: A snapshot of your claims data to provide transparency on renewal rate calculations.
- Premium Summary: An overview of monthly premiums for the upcoming renewal period.

Additionally, the packet outlines steps you can take to optimize the value and stability of your plans, including guidance for leveraging available resources and programs to promote wellness and engagement among your employees.

We encourage you to review the materials with your advisors and reach out with any questions. You can contact one of our experts at the Better Health Collective on our contact page for questions or additional information.

Thank you for entrusting the Better Health Collective. We look forward to supporting you as we approach the 2026 renewal period.

Sincerely,

A handwritten signature in black ink that reads "Suzanne Lindsay".

Suzanne Lindsay

## Meet the Better Health Collective Team



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# Comprehensive Review of Proposed Rates and Key Performance Metrics

## Projected Rate Changes

From your current monthly totals and averages from our risk-pool, here is a detailed overview of expected rate changes (full rate sheet attached):

- Your projected rate change:15%
- Better Health Collective average overall increase: 15%

Initial to Select Plan	Plan Name/Description	Plan Type	Network	Proposed Plans and Monthly Rates, delivered:			2/27/2026		Maximum of 4 plans		
				Federal AV	Federal AV	Tier	Contract Count (1/8/26 Census)	Member Count (1/8/26 Census)	Rate per Contract Before Commission	Commission per Contract	Rate per Contract Including Commission
	Smart Plan 1 (1700NE-100-1700-PrevRx)	PPO	Aware	88.1	88.1	Single	18	18	\$ 1,220.00	\$ -	\$ 1,220.00
						Family	3	14	\$ 3,298.00	\$ -	\$ 3,298.00
	Smart Plan 5 (4400-100-4400-PrevRx)	PPO	Aware	77.3	77.3	Single	16	16	\$ 1,008.00	\$ -	\$ 1,008.00
						Family	7	24	\$ 2,719.00	\$ -	\$ 2,719.00
	Smart Plan 6 (4400-90-6400-PrevRx)	PPO	Aware	73.4	73.4	Single	4	4	\$ 941.00	\$ -	\$ 941.00
						Family	3	13	\$ 2,536.00	\$ -	\$ 2,536.00
	Smart Plan 8 (8500-100-8500-PrevRx)	PPO	Aware	66.9	66.9	Single	35	35	\$ 822.00	\$ -	\$ 822.00
						Family	6	25	\$ 2,209.00	\$ -	\$ 2,209.00



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## Broker-Group Dashboard Report

NIS

Menahga Independent School District

### DISCLOSURES AND LIMITATIONS

**Risks and Uncertainties.** The assumptions included in this analysis are inherently uncertain. Users of the results should be qualified to use it and understand the results and the inherent uncertainty. It is the responsibility of the organization receiving this output to review the assumptions carefully and notify Walely of any potential concerns.

**Conflict of interest.** We are financially independent and free from conflict concerning all matters related to performing the actuarial services underlying this analysis.

**Data input:** Ensuring that all data inputs are accurate into this workbook is critical. Having incorrect inputs can have a drastic effect on final results. Therefore, Walely encourages Sourcewell to contact Walely with any questions revolving around workbook inputs.

Walely relied on the data supplied by Health Partners, Blue Cross Blue Shield MN, and Sourcewell, in which we reviewed for reasonability but did not audit, and may not directly reconcile to Health Partners and/or BCBS-MN financial reporting. If the underlying data used in our analysis is inaccurate or incomplete, our analysis may be affected, potentially significantly.

**Data and Reliance.** Walely made various data assumptions to address data integrity issues and standardized mappings for ease of reporting. Walely estimated Incurred But Not Paid claims liability that is included in reported incurred claims.

**Contents of Actuarial Report.** This report constitutes the entirety of the actuarial report and supersedes any previous communications on the project.

**Deviations from ASOPs.** Walely completed the analysis using sound actuarial practice. To the best of our knowledge, the report and methods used in the analysis are in compliance with the appropriate Actuarial Standards of Practice (ASOP) with no known deviations.



# Better Health Collective - Sourcwell

## Group Dashboard: Menahga Independent School District

Data Incurred Jan-2024 through Dec-2025; Paid Through Dec-2025

# OF MONTHS IN POOL: 53  
 GROUP EFFECTIVE DATE: 7/1/2021  
 GROUP STATUS: Active  
 BROKER: NIS  
 INDUSTRY: School

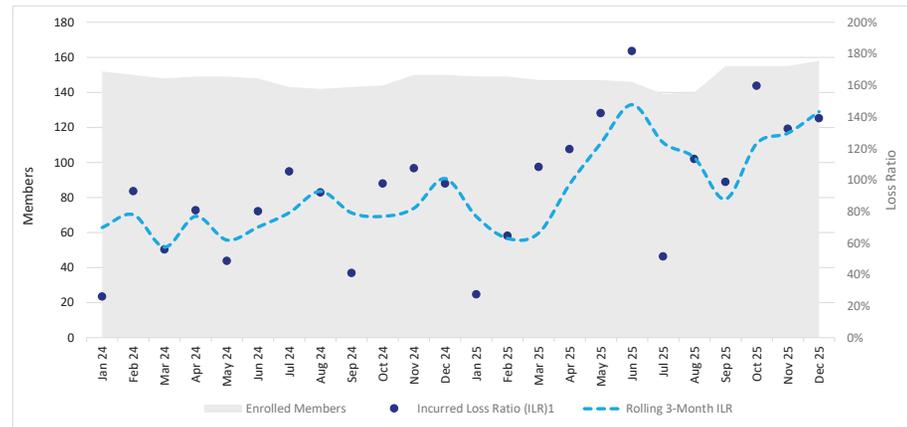
### 24-Month Rolling Summary Report

#### Demographic Summary YOY 12-Month Variance (Current vs. Prior)

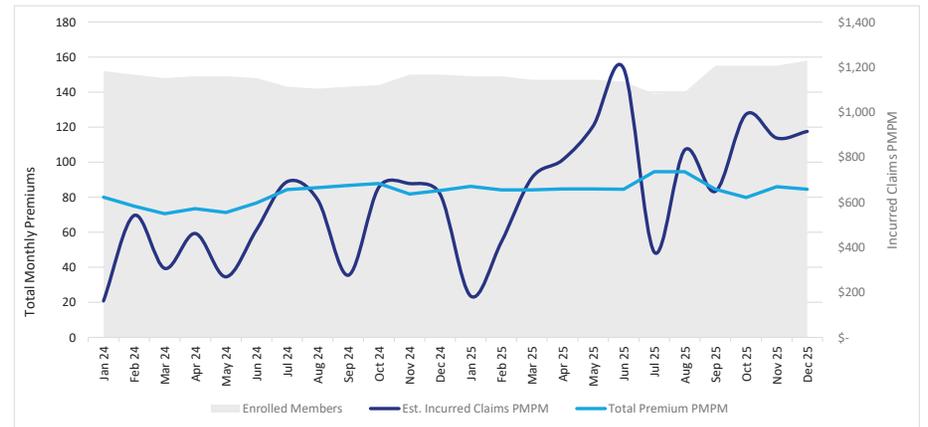
Reporting Period	# Months Effective (End of Period)	Average # of Enrolled Employees	Average # of Enrolled Members	Member to Employee Ratio	Average Member Age	% of Employees	% Age 65+	% of Male Members	% Spouse Dependents	% Residing in State of MN	Age Band Under18	Total Premiums	Incurred Claims	Incurred Loss Ratio <sup>1</sup>
Rolling 12 Months - Prior 1	41	96	147	1.54	38.6	64.8%	0.4%	42.4%	11.0%	99.3%	16.1%	\$ 1,095,607	\$ 849,680	77.6%
Rolling 12 Months - Current	53	93	149	1.60	38.8	62.4%	0.7%	43.8%	11.9%	99.3%	16.3%	\$ 1,194,292	\$ 1,327,256	111.1%
YOY Variance ( vs. )		-2.7%	1.1%	3.9%	0.5%	-2.4%	0.3%	1.5%	0.9%	0.0%	0.3%	9.0%	56.2%	33.6%

<sup>1</sup> Incurred Loss Ratio (incurred claims divided by total premium) includes an actuarial estimate of claims incurred but not yet paid; does not include plan administration fees, broker fees, or reserve contributions.

#### 24-Month Enrollment and Loss Ratio



#### 24-Month Premiums and Estimated Incurred Claims PMPM





# Better Health Collective - Sourcewell

## Monthly Detail: Menahga Independent School District

Data Incurred Jan-2024 through Dec-2025; Paid Through Dec-2025

### 24-Month Detail - by Incurred Month

Incurred Period	Average Duration	Enrolled Employees	Enrolled Members	Total Premiums	TOTAL Incurred & Paid	Incurred But Not Paid	Estimated Incurred Claims	Total Premium PMPM	Estimated Incurred Claims PMPM	Incurred Loss Ratio (ILR) <sup>1</sup>
01/01/2024	31.0	98	152	\$ 94,692	\$ 24,646	\$ -	\$ 24,646	\$ 623	\$ 162	26.0%
02/01/2024	32.0	98	150	\$ 87,453	\$ 81,190	\$ -	\$ 81,190	\$ 583	\$ 541	92.8%
03/01/2024	33.0	96	148	\$ 81,281	\$ 45,339	\$ -	\$ 45,339	\$ 549	\$ 306	55.8%
04/01/2024	34.0	96	149	\$ 85,254	\$ 68,745	\$ -	\$ 68,745	\$ 572	\$ 461	80.6%
05/01/2024	35.0	96	149	\$ 82,637	\$ 40,082	\$ -	\$ 40,082	\$ 555	\$ 269	48.5%
06/01/2024	36.0	95	148	\$ 88,255	\$ 70,685	\$ -	\$ 70,685	\$ 596	\$ 478	80.1%
07/01/2024	37.0	93	143	\$ 93,764	\$ 98,830	\$ -	\$ 98,830	\$ 656	\$ 691	105.4%
08/01/2024	38.0	93	142	\$ 94,356	\$ 86,762	\$ -	\$ 86,762	\$ 664	\$ 611	92.0%
09/01/2024	39.0	94	143	\$ 96,396	\$ 39,456	\$ -	\$ 39,456	\$ 674	\$ 276	40.9%
10/01/2024	40.0	95	144	\$ 98,312	\$ 96,030	\$ -	\$ 96,030	\$ 683	\$ 667	97.7%
11/01/2024	41.0	96	150	\$ 95,447	\$ 102,441	\$ -	\$ 102,441	\$ 636	\$ 683	107.3%
12/01/2024	42.0	96	150	\$ 97,759	\$ 95,474	\$ -	\$ 95,474	\$ 652	\$ 636	97.7%
01/01/2025	43.0	95	149	\$ 99,906	\$ 27,353	\$ 7	\$ 27,360	\$ 671	\$ 184	27.4%
02/01/2025	44.0	95	149	\$ 97,568	\$ 62,910	\$ 70	\$ 62,980	\$ 655	\$ 423	64.5%
03/01/2025	45.0	94	147	\$ 96,208	\$ 104,005	\$ 95	\$ 104,100	\$ 654	\$ 708	108.2%
04/01/2025	46.0	94	147	\$ 96,888	\$ 115,606	\$ 164	\$ 115,770	\$ 659	\$ 788	119.5%
05/01/2025	47.0	93	147	\$ 96,888	\$ 137,602	\$ 235	\$ 137,837	\$ 659	\$ 938	142.3%
06/01/2025	48.0	91	146	\$ 95,933	\$ 173,679	\$ 583	\$ 174,262	\$ 657	\$ 1,194	181.6%
07/01/2025	49.0	87	139	\$ 102,261	\$ 52,224	\$ 407	\$ 52,631	\$ 736	\$ 379	51.5%
08/01/2025	50.0	88	140	\$ 102,982	\$ 115,207	\$ 1,361	\$ 116,569	\$ 736	\$ 833	113.2%
09/01/2025	51.0	94	155	\$ 101,901	\$ 99,589	\$ 938	\$ 100,527	\$ 657	\$ 649	98.7%
10/01/2025	52.0	94	155	\$ 96,184	\$ 148,304	\$ 5,190	\$ 153,495	\$ 621	\$ 990	159.6%
11/01/2025	53.0	94	155	\$ 103,602	\$ 124,068	\$ 13,156	\$ 137,224	\$ 668	\$ 885	132.5%
12/01/2025	54.0	96	158	\$ 103,971	\$ 94,322	\$ 50,180	\$ 144,502	\$ 658	\$ 915	139.0%
<b>24-MONTH TOTALS</b>	<b>42.5</b>	<b>2,261</b>	<b>3,555</b>	<b>\$ 2,289,899</b>	<b>\$ 2,104,549</b>	<b>\$ 72,387</b>	<b>\$ 2,176,936</b>	<b>\$ 644</b>	<b>\$ 612</b>	<b>95.1%</b>

1 Incurred Loss Ratio (incurred claims divided by total premium) includes an actuarial estimate of claims incurred but not yet paid; does not include plan administration fees, broker fees, or reserve contributions.

### Subtotal by Rolling 12 Months

Incurred Period	Average Duration	Enrolled Employees	Enrolled Members	Total Premiums	TOTAL Incurred & Paid	Incurred But Not Paid	Estimated Incurred Claims	Total Premium PMPM	Estimated Incurred Claims PMPM	Incurred Loss Ratio (ILR) <sup>1</sup>
Rolling 12 Months - Prior 1	36.5	1,146	1,768	\$ 1,095,607	\$ 849,680	\$ -	\$ 849,680	\$ 620	\$ 481	77.6%
Rolling 12 Months - Current	48.5	1,115	1,787	\$ 1,194,292	\$ 1,254,869	\$ 72,387	\$ 1,327,256	\$ 668	\$ 743	111.1%
<b>YOY Variance (Curr vs. Prior 1)</b>		<b>-2.7%</b>	<b>1.1%</b>	<b>9.0%</b>	<b>47.7%</b>	<b>n/a</b>	<b>56.2%</b>	<b>7.8%</b>	<b>54.5%</b>	<b>33.6%</b>



## Better Health Collective - Sourcewell

### Large Claimants: Menahga Independent School District

Data Incurred Jan-2023 through Dec-2025; Paid Through Dec-2025

Large Claimant Information

Not Available - Enrollment Less Than 99

Subtotals							Primary Diagnosis Based on Highest Paid Claims for Each Period	
Unique Member ID	Member Status	Incurred Period	Incurred & Paid Medical	Incurred & Paid Rx	Incurred & Paid Total	Incurred & Paid Total (All Periods)	Highest Paid Diagnosis - Medical	Highest Paid - Rx
n/a	n/a	n/a	n/a	n/a	n/a	\$ -	n/a	n/a



# Better Health Collective - Sourcewell

## Renewal Report Card: Menahga Independent School District

Data Incurred Jan-2023 through Dec-2025; Paid Through Dec-2025

Client ID 311667  
 # of Months in Pool 53  
 Group Effective Date 7/1/2021  
 Group Status Active

### Key Renewal Inputs Reported by Group

Source = Renewal Update Form	NULL
# of Eligible Employees	0
# Participating Employees	0

### Change in Contract Participation

Prior as of 12/1/2024	96
Current 12/31/2025	96
<b>% Change in Enrolled Contracts</b>	<b>0.0%</b>

### Reported Enrollment by Class\* As Of Dec-2025

Actives	89
Full-Time	0
Part-Time	0
Retiree	0
COBRA	7
Other	0
<b>Total Enrolled Contracts</b>	<b>96</b>
<b>Total Enrolled Members</b>	<b>158</b>

\*Counts by Class rely on BCBS GroupID programming, which may not apply to all accounts.

### Renewal Report Card for Plan Year 2026-2027

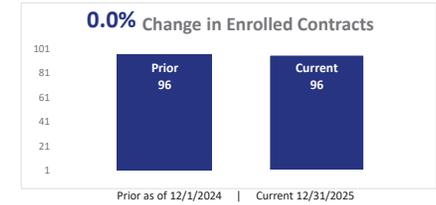
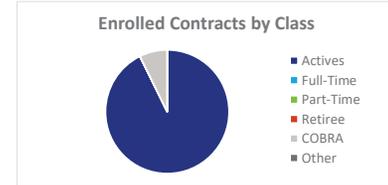
Data Last Updated On: Dec-2025

Report Card Measures	Notes	Data	Points Earned	Max Available Points
<b>Key Drivers that Group Can Impact</b>				
% of Active Employees Participating*	1 point for each 1% (Min: 50%, Goal: >80%)	100%	100	100
Dependents to Contracts Ratio (Over 100%)	1 point for each 1% exceeding 100% (Goal > 200%)	65%	0	100
Classes < 50% Participation	No = 50 points	No	50	50
Retirees Age 65+ Eligible & Enrolled	No = 50 points	NULL	0	50
Cash Paid to Waivers	No = 50 points	NULL	0	50
% of Smart Plans Mix	1 point for each 1%	100%	100	100
Other Carriers Sponsored by Group	No = 50 points	NULL	0	50
Engaged in Wellness - Earned Grant	Yes = 50 points	No	0	50
<b>Total Points (Max Points Allowed = 550)</b>			<b>250</b>	<b>550</b>

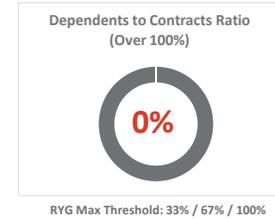
\*The % of Active Participating excludes Retiree & COBRA

### Current Enrolled Contracts by Plan and Tier

Plan Design Description	Plan ID	Smart Plan	Contract Counts As Of Dec-2025				
			EE ONLY	EE+SP	EE+1 CHILD	EE+CHILDREN	FAMILY
SHSA1 PPO, \$1650, 0%, Aware	SHSA1	SMART PLAN	18	0	0	0	3
SHSA5 PPO, \$4300, 0%, Aware	SHSA5	SMART PLAN	16	3	0	0	4
SHSA6 PPO, \$4300, 20%, Aware	SHSA6	SMART PLAN	5	0	0	0	3
SHSA8 PPO, \$8300, 0%, Aware	SHSA8	SMART PLAN	37	0	0	0	7
			0	0	0	0	0
<b>Total Current Enrolled Contracts by Tier</b>	<b>96</b>	<b>Yes = 100.0%</b>	<b>76</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>17</b>



RYG Max Threshold: 60% / 80% / 100%



RYG Max Threshold: 33% / 67% / 100%



RYG Max Threshold: 26% / 51% / 100%

Target: No 	Target: No 	Target: No 	Target: No 	Target: Yes 
Classes < 50% Participation	Retirees Age 65+ Eligible & Enrolled	Cash Paid to Waivers	Other Carriers Sponsored by Group	Engaged in Wellness - Earned Grant

Note: Renewal Report Card points do not apply to groups receiving a cap increase

## Benefit Changes Explained

Effective upon renewal in 2026

All Better Health Collective plans

### New and Updated Federal and Minnesota State Mandates

We actively monitor federal and state legislative and regulatory updates to ensure our benefit coding and administration remain compliant. While not all new guidance requires changes, our dedicated cross-functional compliance team carefully reviews all enacted legislation and official guidance from both state and federal agencies.

When updates do require action, we implement the necessary changes to maintain compliance. Please note that newly passed legislation often includes a period during which regulatory agencies may issue additional guidance or clarifications. This can affect the timing and details of implementation. We appreciate your patience as we work to provide the most accurate and up-to-date information. We will communicate any required changes when applicable.

#### **Preventive Service Update**

Effective January 1, 2026, Blue Cross will include coverage for additional breast cancer imaging services (magnetic resonance imaging (MRI), ultrasound, and pathology/biopsy) when an initial screening mammogram yields inconclusive results. This aligns with the IRS Notice 2024-75, which allows these services to be covered pre-deductible under HDHPs, maintaining HSA eligibility while improving access to essential diagnostic procedures

You may receive a second bulletin later this year with updates on any relevant legislative actions or finalized changes that could affect your health plan.

## Smart Plan impact

Smart Plans are designed to have in-network benefits update annually with changes that align with each plan’s corresponding HSA index. This ensures all plans remain HSA-qualified, and all plans (except Smart Plan 8) maintain a stable actuarial value while also optimizing rate stability and value for members of the Better Health Collective. See below for in-network benefits effective at renewal as well as current benefits.

**New!**

2026 Benefits	Smart Plan 1	Smart Plan 1.5 AKA Smart Plan 9	Smart Plan 2	Smart Plan 3	Smart Plan 4	Smart Plan 5	Smart Plan 6	Smart Plan 7	Smart Plan 8
Deductible per Single	\$1,700	\$2,600	\$1,700	\$3,400	\$3,400	\$4,400	\$4,400	\$6,400	\$8,500
Embedded Ded or Non-Emb	Non-Embed	Non-Embed	Non-Embed	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Ded per Family Total	\$3,400	\$5,200	\$3,400	\$6,800	\$6,800	\$8,800	\$8,800	\$12,800	\$17,000
% Paid by Plan After Ded	100%	100%	80%	100%	80%	100%	80%	100%	100%
Out-of-Pkt Max per Single	\$1,700	\$2,600	\$3,700	\$3,400	\$5,400	\$4,400	\$6,400	\$6,400	\$8,500
OOP Max per Family	\$3,400	\$5,200	\$7,400	\$6,800	\$10,800	\$8,800	\$12,800	\$12,800	\$17,000
Medicare Part D Creditable?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Actuarial Value (CMS calc)	88.1%	82.8%	82.8%	80.7%	76.4%	77.3%	73.4%	71.7%	66.9%

2025 Benefits	Smart Plan 1	Smart Plan 2	Smart Plan 3	Smart Plan 4	Smart Plan 5	Smart Plan 6	Smart Plan 7	Smart Plan 8
Deductible per Single	\$1,650	\$1,650	\$3,300	\$3,300	\$4,300	\$4,300	\$6,300	\$8,300
Embedded Ded or Non-Emb	Non-Embed	Non-Embed	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Ded per Family Total	\$3,300	\$3,300	\$6,600	\$6,600	\$8,600	\$8,600	\$12,600	\$16,600
% Paid by Plan After Ded	100%	80%	100%	80%	100%	80%	100%	100%
Out-of-Pkt Max per Single	\$1,650	\$3,650	\$3,300	\$5,300	\$4,300	\$6,300	\$6,300	\$8,300
OOP Max per Family	\$3,300	\$7,300	\$6,600	\$10,600	\$8,600	\$12,600	\$12,600	\$16,600
Medicare Part D Creditable?	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Actuarial Value (CMS calc)	87.7%	82.2%	80.1%	75.7%	76.6%	72.5%	70.7%	66.0%

For more details, refer to benefit overviews or summaries provided separately, as well as the Smart Plan toolkit, at [Resources – Better Health Collective](#).

All HSA-qualified High Deductible Health Plans (HDHPs)

Item Changing	2025 In-Network Benefits and Limits	2026 In-Network Benefits and Limits
Minimum non-embedded deductible	\$1,650 for self-only coverage <sup>1,2</sup> \$3,300 for family coverage  <i>Multiply these values by 1.25 if the plan includes a 4<sup>th</sup> quarter deductible carryover provision.</i>	\$1,700 for self-only coverage <sup>1,2</sup> \$3,400 for family coverage  <i>Multiply these values by 1.25 if the plan includes a 4<sup>th</sup> quarter deductible carryover provision.</i>
Minimum embedded deductible	\$3,300 for self-only coverage <sup>3,4</sup> \$3,300 for family coverage  <i>Multiply these values by 1.25 if the plan includes a 4<sup>th</sup> quarter deductible carryover provision.</i>	\$3,400 for self-only coverage <sup>3,4</sup> \$3,400 for family coverage  <i>Multiply these values by 1.25 if the plan includes a 4<sup>th</sup> quarter deductible carryover provision.</i>
Maximum out-of-pocket limit	\$8,300 for self-only coverage <sup>7,8</sup> \$16,600 for family coverage	\$8,500 for self-only coverage <sup>7,8</sup> \$17,000 for family coverage
Maximum contribution to Health Savings Account (HSA) (Employer and Employee)	\$4,300 for self-only coverage <sup>5,6</sup> \$8,550 for family coverage	\$4,400 for self-only coverage <sup>5,6</sup> \$8,750 for family coverage
HSA Catch-up Contributions (Age 55 or older)	\$1,000	\$1,000

## Other Notifications and Reminders

### **Creditable coverage disclosure for pharmacy benefits.**

There are two disclosures relating to creditable coverage:

- 1) Disclosure to Medicare-eligible members
- 2) Disclosure to Centers for Medicare & Medicaid Services (CMS).

Member notification of creditable coverage status is due each year on October 15, upon member request, upon plan design change or upon termination of coverage. Member notification for self-insured plans is the employer's responsibility.

Employers must also disclose creditable coverage status to CMS, which includes information relating to the prior disclosure to members. The CMS disclosure must be provided annually within 60 days after the beginning date of the plan year.

Detailed instructions and requirements regarding member notification and CMS disclosure can be found at [cms.hhs.gov/creditablecoverage](https://cms.hhs.gov/creditablecoverage). This disclosure to CMS is also the employer's responsibility.

Starting in 2025, the Inflation Reduction Act increased the benefit richness for Part D coverage. With the benefit enhancements, a plan will now require a higher threshold for the employer's plan to become creditable, and currently drafted CMS guidance reflects a change to the methodology. As a result, some plans currently deemed creditable for 2025 may become not creditable in 2026. Please refer to the Better Health Collective toolkit for the plan creditability.

### **Annual CMS Reporting Requirements Reminder**

The Consolidated Appropriations Act (CAA) mandates that health insurers submit detailed reports on drug spending and medical cost data to the Departments of Health and Human Services, Labor, and the Treasury. The reports are crucial for the government to analyze prescription drug pricing and healthcare trends.

Blue Cross must collect this data from all employer groups. Each February, a client reporting request is sent out, which must be completed to ensure the accuracy of the reported data. Please look for notifications about this survey and complete it promptly. This reporting is a mandatory part of the federal government's annual data collection process. Your timely participation is crucial for compliance and for providing valuable information that helps the government improve healthcare programs and services.

**Please note:** Your Agent of Record may be authorized by your contract signer to complete and/or submit provisioning requests and all required reporting on your behalf to ensure compliance with state and federal regulations.

### Affordable Care Act (ACA) Updates

The Patient Centered Outcomes Research Institute (PCORI) fee, which helps fund research to improve health outcomes. This fee has been extended through 2029.

For plan years ending between October 1, 2024, and September 30, 2025, the PCORI fee is:

- \$3.47 per covered life.

The Better Health Collective will continue to pay this fee on behalf of its' members through a combined pool filing. For copies of what was submitted to the IRS please reach out to the Better Health Collective. For more information on this required fee is available at [irs.gov](https://www.irs.gov).

### IRS Reporting Requirements

Under Internal Revenue Code § 6055, providers of minimum essential coverage are required to provide covered individuals with documentation about their health care coverage for use in completing their tax returns and will report similar information to the Internal Revenue Service. Large employers subject to Employer Shared Responsibility will also be required under Internal Revenue Code § 6056 to report information on employer-offered health coverage.

Blue Cross does not produce reporting on behalf of groups for purposes of fulfilling the reporting requirements under Internal Revenue Code §§ 6055 or 6056. However, groups can follow their current process for requesting information from Blue Cross or obtain assistance with data collection to help you produce your own reporting. Employers are responsible for validating the accuracy of the information provided and may wish to consult their legal and tax advisors for assistance in completing the reporting. Please reach out to your Better Health Collective Account Manager for additional information.