BLUE VALLEY SCHOOLS

Blue Valley Unified School District No. 229

Regular Board of Education Meeting

Monday, October 12, 2026, 5:30 PM

Board of Education Room, District Office, 15020 Metcalf Ave., Overland Park, KS 66223

MISSION STATEMENT

Cultivating lifelong learners prepared to navigate their future with purpose.

A. OPENING ITEMS.

1. **Pledge of Allegiance.**
   Presented by Kaci Brutto, Chief Communications Officer
   The Pledge of Allegiance will be led by Raj Yerraguntla, a 5th -grade student from Lakewood Elementary.

2. **Recitation of the Blue Valley Mission Statement**
   Presented by Kaci Brutto, Chief Communications Officer
   Mission: Cultivating lifelong learners prepared to navigate their future with purpose.

3. **Awards and Recognitions.**
   Presented by Kaci Brutto, Chief Communications Officer
   Distinguished Service Award Recipient: Eric Cohen, lead custodian at Blue Valley Northwest Excellence in Education Recipient: Jill Bartram, ESOL teacher at Overland Trail Elementary

4. **Public Comments.**
   Presented by Jan Kessinger, Board President

B. REGULAR AGENDA.

Presented by Board President Jan Kessinger

1. **Call the Regular Board of Education Meeting to Order.**
2. **Approve the Regular Board of Education Meeting Agenda.**

C. CONSENT AGENDA.

Presented by Board President Jan Kessinger

1. **Approve the Consent Agenda.**
   Our rules of Parliamentary Procedure provide for a consent agenda listing several items for approval of the Board by a single motion. Documentation concerning these items has been

provided to all Board members and the public in advance to ensure an extensive review. Items may be removed from the consent agenda at the request of any board member.

2. **Approve the Meeting Minutes.**
   Meeting minutes shall be considered draft until formally approved by the Board of Education.
3. **Approve the Cash Summary & Investment Report.**
4. **Approve the Bids and Contracts.**
   Bids and contracts may not be available until the day of the Board meeting. All agreements and contracts are subject to the final approval by the Board of Education's attorney.
5. **Approve the Human Resources Personnel Report and the Addendum.**
   The Human Resources Personnel Report and Addendum may not be available until the day of the Board meeting.
6. **Approve the Claims Report, the Disbursement Report, and the Special Fund Transfers.**
7. **Approve the Proposed Revision to Board Policy IIA.**
   This amendment clarifies Board policy regarding the awarding of high school credit for middle school world language coursework following the adoption of updated KASB-aligned policies in July 2026.
8. **Approve the Reappointment of the Blue Valley Recreation Center Northwest Commissioner.**
   The Board of Education will consider the reappointment of **Ted McBride** to a second four-year term as the Blue Valley Recreation Commission Northwest Commissioner. The term will commence on October 12, 2026, and expire on October 11, 2030.
9. **Approve Early Graduate Candidates.**

D. REPORTS AND DISCUSSION ITEMS.

1. **Board of Education Reports.**
   Presented by members of the Board of Education
2. **Superintendent's Report.**
   Presented by Dr. Gillian Chapman, Superintendent of Schools
   Quarterly Strategic Plan Update
3. **Legislative Positions.**
   Presented by Dr. Gillian Chapman, Superintendent of Schools
4. **Design and Construction Report.**
   Presented by Jake Slobodnik, Chief Operations Officer
5. **Timeline for Bond 2027 Mail Ballot Election.**
   Presented by Shelby Exposito of Gilmore Bell, and Dave Arteberry of Stifel

E. ACTION ITEMS.

1. **Conduct Public Hearing for Construction Manager At Risk Delivery Method.**
   Presented by Board President Jan Kessinger
2. **Approve the Construction Manager At Risk Delivery Method.**
   Presented by Board President Jan Kessinger
3. **Approve 2026-27 Professional Employee Negotiated Agreement between the Board of Education and the Blue Valley Education Association.**
   Presented by Dr. Eric Punswick, Chief Human Resources Officer
4. **Approve 2026-27 Classified Compensation.**
   Presented by Dr. Eric Punswick, Chief Human Resources Officer
5. **Approve the agreement with Blue Cross & Blue Shield of Kansas City.**
   Presented by Dr. Eric Punswick, Chief Human Resources Officer

   Special Reserve Healthcare.

   Renewal for the 2027 Blue Cross Blue Shield Group Medical Plan.

   The rate increase is 3.66%.

   Estimated at $ 42,527,895.00.

6. **Approve the agreement with Delta Dental of Kansas Inc.**
   Presented by Dr. Eric Punswick, Chief Human Resources Officer

   Employee-paid benefit.

   Renewal for 2027 employee group dental insurance with Delta Dental of KC. Rate increase of 4% for Base and Buy Up Plans.

   Estimated at $1,525,179.00.

7. **Approve the agreement with The Standard Insurance Company.**
   Presented by Dr. Eric Punswick, Chief Human Resources Officer

   Employee-paid benefit.

   Renewal for 2027 The Standard Insurance Policies: Voluntary Group Life (GTL), Accident Insurance (AI), Hospital Insurance (HI), Critical Illness Insurance (CI). Cost is based on projected participation and employee-paid premium rates for all products.

Estimated at $679,689.00.

8. **Approve the agreement with The Standard Insurance Company.**
   Presented by Dr. Eric Punswick, Chief Human Resources Officer

   Special Reserve Healthcare.

   Renewal for 2027 of The Standard Insurance Policy for short-term disability and long-term disability.

   2027 STD renewal cost: $471,981 - 5% rate increase

   2027 LTD renewal cost: $40,087 - no rate increase

   Estimated at $512,068.00.

9. **Approve the agreement with Logicalis Inc.**
   Presented by Kent Corser, Executive Director of Technology Operations

   Capital Outlay.

   Purchase of security software licensing. This is a 36-month term paid annually.

   Year 1 $259,005.60
   Year 2 $259,005.60
   Year 3 $259,005.60

   Estimated at $777,016.80

F. CLOSING ITEMS.

1. **Board Comments.**
2. **Adjournment.**

OUR MISSION

Cultivating lifelong learners prepared to navigate their future with purpose.

OPEN FORUM

Welcome to those who are here for the Open Forum.

- Our goal is to allow a time for individuals to address the board in an orderly, efficient, and dignified manner.
- The Board will enforce a 3-minute limit per speaker for up to 30 minutes.
- If you have handouts, they can be shared with our Campus Officer for distribution.
- At the conclusion, the Board will close the forum and proceed with its agenda items for the evening.

The Board of Education appreciates your presence and values the opinions and concerns of our patrons. If a patron is unable to address the Board during Open Forum, you may address the Board by email at boe@bluevalleyk12.org.

Below are a few reminders about Open Forum that will help our speakers have a constructive and positive experience when discussing items with the Board.

When making remarks:

- Introduce yourself before beginning your remarks.
- Please be civil, and use respectful language.
- Please limit discussion to the relevant business of the Board tonight.
- Discussion of matters related to a specific student or employee are not allowed. Instead, comments should be submitted to the Superintendent in writing.
- Please remember to limit your comments to three minutes and avoid repeating the concerns of a previous speaker.
- Please remain in the designated visitor area and refrain from approaching the dais, where the Board of Education is seated.
- If you have questions that need a response, someone will follow up with you at a later time.

The Board of Education appreciates your interest in Blue Valley as we provide the very best education to our students.

BLUE VALLEY SCHOOLS

Blue Valley Unified School District No. 229

Regular Board of Education Meeting

Monday, September 14, 2026, 5:30 PM

Board of Education Room, District Office, 15020 Metcalf Ave., Overland Park, KS 66223

A. OPENING ITEMS.

1. **Pledge of Allegiance.**
   Presented by Kaci Brutto, Chief Communications Officer
   The Pledge of Allegiance will be led by Eric Muilenburg, a 5th-grade student from Indian Valley Elementary.

2. **Recitation of the Blue Valley Mission Statement**
   Presented by Kaci Brutto, Chief Communications Officer
   Mission: Cultivating lifelong learners prepared to navigate their future with purpose.

3. **Conduct the Hearing to Exceed the Revenue Neutral Tax Rate for 2026-27.**

   Presented by Jeremy McFadden, CFO

   Chief Financial Officer Jeremy McFadden provided a quick overview of the published Revenue Neutral Tax Rate Notice. Board President Jan Kessinger opened the Hearing to Exceed the Revenue Neutral Tax Rate for Fiscal Year 2026-27 for comment from the public.

   The following three patrons provided public comment regarding the concerns related to rising property taxes:

   - Marty Godolphin
   - Erika Sheets
   - Jim G.

   President Jan Kessinger asked if there were any additional comments regarding the Hearing to Exceed the Revenue Neutral Tax Rate for 2026-27. There being none, he closed the hearing.

The Board of Education adopted, by roll call vote, the Resolution to Exceed the Revenue Neutral Rate.

In accordance with state statute, the Board of Education will now record a roll call vote whether to Exceed the Revenue Neutral Tax Rate for the 2026-27 Budget. Gina Knapp voted YES; Dr. Sonya Evans voted YES; Patrick Hurley voted YES; Jodie Dietz voted YES; Dr. David Benson voted YES; Clay Norkey voted YES; Jan Kessinger voted YES;. This motion, made by Jan Kessinger, Carried.

Dr David Benson:	Yea
Jodie Dietz:	Yea
Dr. Sonya Evans:	Yea
Patrick Hurley:	Yea
Jan Kessinger:	Yea
Gina Knapp:	Yea
Clay Norkey:	Yea

Yea: 7, Nay: 0

4. **Conduct the Hearing for the Legal Maximum Budget and Estimated Tax Rate for 2026-27.**
Presented by Board President Jan Kessinger

Chief Financial Officer Jeremy McFadden provided a quick overview of the published Budget Notice. Board President Jan Kessinger opened the Fiscal Year 2026-27 Budget Hearing for comment to the public. No comments were made. President Jan Kessinger closed the Fiscal Year 2026-27 Budget Hearing.

5. **Awards and Recognitions.**
Presented by Kaci Brutto, Chief Communications Officer

Distinguished Service Award Recipient: Kathy Weldon, Administrative Assistant to the Chief of Support Services

Excellence in Education Recipient: Brian Bollinger, English Language Arts Teacher at Harmony Middle School

National School Public Relations Association Golden Achievement Award: Addison Smith, Communications Specialist

Kansas Speech Communication Association Educator of the Year: Brian Box, Debate Teacher at Blue Valley North

2026 NextGen Kansas Under 30 winners: Mary Hearns, Spanish Teacher at Liberty View Elementary School; Landon Parker, Communications Coordinator at Blue Valley Schools

6. **Public Comments.**
   Presented by Board President, Jan Kessinger

   No comments were made.

B. REGULAR AGENDA.
Presented by Board President Jan Kessinger

1. **Call the Regular Board of Education Meeting to Order.**

   Board President Jan Kessinger called the September 14, 2026, Regular Board of Education Meeting to order at 6:05 p.m.

2. **Approve the Regular Board of Education Meeting Agenda.**

   I move that the Board of Education approve the September 14, 2026, Regular Board of Education meeting agenda as published. This motion, made by Dr David Benson and seconded by Jodie Dietz, Carried.

Dr David Benson:	Yea
Jodie Dietz:	Yea
Dr. Sonya Evans:	Yea
Patrick Hurley:	Yea
Jan Kessinger:	Yea
Gina Knapp:	Yea
Clay Norkey:	Yea

Yea: 7, Nay: 0

C. CONSENT AGENDA.
Presented by Board President Jan Kessinger

1. **Approve the Consent Agenda.**
   Our rules of Parliamentary Procedure provide for a consent agenda listing several items for approval of the Board by a single motion. Documentation concerning these items has been provided to all Board members and the public in advance to ensure an extensive review. Items may be removed from the consent agenda at the request of any board member.

I move that the Board of Education approve the September 14, 2026, Regular Board of Education Meeting consent agenda as published with minor edits deemed necessary by legal counsel. This motion, made by Gina Knapp and seconded by Clay Norkey, Carried.

Dr David Benson:	Yea
Jodie Dietz:	Yea
Dr. Sonya Evans:	Yea
Patrick Hurley:	Yea
Jan Kessinger:	Yea
Gina Knapp:	Yea
Clay Norkey:	Yea

Yea: 7, Nay: 0

2. **Approve the Meeting Minutes.**
   Meeting minutes shall be considered draft until formally approved by the Board of Education.
   The Board of Education approved the prior meeting minutes.
3. **Approve the Cash Summary & Investment Report.**
   The Board of Education approved the Cash Summary and Investment Report.
4. **Approve the Bids and Contracts.**
   Bids and contracts may not be available until the day of the Board meeting. All agreements and contracts are subject to the final approval by the Board of Education's attorney.
   The Board of Education approved the Bids and Contracts.
5. **Approve the Human Resources Personnel Report and the Addendum.**
   The Human Resources Personnel Report and Addendum may not be available until the day of the Board meeting.
   The Board of Education approved the Human Resources Report and HR Addendum.
6. **Approve the Claims Report, the Disbursement Report, and the Special Fund Transfers.**
   The Board of Education approved the Claims Report, the Distribution Report, and the Special Transfers.
7. **Appoint Deputy Board Clerk.**
   The Board of Education appointed Alisha Graham as Deputy Board Clerk.
8. **Appoint the Kansas Association of School Boards Delegate Assembly.**

The Board of Education appointed Jodie Dietz as the KASB delegate and Jan Kessinger as the alternate.

9. **Approve Early Graduate Candidates.**

   The Board of Education approved the early graduate candidates list.

D. REPORTS AND DISCUSSION ITEMS.

1. **Board of Education Reports.**

   Board Member Dr. Sonya Evans presented the September 10, 2026, Finance & Operations meeting minutes.

2. **Superintendent's Report.**

   Presented by Dr. Gillian Chapman, Superintendent of Schools

E. ACTION ITEMS.

1. **Approval of the 2026-27 Legal Maximum Budget and Estimated Tax Rate.**

   Presented by Board President Jan Kessinger

   Board President Jan Kessinger stated that the Building Needs Assessments and State Assessments Review was provided to and evaluated by the USD 229 Board of Education and used in the Budget Approval Process in determining the authority of the local option budget, cost of living, extraordinary growth, special liability, and capital outlay mill levies. I move that the Board of Education approve the 2026-27 Legal Maximum Budget and Estimated Tax Rate, including the approval of a 33% local option budget resolution. This motion, made by Dr David Benson and seconded by Dr. Sonya Evans, Carried.

Dr David Benson:	Yea
Jodie Dietz:	Yea
Dr. Sonya Evans:	Yea
Patrick Hurley:	Yea
Jan Kessinger:	Yea
Gina Knapp:	Yea
Clay Norkey:	Yea

   Yea: 7, Nay: 0

2. **Approve the agreement with CDW Government Inc.**

   Presented by Kent Corser, Executive Director of Technology Operations

Microsoft Enrollment for Education Solutions master agreement.

I move that the Board of Education approve the CDW Government Inc. agreement with minor edits deemed necessary by legal counsel. This motion, made by Gina Knapp and seconded by Jodie Dietz, Carried.

Dr David Benson:	Yea
Jodie Dietz:	Yea
Dr. Sonya Evans:	Yea
Patrick Hurley:	Yea
Jan Kessinger:	Yea
Gina Knapp:	Yea
Clay Norkey:	Yea

Yea: 7, Nay: 0

F. CLOSING ITEMS.

1. Board Comments.

Board Member Jodie Dietz thanked district staff for explaining the state school finance formula and emphasized the importance of helping the public understand how the state-mandated 20-mill levy is collected and distributed. She expressed empathy for residents' concerns regarding rising property taxes and acknowledged the financial challenges facing taxpayers while recognizing the district's budget realities. Board Member Jodie Dietz requested clarification regarding the state-mandated 20-mill levy and how those funds are distributed. Chief Financial Officer Jeremy McFadden explained that school district general fund authority is determined by a statewide formula and that revenue generated by the 20-mill levy is remitted to the State of Kansas and used, along with other state tax revenues, to fund public education statewide. He noted that Blue Valley receives funding through the state formula and that the relationship between local tax contributions and statewide funding allocations is complex.

Board Member David Benson recognized the contributions of long-serving administrators, faculty, and staff, noting that their commitment, institutional knowledge, and dedication to the district's vision and culture are essential to Blue Valley's continued success. He thanked employees for their service to the district.

Board Member Clay Norkey thanked the patrons who provided public comment and encouraged community members to participate in Community Connections meetings as an opportunity for dialogue and questions. He also expressed appreciation to the district's finance team, CFO Jeremy McFadden, and Dr. Chapman for their extensive work on the

budget process, efforts to manage costs, and commitment to maintaining the district's high standards while addressing financial challenges.

Board President Jan Kessinger echoed appreciation for the district's staff and administration and noted the Board's pride in Blue Valley's reputation and continued success as a high-performing school district.

2. **Adjournment.**

   Board President Jan Kessinger adjourned the September 14, 2026, Regular Board of Education meeting at 6:24 p.m.

USD 229 Blue Valley Schools
Cash Summary & Investments

Fund #	Description	Aug 31, 2024	Aug 31, 2025	Aug 31, 2026
006	General	$ 8,007,658	$ 9,198,752	$ 9,886,974
008	Supplemental General	3,137,480	292,988	1,816,316
013	At Risk	2,873,096	1,538,076	10,503
014	Bilingual	1,413,443	3,475,558	423,637
015	Virtual Education	700,455	395,763	47,712
016	Capital Outlay	2,525,489	(270,927)	(1,605,213)
024	Food Service	4,713,955	3,420,429	2,519,001
026	Professional Development	1,703,788	882,416	278,444
028	Parents As Teachers	619,984	312,786	970
029	Summer School	126,691	79,464	78,974
030	Special Education	3,455,381	1,736,503	443,751
033	Cost of Living	192,071	-	0
034	Career & Postsec Educ	1,939,441	5,148,933	548
042	Special Liability	680,492	(716,119)	(900,958)
045	Extraordinary Growth	143,151	50,727	1
047	Special Reserve W/C	3,051,211	2,287,904	1,248,377
048	Special Reserve Healthcare	15,022,116	16,096,407	16,138,014
051	KPERS	-	-	-
053	Contingency Reserve	20,250,000	14,900,000	14,889,000
055	Textbook & Student Materials	4,971,706	2,314,047	1,911,891
056	District Activity	(88,614)	57,330	(173,202)
062	Bond & Interest	69,353,311	61,776,848	53,972,666
067	Special Assessment	619,036	594,294	352,866
084	BVRC General	-	-	-
086	BVRC Empl Benefits	-	-	-
125	Title I	(258)	(4,366)	(8,867)
127	Title II-A	(1,026)	(9,492)	1
131	Title III	(5,195)	0	(0)
134	Other Federal Funds	(564,015)	-	-
135	Title VIB CEIS	-	-	-
201	Gift	867,558	795,297	722,715
202	DAC	20,365	30,794	23,992
203	BV Educational Foundation	357,497	390,191	434,189
204	SAFE School Grants	321,487	-	152,276
205	Misc Community Grants	79,457	71,202	78,088
211	Kauffman CAPS Networking	52,644	(275)	-
212	Mental Health Intervention Grant	-	(5,542)	(2,533)
300	College Now	-	-	-
		$ 146,539,856	**$ 124,839,991**	**$ 102,740,134**
811	Bond-Capital Projects 2020	$ 60,809	$ -	$ -
812	Bond-Capital Projects 2023	90,236,103	(40,123,327)	33,751,785
		$ 90,296,912	**$ (40,123,327)**	**$ 33,751,785**
TOTALS		**$ 236,836,768**	**$ 84,716,664**	**$ 136,491,919**

Maturity-Based Investments as of Aug 31, 2026 (Policy DFE)

Bid Award	Investment	Interest Rate	Principal	Maturity
FNBO	Treasury Bill (Purch 8/27/2026)	3.672%	$ 10,999,269	10/1/2026
FNBO	Treasury Bill (Purch 8/27/2026)	3.702%	$ 4,999,154	10/15/2026
FNBO	Treasury Bill (Purch 8/27/2026)	3.743%	$ 10,999,297	11/3/2026
FNBO	Treasury Bill (Purch 8/27/2026)	3.742%	$ 4,999,532	11/12/2026
FNBO	Treasury Bill (Purch 8/27/2026)	3.775%	$ 10,999,783	12/1/2026
FNBO	Treasury Bill (Purch 8/27/2026)	3.811%	$ 4,999,581	12/15/2026

Purchasing Memo

To: Finance & Operations Committee Members
From: Jason Gillam, Director of Business Operations
Jake Slobodnik, Chief Operations Officer
Date: October 8, 2026
Re: Bids and Purchases

DESIGN & CONSTRUCTION PURCHASES

2027 Painting Projects **$75,000.00 Estimated**
Vendor: Hollis & Miller Architects Inc
Location: BVW, LKM, MTE, OTE
Anticipated Funding: Capital Outlay
Page 5

Grounds Building Damage Repair **$23,793.00 Estimated**
Vendor: Circadia
Location: Grounds Building
Cooperative: TIPS #26010401
Anticipated Funding: Capital Outlay
Page 8

LKM Water Damage Repair **$23,640.00 Estimated**
Vendor: Circadia
Location: LKM
Cooperative: TIPS #26010401
Anticipated Funding: Capital Outlay
Page 10

BIDS

27008 Band Gooseneck Trailer **$30,495.00 Estimated**
Vendor: DL Truck & Trailer Outfitters, KC
Location: Blue Valley Southwest
Anticipated Funding: Band Booster / Activity Funds
Page 12

COOPERATIVE PURCHASES

Anixter Inc **$81,785.00 Estimated**
This purchase of data racks will be used for the new data closets at OTM and PRM. 27-038
Cooperative: State of Kansas #52098
Anticipated Funding: Bond
Page 15

Facilities Management Express LLC **$30,874.84 Estimated**
This purchase is for maintenance request, preventative maintenance, and standard dashboard software (Go FMX).
Cooperative: TIPS 220105
Anticipated Funding: Capital Outlay
Page 19

Johnson Controls Fire Protection **$40,411.26 Estimated**
Change order required to finalize work at Blue Valley Academy. We need additional wiring for the fire alarm system and addressable duct detectors in order to be compliant.
Cooperative: Sourcewell # 030421-JHN
Anticipated Funding: Capital Outlay
Page 21

Logicalis Inc **$87,614.40**
Purchase of support services for security software. This is a 36-month term paid annually. 27-037
Year 1: $29,204.80
Year 2: $29,204.80
Year 3: $29,204.80
TOTAL: $87,614.40
Cooperative: Omnia Partners # R240303
Anticipated Funding: Capital Outlay
Page 24

Signature Landscape LLC **$150,000.00 Estimated**
Parking lot snow removal services as needed October 2026 - May 2027.
Cooperative: Greenbush # 25.5 ESC-SNOWREMOVAL2025
Anticipated Funding: Capital Outlay
Page 25

SERVICE PURCHASES

Allstate Identity Protection **2026** $87,173.00 Est. **2027** $79,420.00 Estimated
Renewal for 2027 employee-paid All State Identity Protection. Employee-paid cost: $10.96 per month for employee only; $18.96 per month for family. No rate change for 2027. Cyber protection offered to employees for personal devices. Features of cyber protection include: personal computer safety, webcam protection, firewall, antivirus, browsing and phising protection, web filtering, VPN, password manager, and network security. Rate guaranteed through 12/31/2029.
Funds: Employee Paid Benefit
Page 26

ARAG LLC **2026** $51,607.00 Est. **2027** $61,974.00 Estimated
Renewal for 2027 employee-paid ARAG Legal Insurance. Employee-paid cost: $18.78 per month for employee and family. No rate change for 2027. ARAG Legal Insurance provides a network of attorneys for personal legal matters for employees and covered family members across a variety of needs (family, home, auto, estate planning, elder law, consumer protection, criminal situations, divorce, finance and tax, traffic, and other general personal legal). Rate guaranteed through 12/31/2028.
Funds: Employee Paid Benefit
Page 28

Holmes Murphy **2026** $0.00 **2027** $0.00
Direct Software License and Service Agreement with Selerix for the Benefits-Selection and complementary software components used to manage Blue Valley Schools' benefits administration. Holmes Murphy, the district's benefits consultant/broker pays Selerix fees.
Funds: N/A
Page 29

Powerschool Group LLC **2025/2026** $91,485.00 **2026/2027** $97,888.95 Estimated
This purchase is for license and subscription fees for the Business Plus Enterprise Management Service software. 27-043
Funds: Capital Outlay
Page 53

Software IDM Inc

2025/2026	2026/2027
$45,000.00	$45,000.00 Estimated

Annual identity management software renewal. 27-034
Funds: Capital Outlay
Page 56

Soliant Staffing LLC

2025/2026	2026/2027
N/A	$15,000.00 Addl. Est $30,000.00 Rev. Est Total

We are extending a speech language pathologist (SLP) assignment to cover an FMLA leave at Stanley Elementary. Previously reported in September 2026.
$15,000 original est.
$15,000 additional est.
$30,000 revised total estimated.
Funds: Special Education
Page 57

Southwest Airlines Co / Varsity Spirit LLC / Universal Cheerleader's Association / Walt Disney World Resort

2025/2026	2026/2027
N/A	$32,400.00 Estimated

The Blue Valley High cheer team will travel and compete at the national level in Orlando, FL. This competition will be a chance for them to learn by watching teams from across the country. Students will conduct fundraisers to alleviate costs, and remaining expenses will be paid by student families.
Airfare: $13,400.00 Estimated
Lodging: $19,000.00 Estimated
TOTAL: $32,400.00 Estimated
Funds: Activity Fund
Page 59

Southwest Airlines Co / Varsity Spirit LLC / Universal Cheerleader's Association / Walt Disney World Resort

2025/2026	2026/2027
N/A	$50,080.00 Estimated

The Blue Valley Southwest cheer team will travel and compete at the national level in Orlando, FL. This competition will be a chance for them to learn by watching teams from across the country. Students will conduct fundraisers to alleviate costs, and remaining expenses will be paid by student families.
Airfare: $22,400.00 Estimated
Lodging: $27,680.00 Estimated
TOTAL: $50,080.00 Estimated
Funds: Activity Fund
Page 60

Southwest Airlines Co / Varsity Spirit LLC / Universal Cheerleader's Association / Walt Disney World Resort

2025/2026	2026/2027
N/A	$54,571.00 Estimated

The Blue Valley West cheer team will travel and compete at the national level in Orlando, FL. Students will conduct fundraisers to alleviate costs, and remaining expenses will be paid by the booster club and/or student families.
Airfare: $21,600.00 Estimated
Lodging: $32,971.00 Estimated
TOTAL: $54,571.00 Estimated
Funds: Activity Fund
Page 61

Sunbelt Staffing LLC

2025/2026	2026/2027
N/A	$55,000.00 Estimated

Sunbelt will supply 1:1 CNA support for student 3521 at 18-21.
Funds: Special Education
Page 62

Surency Life & Health Insurance Co

	2026	**2027**
	$317,190.00 Est.	$301,441.00 Estimated

Renewal for 2027 employee paid group vision insurance with Surency Life and Health. No rate change. Rate guaranteed through 2028.
Funds: Employee Paid Benefit
Page 65

Winter Park Ski-Music Festival / Crossroad Tours

	2025/2026	**2026/2027**
	N/A	$34,000.00 Estimated

The Blue Valley Southwest orchestra will attend the Winter Park Ski-Music Festival in March 2027. Students will prepare performance music and be adjudicated at the national level and engage in community and group building activities by learning new skills. Students will conduct fundraisers to reduce costs, and the remaining expenses will be paid by families.

Crossroad Tours (transportation):	$10,000 Est.
Winter Park Ski-Music Festival:	$24,000 Est.
Total:	$34,000 Estimated

Funds: Activity Funds
Page 68

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	Custodail	Requested By:	Matt Brooks

Purpose: (please explain in detail why we need the items or services requested)

Architectural Fees to help us plan the summer of 2027 painting projects. Schools included are BVW, LKM, MTE, OTE.

Fund:	Capital Outlay	Account Number:	31422
Funding Year:	2026/2027	Location(s) items or services are for:	BVW, LKM, MTE, OTE
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☑ This is a New Contract
☐ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **10/15/2026**	End Date: **9/24/2027**
Company: **Hollis & Miller Architects Inc**	Street Address: **1828 Walnut Street, Suite 922**
Contact Name: **Megan Barns**	City: **Kansas City**
Telephone: **(816) 442-7700**	State: **MO**
Email: **mbarnes@hollisandmiller.com**	Zip Code: **64108**
Cost: **$ 75,000.00 Estimated**	
Prior Year Cost:	
Terms: (Annual, Multi-Year, One-Time): **One-Time**	

Month:(board meeting) **October 2027** **Budget Administrator** *Jake Slobodnik* **Date** **9/13/2027**

September 14, 2026

Matthew Brooks / Chad Luikart
15020 Metcalf Avenue, PO Box 23901
Overland Park, KS 66283-0901

RE: FEE PROPOSAL for Summer 2027 Paint Projects (4 Locations)

The Hollis + Miller Team will Provide limited Design Services and Construction Administration for building wise paint selection and placement at the following locations:

1. **Blue Valley West High School** – Scope to include approximately half the building (Bldg A & C).
2. **Lakewood Middle School** – Scope to include full building.
3. **Mission Trail Elementary School** – Scope to include full building.
4. **Overland Trail Elementary School** - Scope to include full building.

Project/Construction Budget is unknown currently. Project to be hard bid and awarded to one or more paint contractors. The current assumption is all construction will be completed during Summer 2026 on or before August 1, 2026. Proposed design/documents and bidding schedule attached.

COMPENSATION FOR SERVICES: Lump Sum / Fixed Fee = **$75,000.00**

Basic Services

• Architectural / Interior Services – Hollis + Miller Architects **(BVW)**	**$28,000.00**
• Architectural / Interior Services – Hollis + Miller Architects **(ABMS)**	**$19,500.00**
• Architectural / Interior Services – Hollis + Miller Architects **(MTE)**	**$13,750.00**
• Architectural / Interior Services – Hollis + Miller Architects **(ES #2 TBD)**	**$13,750.00**

Current proposed Fee assumes the following approach (number of meetings, documentation level, etc.)

- (1) Initial Site Walk w/ Matt Brooks (others) to confirm Scope / Approach at each Location
- (1) initial Principal Meeting to Review Scope and initial Concepts/Paint Schemes
- (2) Follow Up Principal Meetings to Finalize Paint Colors, Concepts, Final Locations, etc.
- Design / Paint Concepts (& Revisions) per Building
- Final Documentation per Building
- Facilitation of Bid Process, including leading Pre-Bid Meeting & Bid Opening / Recommendation
- On-Site Visits to observe Paint Mockups
- On-Site Visits to review questions / provide answers to awarded contractor
- (1) Initial Punchlist per building – multiple areas as needed
- (1) Back-Punch per building – multiple areas as needed
- Notes / Clarifications:
    - Overall scope to match services provided during Summer 2026 projects.
    - Assumed hours for CA in Summer 2027 not to exceed 250 hours between review of shop drawings, drawdowns, mock-ups, on-site visits, responding to contractor questions and punch list. If exceeded, will request additional services at an hourly rate.

CHANGE OF SCOPE

For any work or revisions to drawings, schedules, specifications or other documents, as a result of changes made by the Owner, as defined under the terms of this Agreement, the Architect shall be compensated as may be mutually agreed to by the Owner and Architect.

COMPENSATION FOR ADDITIONAL SERVICES

For requested services not stated or described above. Fee for requested additional services and responsibilities is billed at hourly employees' rates. Hourly rates will be updated on an annual basis.

ARCHITECT	OWNER
Hollis + Miller Architects	Blue Valley Schools
1828 Walnut Street, Suite 922	15020 Metcalf Avenue Kansas City,
MO 64108	Overland Park, KS
By: _____	By: _____
Megan Barnes, AIA	Chad Luikart
Senior Associate I Client Leader	Assistant Director of Facilities
Date: 09/14/2026	Date: _____

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	**Facilities and Operations**	**Requested By:**	**Casey Chambers**

Purpose: (please explain in detail why we need the items or services requested)

Repairing damage on the northwest corner of the Grounds Building caused by a vehicle.

Fund:	**Capital Outlay**	Account Number:	**016000197-3001**
Funding Year:	**2026/2027**	Location(s) items or services are for:	**Grounds Building**
Does this use Bond Funds? (if yes, see below)	**No**		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract
☐ This is a Renewal Contract
☐ This is a Curriculum purchase
☑ This can be purchased off of **TIPS** Contract # **26010401**

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **10/15/2026**	End Date: **10/31/2026**
Company: **Circadia**	Street Address: **14720 West 105th Street**
Contact Name: **Jim Madison**	City: **Lenexa**
Telephone: **(913) 634-7509**	State: **KS**
Email: **jmadison@circadia.net**	Zip Code: **66215**
Cost: **$ 23,793.00 Estimated**	
Prior Year Cost:	
Terms: (Annual, Multi-Year, One-Time): **One-Time**	

Month:(board meeting) **October 2026** **Budget Administrator** *Jake Slobodnik* **Date** **9/21/2026**

September 21, 2026

Blue Valley School District
Casey Chambers
7884 W. 149th Terr.
Overland Park, KS. 66223

Below, please find our proposal to complete the Grounds building repair:

Dispose of all damaged materials
Replace damaged framing/drywall
Replace damaged exterior sheetmetal

The total cost of this proposal is ……. $ 23,793

Proposal clarifications / exclusions:

Access to dock and elevators
Work to be completed during normal business hours
Includes electrical / data work
Proposal good for 30 days from receipt
Excludes taxes

Sincerely,

Jim Madison / General Foreman
Circadia Construction

Customer Signature Date

The above signature acknowledges your companies acceptance to remit payment for all expenses associated with this document.

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	**Facilities and Operations**	**Requested By:**	**Casey Chambers**

Purpose: (please explain in detail why we need the items or services requested)

Repairing water damage in custodial closets 115, 215, and 315.

Fund:	**Capital Outlay**	Account Number:	**016000210-4053**
Funding Year:	**2025/2026**	Location(s) items or services are for:	**Lakewood Middle School**
Does this use Bond Funds? (if yes, see below)	**Yes**		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract

☐ This is a Renewal Contract

☐ This is a Curriculum purchase

☑ This can be purchased off of **TIPS** Contract # **26010401**

☐ This is a New Bid/RFP

☐ This is a Purchase from Bid/RFP # _____

☐ This Purchase requires BOE Signatures

Begin Date: **10/15/2026**	End Date: **10/31/2026**
Company: **Circadia**	Street Address: **14720 West 105th Street**
Contact Name: **Jim Madison**	City: **Lenexa**
Telephone: **(913) 634-7509**	State: **KS**
Email: **jmadison@circadia.net**	Zip Code: **66215**
Cost: **$ 23,640.00 Estimated**	
Prior Year Cost:	
Terms: (Annual, Multi-Year, One-Time): **One-Time**	

Month:(board meeting) **October 2026** **Budget Administrator** *Jake Slobodnik* **Date** **9/21/2026**

September 21, 2026

Blue Valley School District
Casey Chambers
6601 Edgewater Dr.
Overland Park, KS. 66223

Below, please find our proposal to complete the (3) janitor closet repairs at Lakewood Middle:
TIPS # 26010401

Replace rusted out bottom track and studs as needed
Hang drywall
Provide and install FRP in mop closet room
Finish / Paint drywall
Install Cabin Fever epoxy flooring

The total cost of this proposal is ……. $ 23,640

Proposal clarifications / exclusions:

- Access to dock and elevators
- Work to be completed during normal business hours
- Excludes electrical / data work
- Proposal good for 30 days from receipt
- Excludes taxes

Sincerely,

Jim Madison / General Foreman
Circadia Construction

Customer Signature Date

The above signature acknowledges your companies acceptance to remit payment for all expenses associated with this document.

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	**Blue Valley Southwest**	**Requested By:**	**A Kastelic / Thorne Banks**

Purpose: (please explain in detail why we need the items or services requested)

Band trailer funded through band booster and activity account.

Fund:	**Activity Funds & Booster**	Account Number:	**5245300-66 / 201000095-7014**
Funding Year:	**2026/2027**	Location(s) items or services are for:	**BVSW**
Does this use Bond Funds? (if yes, see below)	**No**		
☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2		☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3	

Check all that apply to this Purchase:

- ☐ This is a New Contract
- ☐ This is a Renewal Contract
- ☐ This is a Curriculum purchase
- ☐ This can be purchased off of _____ Contract # _____
- ☑ This is a New Bid/RFP
- ☑ This is a Purchase from Bid/RFP # **27008**
- ☐ This Purchase requires BOE Signatures

Begin Date: **10/13/2026**	End Date: **12/31/2026**
Company: **DL Truck & Trailer Outfitters - KC**	Street Address: **13307 S 71 Hwy**
Contact Name: **Roger Morely**	City: **Grandview**
Telephone: **(816) 767-9600**	State: **MO**
Email: **roger@dloutfitters.com**	Zip Code: **64030**
Cost: **$ 30,495.00**	
Prior Year Cost: N/A	
Terms: (Annual, Multi-Year, One-Time): **One-Time**	

Month:(board meeting) **October 2026** **Budget Administrator** *Anne Kastelic* **Date** **10/2/2026**

27008 - Band Gooseneck Trailer

			DL Truck & Trailer Outfitters KC					Elliott's Cars and Carts, LLC					Renown Cargo Trailers, LLC					Connecticut Trailers, Inc				
Line Item	Description	Quantity	Manufacturer	Model	Unit Cost	Extended Cost	Specifications	Manufacturer	Model	Unit Cost	Extended Cost	Specifications	Manufacturer	Model	Unit Cost	Extended Cost	Specifications	Manufacturer	Model	Unit Cost	Extended Cost	Specifications
1	New Rock Solid Cargo 8.5x40 Gooseneck Trailer or Equal	1	Doolittle	8.5x32+9 HD Series Cargo 15,600	$ 29,995.00	$29,995.00	Meets	Haulmark	EGGC8540R4 18,000 GVWR	$ 34,060.00	$34,060.00	Meets	ROCK SOLID	RS8.5X40 (32+8) GN 15,600	$ 43,810.91	$43,810.91	Exceeds	Wells Cargo	MTG8540R4	$ 38,318.00	$38,318.00	Meets
2	12" OC Floor Cross Members	1					Meets	Haulmark	EGGC8540R4	$ 424.00	$424.00	Meets					Meets	Wells Cargo	MTG8540R4	$ 468.00	$468.00	Meets
3	Bar Lock on side door	1					Meets	Haulmark	EGGC8540R4	$ 45.00	$45.00	Meets					Meets	Wells Cargo	MTG8540R4	$ 50.00	$50.00	Meets
4	Metal Door Hold Back	1					Meets	Haulmark	EGGC8540R4	$ 45.00	$45.00	Meets					Meets	Wells Cargo	MTG8540R4	$ 0.00	$0.00	Meets
5	16" OC Roof Bows (upgrade)	1					Meets	Haulmark	EGGC8540R4	$ 0.00	$0.00	Meets					Meets	Wells Cargo	MTG8540R4	$ 0.00	$0.00	Meets
6	ATP Front and Rear Corners 12" ATP Sides and Rear	1	Upgrade			$500.00	Meets	Haulmark	EGGC8540R4	$ 1,137.00	$1,137.00	Meets					Meets	Wells Cargo Polished Aluminum Corners	MTG8540R4	$ 1,301.00	$1,301.00	Meets
7	Aluminum Side Wall Vents (pair)	1					Meets	Haulmark	EGGC8540R4	$ 0.00	$0.00	Meets					Meets	Wells Cargo	MTG8540R4	$ 190.00	$190.00	Meets
8	Omit Roof Vent	1					Meets	Haulmark	EGGC8540R4	$ 0.00	$0.00	Meets					Meets	Wells Cargo	MTG8540R4	$ 0.00	$0.00	Meets
9	rFoil Insulation for Ceiling and Walls	1	Therma Liner on Ceiling but no insulation on walls				Offer	Haulmark	EGGC8540R4	$ 2,022.00	$2,022.00	Meets					Meets	Wells Cargo	MTG8540R4	$ 1,512.00	$1,512.00	Meets
10	12" Additional Height Upgrade (interior height 96"H)	1					Meets	Haulmark	EGGC8540R4	$ 2,185.00	$2,185.00	Exceeds					Meets	Wells Cargo Ours is 100"	MTG8540R	$ 2,410.00	$2,410.00	Exceeds
11	Extra Duty Ramp Door - Double tubing and 1/4" Angle 4500lbs	1					Meets	Haulmark	EGGC8540R4	$ 682.00	$682.00	Meets					Meets	Wells Cargo Ours is 5000 lb	MTG8540R4	$ 0.00	$0.00	Exceeds
12	.080 PolyCore Exterior Color Choice: Emerald Green	1	White Gray Black Silver options. Other colors add to price				Meets	Haulmark	EGGC8540R4	$ 0.00	$0.00	Meets					Meets	Wells Cargo Quoted White - other colors available		$ 0.00	$0.00	Meets
						$30,495.00					**$40,600.00**					**$43,810.91**					**$44,249.00**	

			MGS, Inc					TWIN CITIES SOUTH TRAILER SALES, LLC					One Nation Distribution LLC				
Line Item	Description	Quantity	Manufacturer	Model	Unit Cost	Extended Cost	Specifications	Manufacturer	Model	Unit Cost	Extended Cost	Specifications	Manufacturer	Model	Unit Cost	Extended Cost	Specifications
1	New Rock Solid Cargo 8.5x40 Gooseneck Trailer or Equal	1	Haulmark	EGGC8540R4	$ 38,500.00	$38,500.00	Exceeds	HAULMARK	EDGE EGGC8532T6	$ 44,500.00	$44,500.00	Meets			$ 45,994.0000	$45,994.00	Meets
2	12" OC Floor Cross	1					Meets			$ 0.00	$0.00	Meets			$ 0.0000	$0.00	Meets
3	Bar Lock on side door	1					Meets			$ 0.00	$0.00	Meets			$ 0.0000	$0.00	Meets
4	Metal Door Hold Back	1					Meets			$ 0.00	$0.00	Meets			$ 0.0000	$0.00	Meets
5	16" OC Roof Bows	1					Meets			$ 0.00	$0.00	Meets			$ 0.0000	$0.00	Meets
6	ATP Front and Rear Corners	1					No Bid			$ 0.00	$0.00	Meets			$ 0.0000	$0.00	Meets
7	Aluminum Side Wall Vents (pair)	1					Meets			$ 0.00	$0.00	Meets			$ 0.0000	$0.00	Meets
8	Omit Roof Vent	1					Meets			$ 0.00	$0.00	Meets			$ 0.0000	$0.00	Meets
9	rFoil Insulation for Ceiling and Walls	1					No Bid			$ 0.00	$0.00	Meets			$ 0.0000	$0.00	Meets
10	12" Additional Height Upgrade (interior height 96"H)	1					Meets			$ 0.00	$0.00	Meets			$ 0.0000	$0.00	Meets
11	Extra Duty Ramp Door - Double tubing and 1/4" Angle 4500lbs	1					Meets			$ 0.00	$0.00	Exceeds			$ 0.0000	$0.00	Meets
12	.080 PolyCore Exterior Color Choice: Emerald Green	1	White silver or charcoal gray				No Bid			$ 0.00	$0.00	No Bid			$ 0.0000	$0.00	Meets
						$38,500.00					**$44,500.00**					**$45,994.00**	

27008 - Band Gooseneck Trailer - Questions

	DL Truck & Trailer Outfitters KC	Elliott's Cars and Carts, LLC	Renown Cargo Trailers, LLC	Connecticut Trailers, Inc	MGS, Inc	TWIN CITIES SOUTH TRAILER SALES, LLC	One Nation Distribution LLC
Describe the standard warranty period and what is covered. Describe how we submit a warranty claim and include who would perform warranty repairs.	5yr Structural Warranty 1yr Bumper to Bumper Warranty Lifetime Warranty on LED Lights Warranty/Repairs are completed here at our facility	Haulmark provides a 3-year warranty on the trailer, covering structural frame and manufacturing defects in materials and workmanship. Warranty claims are submitted through Elliott's Custom Trailers & Carts, who serves as the liaison for the claim. Repairs may be performed by any authorized Haulmark dealer.	5-year manufacturer warranty. Claims go through Rock Solid with Renown's help. Repairs are handled in the manufacturer network. Trailer does not have to come back to Douglas, GA.	3 year warranty We submit the warranty for you as soon as the trailer leaves the facility. If warranty claim is filed (through Wells Cargo's Website), Wells Cargo will find a local dealer in your area for all repairs.	3 year nationwide limited warranty	SEE ATTACHED	5 yr
Does your bid meet minimum requirements? Please describe any deviations.	Yes Specialty color skins are an upgrade. Anodized front corners are an upgrade.	Yes, this bid meets or exceeds all minimum specifications, with one noted deviation: Exterior color. Specified Emerald Green PolyCore is not available; Elliott's is offering the Haulmark standard color palette (white, black, silver, grey, red, or indigo blue) as an equivalent substitute, consistent with the District's confirmation in Addendum #1 that other color options would be considered. All other specifications are met or exceeded, including 100" interior height, 18,000 lb GVWR (exceeds the 15,600 lb minimum), triple 6,000 lb torsion axles with electric brakes on all axles, 12" OC floor crossmembers, sidewall flow-through vents in place of a roof vent (per Addendum #1), 4 flush-mounted 5,000 lb D-rings, 4 interior LED dome lights, 7-way Bargman plug, E-Z spring-assist ramp door, and dual-leg hydraulic landing gear rated at 12,000 lb per jack.	es. See Estimate 1569 and the compliance matrix. Addendum #1 followed (no roof vents; sidewall vents; one-piece roof). Cost-sheet "8.5x52" is treated as the stated 8.5x40, 8' deck / 32' box.	Yes, his meets or exceeds all " minimum requirements " per the spec sheet provided. Deviations from the "rock solid cargo specs - silver mod wheels not available - ours comes standard with black evolution aluminum rims. We cannot enclose the riser area w/ ATP. We do not offer a 5 year warranty	no, green exterior panels is not available. White, Silver or Charcoal only	SEE ATTACHED	yes
Must be able to deliver to Blue Valley USD 229, 7480 W. 149th Terrace, Overland Park 66223. Can you meet this requirement?	Yes	Yes. Delivery will be F.O.B. Destination, freight prepaid and allowed, to 7480 W. 149th Terrace, Overland Park, Kansas 66223, as required.	Yes. Freight is in the $43,810.91. Lead time 45 days ARO from an October 13, 2026 order.	Yes, Freight has been quoted	yes	YES	yes
Does this purchase come with a Bill of Sale or Manufacturer Certificate of Origin? Please describe if the documents are mailed after payment or provided at time of delivery.	Yes Original docs will be sent when trailer is delivered.	This purchase comes with a Manufacturer's Certificate of Origin. The document is mailed after payment.	Manufacturer's Certificate of Origin and bill of sale go with the trailer at delivery.	This will come with an MSO, that will be mailed out after accounting has received full payment for the trailer	yes	YES, AN MCO WILL BE MAILED AFTER PAYMENT	both
What is the product availability and delivery lead time based on an order date of October 13, 2026? The anticipated bid award is October 12, 2026.	According to the manufacturer, lead time to build trailer is approx 8-10 weeks. Delivery to BV would be approx 1 week later.	Based on an order date of October 13, 2026, estimated delivery lead time is 8–12 weeks, placing delivery between approximately December 8, 2026 and January 5, 2027.	Lead time 45 days ARO from an October 13, 2026 order.	lead time is 90 days ARO & drawing approval	10-12 weeks build time after award	8-10 WEEKS AFTER RECEIPT OF ORDER FOR DELIVERY	yes

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	**ITS**	**Requested By:**	**Rod Freund**

Purpose: (please explain in detail why we need the items or services requested)

27-038 OTM- PRM Data Racks

Purpose: This purchase of data racks will be used for the new data closets at OTM and PRM.

Fund:	**Bond**	Account Number:	**45097734-0**
Funding Year:	**2026/2027**	Location(s) items or services are for:	**OTM / PRM**
Does this use Bond Funds? (if yes, see below)	**Yes**		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract

☐ This is a Renewal Contract

☐ This is a Curriculum purchase

☑ This can be purchased off of **State of Kansas** Contract # **#52098**

Contract verified 10/1/2026 tlv

☐ This is a New Bid/RFP

☐ This is a Purchase from Bid/RFP # _____

☐ This Purchase requires BOE Signatures

Begin Date: **10/13/2026**	End Date: **3/31/2027**
Company: **Anixter Inc**	Street Address: **2301 Patriot Blvd.**
Contact Name: **Holly Schutte**	City: **Glenview**
Telephone: **(913) 928-2033**	State: **IL**
Email: **Holly.Schutte@anixter.com**	Zip Code: **60026**
Cost: **$ 81,785.00 Estimated**	
Prior Year Cost:	
Terms: (Annual, Multi-Year, One-Time): **One-Time**	

Month:(board meeting) **October 2026** **Budget Administrator** *Kent Corser* **Date** **9/28/2026**

QUOTATION

Date: 10/01/2026
Quote #: Q00HJ59N
Customer: 557893

Anixter Inc. (a WESCO Company)
Send Purchase Orders to Anixter Inc.
2301 Patriot Blvd. Glenview, IL 60026

Customer
BLUE VALLEY SCHOOLS
P O BOX 23901
OVERLAND PARK, KS 66223
RODNEY FREUND
Phone: 913-221-2140
Fax: --
Email: RFreund@bluevalleyk12.org

Rod RFQ BVSD parts order

Line	Quantity	Part Number and Description	UM	Unit Price	Extended Price
1	20	418843 PANDUIT R2P6S 2-POST RACK FLOOR MOUNT 84.0"H X 20.3"W X 6"D CHANNEL BLACK STEEL ROHS LIST PRICE: $995.51 DISCOUNT OFF OF LIST: 45.76% Government Contract #: 52098	EA	540.00	10,800.00
2	10	970233 PANDUIT PR2VFD06 PATCHRUNNER 2 VERTICAL CABLE MANAGER AND DOOR FRONT ONLY 6" (152MM) FOR 84" LIST PRICE: $1,422.16 DISCOUNT OFF OF LIST: 52.89% Government Contract #: 52098	EA	670.00	6,700.00
3	20	970234 PANDUIT PR2VFD08 PATCHRUNNER 2 VERTICAL CABLE MANAGER AND DOOR FRONT ONLY 8" (203MM) FOR 84" LIST PRICE: $1,545.44 DISCOUNT OFF OF LIST: 52.51% Government Contract #: 52098	EA	734.00	14,680.00
4	20	9821021 PANDUIT PR2VWF WATERFALL FOR USE WITH 2-POST OR 4-POST RACKS, PATCHRUNNER 2, BLACK LIST PRICE: $379.27 DISCOUNT OFF OF LIST: 56.23% Government Contract #: 52098	EA	166.00	3,320.00

Wesco may assess storage and transportation fees if you do not take or accept delivery within 90 days of product availability. Wesco may also update this quote or above pricing due to duties, freight, tariffs, supplier pricing, surcharges, or exchange rate fluctuations.

BY ACCEPTING THIS QUOTE, YOU AGREE THAT THE TERMS AND CONDITIONS OF SALE PUBLISHED AT WWW.WESCO.COM/TERMSOFSALE ARE EXPRESSLY INCORPORATED INTO AND SHALL GOVERN THIS TRANSACTION.

QUOTATION

Date: 10/01/2026
Quote #: Q00HJ59N
Customer: 557893

Anixter Inc. (a WESCO Company)
Send Purchase Orders to Anixter Inc.
2301 Patriot Blvd. Glenview, IL 60026

Rod RFQ BVSD parts order

Line	Quantity	Part Number and Description	UM	Unit Price	Extended Price
5	30	276236 ORTRONICS PHA66U48 48-PORT PANEL 110-MOD 8W8P T568A/B CAT6 IP5 CLARITY6 ANGLED HI DENS 2RMU LIST PRICE: $885.82 DISCOUNT OFF OF LIST: 44.12% Government Contract #: 52098	EA	495.00	14,850.00
6	30	448449 ORTRONICS PHA6AU48 48-PORT 110 PANEL ANGLED CAT6A T568A/B 8 POS HD LOADED 2U, BLACK, CLARITY LIST PRICE: $1,548.22 DISCOUNT OFF OF LIST: 44.71% Government Contract #: 52098	EA	856.00	25,680.00
7	10	316703 LEVITON 492RU-HFO CABLE MANAGEMENT HORIZONTAL FRONT ONLY SLOTTED DUCT BLACK 2U LIST PRICE: $48.77 DISCOUNT OFF OF LIST: 20.03% Government Contract #: 52098	EA	39.00	390.00
8	10	269879 AMER PWR AP9563 RACK PDU, BASIC, HORIZONTAL 1U, 120V, 20A (10) 5-20 OUTLET LIST PRICE: $359.00 DISCOUNT OFF OF LIST: 37.88% Government Contract #: 52098	EA	223.00	2,230.00
9	15	549024 OBERON 1015-C COMPACT NON-METALLIC ENCLOSUREFOR WIRELESS ACCESS POINTS NO POSTED LIST PRICE Government Contract #: 52098	EA	111.00	1,665.00
10	15	Non-Stock VENTEV INF 521473 WI-FI RIGHT ANGLE WALL BRACKETWITH LID, TW-HWM-C-CVR -- NO POSTED LIST PRICE Government Contract #: 52098	EA	98.00	1,470.00

Wesco may assess storage and transportation fees if you do not take or accept delivery within 90 days of product availability. Wesco may also update this quote or above pricing due to duties, freight, tariffs, supplier pricing, surcharges, or exchange rate fluctuations.

BY ACCEPTING THIS QUOTE, YOU AGREE THAT THE TERMS AND CONDITIONS OF SALE PUBLISHED AT WWW.WESCO.COM/TERMSOFSALE ARE EXPRESSLY INCORPORATED INTO AND SHALL GOVERN THIS TRANSACTION.

QUOTATION

Date: 10/01/2026
Quote #: Q00HJ59N
Customer: 557893

Anixter Inc. (a WESCO Company)
Send Purchase Orders to Anixter Inc.
2301 Patriot Blvd. Glenview, IL 60026

Rod RFQ BVSD parts order

Line	Quantity	Part Number and Description	UM	Unit Price	Extended Price
				Quote Total:	**81,785.00**

TERMS NET45PROX
Freight Terms: PPD/CHARGE
Shipment: MATERIAL IN ANIXTER INVENTORY IS SUBJECT TO PRIOR SALE.
Notes: ORDER ACCEPTANCE BASED UPON PRIOR CREDIT APPROVAL ALL MATERIAL NON-RETURNABLE WITHOUT RETURN AUTHORIZATION.
Currency: USD

Please refer all inquiries to:

Holly Schutte
Phone: 913-928-2033
Mobile: --
Fax: --
Holly.Schutte@anixter.com

10865 Grandview Drive
Suite 2000
OVERLAND PARK, KS 66210
US

Comments:

ITEMS VALID 15 DAYS UNLESS NOTED AT THE LINE LEVEL.
PLEASE NOTE, ADDITIONAL TAX OR FREIGHT CHARGES MAY APPLY AND ARE NOT INCLUDED ON QUOTE.

Allowable cable length overage for shipping and billing is -0/ plus 10% unless otherwise noted on quotation.

Wesco may assess storage and transportation fees if you do not take or accept delivery within 90 days of product availability. Wesco may also update this quote or above pricing due to duties, freight, tariffs, supplier pricing, surcharges, or exchange rate fluctuations.

BY ACCEPTING THIS QUOTE, YOU AGREE THAT THE TERMS AND CONDITIONS OF SALE PUBLISHED AT WWW.WESCO.COM/TERMSOFSALE ARE EXPRESSLY INCORPORATED INTO AND SHALL GOVERN THIS TRANSACTION.

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	**Facilities and Operations**	**Requested By:**	**Andy Spruill**

Purpose: (please explain in detail why we need the items or services requested)

This purchase is for maintenance request, preventative maintenance, and standard dashboard software (Go FMX).

Fund:	**Capital Outlay**	Account Number:	**016000210-6504**
Funding Year:	**2026/2027**	Location(s) items or services are for:	**All B&G**
Does this use Bond Funds? (if yes, see below)	**No**		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract

☐ This is a Renewal Contract

☐ This is a Curriculum purchase

☑ This can be purchased off of **TIPS** Contract # **220105**

☐ This is a New Bid/RFP

☐ This is a Purchase from Bid/RFP # _____

☐ This Purchase requires BOE Signatures

Begin Date: **11/21/2026**	End Date: **11/20/2027**
Company: **Facilities Management Express LLC**	Street Address: **800 Yard St., Suite 115**
Contact Name: **Logan Fields**	City: **Columbus**
Telephone: **(614) 328-9195**	State: **OH**
Email: **logan.fields@gofmx.com**	Zip Code: **43212**
Cost: **$ 30,874.84 Estimated**	
Prior Year Cost: **$ 29,404.62**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** _____ **Date** _____

www.gofmx.com
1 (844) 664-4400
800 Yard St., Suite 115
Columbus, OH 43212

FMX Quote Summary

Address Information

Account Name	Blue Valley Schools - KS
Billing Address	15020 Metcalf Ave. Overland Park, Kansas 66223 United States
Phone	(913) 239-4000

Quote Information

Quote Number	00013543
Expiration Date	11/30/2026
Prepared By	Logan Fields
Email	logan.fields@gofmx.com

Product	Line Item Description	Sales Price	Quantity	Total Price
Work Manager Plus	Work Requests, Preventive Maintenance, Asset Database, Maps, Reporting, Mobile App, Surveys, Inventory, Project Planning, Mapping Plus	$29,972.56	1.00	$29,972.56
FMX Recurring Discount	Recurring TIPS Discount	($3,430.54)	1.00	($3,430.54)
Capital Planner Essentials	Capital Planning, Project Management, Accounting, Mapping Plus, Scenario Planning, Reporting	$4,332.82	1.00	$4,332.82

Grand Total: $30,874.84

Contract Start Date 11/21/2026

Contract End Date 11/20/2027

See below for more detailed information on your Subscription Summary and Implementation Process.

Quote Acceptance Information

Term
The Initial Term for the subscription shall be from the date of execution of this agreement (signature date) for one (1) calendar year, unless otherwise specified in your subscription agreement.

Billing
Prices shown above do not include any state and local taxes that may apply. Any such taxes are the responsibility of the Customer and will appear on the Invoice if necessary. If you are exempt from sales tax, please send the required tax exemption documents to billing@gofmx.com . Invoices for this order will be emailed automatically from billing@gofmx.com.

Renewal
The subscription term will automatically renew for successive periods equal to the initial term unless either party notifies the other in writing at least thirty (30) days prior to expiration of the then current term.

By signing this Sales Order, you are agreeing to the FMX Terms of Use as incorporated herein.

Signature:_____

Name:_____

Title:_____

Date:_____

Subscription Summary

• Data imports from provided templates

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	Blue Valley Acadmy	Requested By:	Andy Spruill

Purpose: (please explain in detail why we need the items or services requested)

Change order required to finalize work at Blue Valley Academy. We need additional wiring for the fire alarm system and addressable duct detectors in order to be compliant.

Fund:	Capital Outlay	Account Number:	28496
Funding Year:	2026/2027	Location(s) items or services are for:	BVA
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract

☐ This is a Renewal Contract

☐ This is a Curriculum purchase

☑ This can be purchased off of **Sourcewell** Contract # **030421-JHN**

☐ This is a New Bid/RFP

☐ This is a Purchase from Bid/RFP # _____

☐ This Purchase requires BOE Signatures

Begin Date: **9/10/2026**	End Date: **4/15/2026**
Company: **Johnson Controls Fire Protection**	Street Address: **11019 Strang Line Rd**
Contact Name: **Robert Garcia**	City: **Lenexa**
Telephone: **(913) 894-0110**	State: **KS**
Email: **robert.john.garcia@jci.com**	Zip Code: **66215**
Cost: **$ 40,411.26 Estimated**	
Prior Year Cost: **N/A - Not Available**	
Terms: (Annual, Multi-Year, One-Time): **One-Time**	

Month:(board meeting) **October 2026** **Budget Administrator** *Jake Slobodnik* **Date** **9/23/2026**

QUOTATION

QUOTATION FOR

Blue Valley School District 229

BILL TO

BLUE VALLEY UNIFIED SCHOOL DISTRICT 229
15020 Metcalf Ave
Overland Park KS 66223-2200

WORKSITE

Blue Valley School District 229
7500 W 149th Ter,
Overland Park KS 66223-2236

PRICING AGREEMENT:

Items cited on this quote are products and services on the Johnson Controls Fire Protection LP Sourcewell Contract # 121024-JHN.

QUOTE TOTALS

PRE-TAX TOTAL	$40,411.26
SALES TAX	$0.00
TOTAL PRICE	$40,411.26

This quote includes estimated sales tax only, and any additional sales tax will be charged where applicable. Any additional taxes, duties, tariffs or similar items imposed prior to shipment will be charged.

© 2024 Johnson Controls Fire Protection LP. All rights reserved

SYSTEM SUMMARY

CO2 - New Wiring and Devices 1.0
7500 W 149th Ter, Overland Park KS 66223-2236

Sales Tax	**$0.00**
Total	**$40,411.26**

Qty	Item #	Description	Subgroup
		Duct Detectors	
9	4098-9856	SAMPLING TUBE 49", PLASTIC	Materials
1	FREIGHT	FREIGHT	
		Standard Warranty	
1	901000038	FA - Standard Warranty (12 months)	
		Installation and Testing	
	950000017	Project Labor - TECH	
	950000034	Wire Installation	
	950000018	Project Labor - PM	

© 2024 Johnson Controls Fire Protection LP. All rights reserved

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	ITS	Requested By:	Jamie Sutherland

Purpose: (please explain in detail why we need the items or services requested)

27-037 Security Software Support

Purchase of support services for security software. This is a 36-month term paid annually

Year 1 $29,204.80 / Year 2 $29,204.80 / Year 3 $29,204.80= $87,614.40

Fund:	Capital Outlay	Account Number:	34801
Funding Year:	2026/2027	Location(s) items or services are for:	ITS
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract

☐ This is a Renewal Contract

☐ This is a Curriculum purchase

☑ This can be purchased off of **Omnia Partners** Contract # **R240303**

☐ This is a New Bid/RFP

☐ This is a Purchase from Bid/RFP # _____

☐ This Purchase requires BOE Signatures

Begin Date: **12/18/2026**	End Date: **12/17/2029**
Company: **Logicalis Inc**	Street Address: **12980 Foster St. Ste. 300**
Contact Name: **Andrew Chase**	City: **Overland Park**
Telephone: **(816) 325-9485**	State: **KS**
Email: **andrew.chase@us.logicalis.com**	Zip Code: **66213**
Cost: **$ 87,614.40**	
Prior Year Cost: **$67,380.75**	
Terms: (Annual, Multi-Year, One-Time): **Multi-Year**	

Month:(board meeting) **October 2026** **Budget Administrator** *Kent Corser* **Date** **9/28/2026**

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	**Grounds**	**Requested By:**	**Caleb Clements**
Purpose: (please explain in detail why we need the items or services requested)			
Parking lot snow removal services as needed October 2026 - May 2027			
Fund: **Capital Outlay**		Account Number:	**32900**
Funding Year: **2026/2027**		Location(s) items or services are for:	**District Wide**
Does this use Bond Funds? (if yes, see below)	**No**		
☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2		☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3	

Check all that apply to this Purchase:

☐ This is a New Contract
☐ This is a Renewal Contract
☐ This is a Curriculum purchase
☑ This can be purchased off of **Greenbush**

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures
Contract **#25.5 ESC-SNOWREMOVAL2025**
Contract verified 10/1/2026 tlv

Begin Date: **10/15/2026**	End Date: **5/31/2027**
Company: **Signature Landscape LLC**	Street Address: **15705 Pflumm**
Contact Name: **Jacob Tanking**	City: **Olathe**
Telephone: **(913) 829-8181**	State: **KS**
Email: **jtanking@signaturekc.com**	Zip Code: **66062**
Cost: **$ 150,000.00 Estimated**	
Prior Year Cost:	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** *Jacob Slobodnik* **Date** **9/30/2026**

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	Human Resources	Requested By:	Dr. Eric Punswick

Purpose: (please explain in detail why we need the items or services requested)

Renewal for 2027 employee paid All State Identity Protection.
Employee paid cost $10.96 per month for employee only; $18.96 per month for family.
No rate change for 2027.

Cyber protection offered to employees for personal devices. Features of cyber protection include: personal computer safety, webcam protection, firewall, antivirus, browsing and phising protection, web filtering, VPN, password manager, and network security.

Rate guaranteed through 12/31/2029.

Fund:	Employee paid	Account Number:	
Funding Year:	2026/2027	Location(s) items or services are for:	District Wide Benefit
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract
☑ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **1/1/2027**	End Date: **12/31/2027**
Company: **Allstate Identity Protection**	Street Address: **7350 N. Dobson Rd., Suite 101**
Contact Name: **Patrick Hickey**	City: **Scottsdale**
Telephone: **(404) 630-9396**	State: **AZ**
Email: **phickey@aip.com**	Zip Code: **85256**
Cost: **$ 79,420.00 Estimated**	
Prior Year Cost: **$ 87,173.00 Estimated**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** *Dr. Eric Punswick* **Date** **9/30/2026**

First Amendment to Allstate Identity Protection – Identity Protection Services Order Form

This first amendment ("Amendment") to the original Allstate Identity Protection - Identity Protection Services Order Form dated October 16, 2023 (the "Agreement") is by and between InfoArmor, Inc. (known as "Allstate Identity Protection") and Unified School District No. 229 ("Company").

WHEREAS, the parties entered into the Agreement for the purpose of allowing Allstate Identity Protection to offer Company's Eligible Participants the opportunity to enroll in Allstate Identity Protection's Services.

WHEREAS, the parties wish to amend the Agreement as specified in this Amendment.

NOW, THEREFORE, in consideration of the foregoing and the mutual agreements set forth herein, and for other good and valuable consideration, the receipt, adequacy, and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

a. The current Initial Term of the Agreement shall be extended through December 31, 2029. The rates for the Services set forth in the Agreement are guaranteed for such extended Initial Term.

b. Capitalized terms which are used herein without definition and which are defined in the Agreement shall have the same meanings herein as in the Agreement, except as redefined in this Amendment.

c. All the terms and conditions of the Agreement which are not hereby altered, modified, or amended shall remain in full force and effect.

d. This Amendment is ratified, approved, and confirmed in each and every respect. In the event of any conflict or inconsistency between the provisions of the Agreement and this Amendment, the provisions of this Amendment shall control and govern.

e. The Agreement, as amended herein, constitutes the entire agreement concerning the subject matter hereof and supersedes any prior or contemporaneous representations or agreements (whether written or oral) concerning the subject matter hereof.

f. Each party executing this Amendment represents that it has full authority and legal power to do so.

g. This Amendment may be executed in any number of counterparts, each of which will be deemed an original, but all of which taken together shall constitute one single agreement between the parties. Delivery of an executed counterpart of this Amendment by electronic method of transmission is as effective as delivery of an original executed counterpart.

The parties hereto have executed this Amendment as of the last signature date below.

Unified School District No. 229

_____

Name:

Title:

Date:

Attested by:

_____
Clerk, Board of Education
Approved as to Form:

_____
Attorney, Board of Education

InfoArmor, Inc.

_____

Name:

Title:

Date:

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	Human Resources	Requested By:	Dr. Eric Punswick

Purpose: (please explain in detail why we need the items or services requested)

Renewal for 2027 employee paid ARAG Legal Insurance.
Employee paid cost of $18.78 per month for employee and family.
No rate change for 2027.

ARAG Legal Insurance provides a network of attorneys for personal legal matters for employees and covered family members across a variety of needs (family, home, auto, estate planning, elder law, consumer protection, criminal situations, divorce, finance and tax, traffic, and other general personal legal).

Fund:	Employee paid	Account Number:	
Funding Year:	2026/2027	Location(s) items or services are for:	District Wide Benefit
Does this use Bond Funds? (if yes, see below)	No		
☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2		☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3	

Check all that apply to this Purchase:

- ☐ This is a New Contract
- ☑ This is a Renewal Contract
- ☐ This is a Curriculum purchase
- ☐ This can be purchased off of _____ Contract # _____
- ☐ This is a New Bid/RFP
- ☐ This is a Purchase from Bid/RFP # _____
- ☐ This Purchase requires BOE Signatures

Begin Date: **1/1/2027**	End Date: **12/31/2027**
Company: **ARAG LLC**	Street Address: **500 Grand Avenue, Suite 100**
Contact Name: **Hannah Soma**	City: **Des Moines**
Telephone: **(515) 237-0280**	State: **IA**
Email: **hannah.soma@ARAGlegal.com**	Zip Code: **50309**
Cost: **$ 61,974.00 Estimated**	
Prior Year Cost: **$ 51,607.00 Estimated**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** *Dr. Eric Punswick* **Date** **9/30/2026**

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	Human Resources	Requested By:	Dr. Eric Punswick

Purpose: (please explain in detail why we need the items or services requested)

Direct Software License and Service Agreement with Selerix for the Benefits-Selection and complementary software components used to manage Blue Valley Schools' benefits administration. Holmes Murphy, the district's benefits consultant/broker pays Selerix fees.

Fund:	No cost	Account Number:	
Funding Year:	2026/2027	Location(s) items or services are for:	
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract
☑ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **1/1/2027**	End Date: **12/30/2027**
Company: **Holmes Murphy**	Street Address: **2851 Craig Drive, Suite 300**
Contact Name: **Amy Fields**	City: **McKinney**
Telephone: **(214) 856-4218**	State: **TX**
Email: **amy.fields@selerix.com**	Zip Code: **75072**
Cost: **$ 0.00**	
Prior Year Cost: **$ 0.00**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** *Dr. Eric Punswick* **Date** **9/30/2026**

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

selerix

Direct Software License & Service Agreement

This agreement ("Agreement") is made by and between:

Selerix Systems, Inc., a Delaware Corporation, with its principal place of business located at 2851 Craig Drive, Suite 300, McKinney, TX 75072 (hereinafter referred to as "SELERIX")

and

Unified School District No. 229, Johnson County, State of Kansas, a Kansas Local Education Agency, with its principal place of business located at 15020 Metcalf Ave. Overland Park, KS, 66223 (hereinafter referred to as "CLIENTS")

and

Holmes Murphy, LLC, a Kansas City, MO Agency, with its principal place of business located at 1828 Walnut Street, Suite 701, Kansas City, MO 64108 (hereinafter referred to as "HOLMES MURPHY")

as of

1/1/2027 ("Effective Date")

WHEREAS, SELERIX has developed ***Benefits-Selection*** and certain complementary software components detailed and defined as the "Licensed Product" in Exhibit A;

WHEREAS, SELERIX is willing to provide certain services (the "Services") described in this Agreement;

WHEREAS, HOLMES MURPHY is UNIFIED SCHOOL's broker of record (hereinafter "Broker of Record"), meaning that HOLMES MURPHY is noted on the records of SELERIX as being UNIFIED SCHOOL's broker until such time as SELERIX is notified otherwise by either HOLMES MURPHY or UNIFIED SCHOOL or until SELERIX in good faith makes its own determination that HOLMES MURPHY is no longer UNIFIED SCHOOL's broker;

WHEREAS, HOLMES MURPHY wishes to utilize the Licensed Product and these Services for the benefit of UNIFIED SCHOOL and UNIFIED SCHOOL wishes to utilize the Licensed Product and these Services for its own use as defined in this Agreement and both HOLMES MURPHY and UNIFIED SCHOOL are willing to abide by the obligations of this Agreement, including, without limitation, the obligation to pay the fees specified in Exhibit A on the terms and conditions described in this Agreement;

WHEREAS, in the event HOLMES MURPHY is no longer UNIFIED SCHOOL's Broker of Record, UNIFIED SCHOOL desires to continue to use the Licensed Product and the Services and be obligated under this Agreement to, among other things, pay the fees specified in Exhibit A, even though HOLMES MURPHY is no longer UNIFIED SCHOOL's Broker of Record;

WHEREAS, the parties wish to hereinafter refer to HOLMES MURPHY and UNIFIED SCHOOL collectively in this Agreement as the "CLIENTS", and in the event HOLMES MURPHY is no longer UNIFIED SCHOOL's Broker of Record, the parties agree that the term CLIENTS as used in this Agreement shall mean only UNIFIED SCHOOL and that HOLMES MURPHY shall be treated as if it is no longer a party to this Agreement, except with respect to the obligations of this Agreement which expressly service termination of this Agreement;

WHEREAS, SELERIX wishes to provide the Licensed Product and the Services to CLIENTS under the terms and conditions of the Agreement and is willing to abide by the obligations specified in this Agreement; and

WHEREAS, the parties agree that this sentence and all of the foregoing provisions of this Agreement are not mere recitals but are integral terms of this Agreement;

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

NOW THEREFORE, the Parties further agree to the following:

1. CLIENTS Scope of Services

The scope of services included in this Agreement is defined in Exhibit A, which is incorporated herein as part of this Agreement. The scope of services can be amended from time-to-time by mutual agreement between the Parties as evidenced in writing, provided, however, that the expiration of any amendment, irrespective of its effective date, shall be the expiration date of this original Agreement unless otherwise stated.

2. Notification of Changes

SELERIX agrees to notify CLIENTS in writing of any and all changes to its data processing environment that have a significant adverse impact on procedures, performance, or execution of the Services. Such notification will be provided no less than thirty (30) days in advance of the proposed change, so long as SELERIX has foreknowledge of the event.

3. Security

SELERIX agrees to provide electronic and physical security to CLIENTS Confidential Information on a good faith basis consistent with the services described in Exhibit A. CLIENTSCLIENTS acknowledges that (i) these efforts do not constitute a guarantee of electronic or physical security, (ii) inadvertent security breaches may occur, and (iii) third party intrusions may circumvent these security mechanisms.

SELERIX agrees to notify CLIENTS, immediately upon discovery thereof by SELERIX, of any breach of security that caused Confidential Information entrusted to CLIENTS to be divulged to a third party. Confidential Information is defined as CLIENTS names, employees' names, social security numbers, salary, employment, contact information, and confidential answers to questions on applications for insurance. Such notification from SELERIX shall include the following to the extent discovered by SELERIX: a list of people whose information was divulged, the nature of the security breach, and the type of information that was divulged.

4. Confidentiality

(a) Confidential Information. "Confidential Information" means, subject to the exceptions set forth in subsection (c) hereof, any information or data, regardless of whether it is in tangible form, disclosed by any Party to this Agreement (the "Disclosing Party") that the Disclosing Party has either marked as confidential or proprietary, or has identified in writing as confidential or proprietary within thirty (30) days of disclosure to any other Party to this Agreement (the "Receiving Party") or which would be apparent to a reasonable person, familiar with Disclosing Party's business and the industry in which each operates, to be of a confidential or proprietary nature the maintenance of which is important to the Disclosing Party; unless such information is the subject of any of the exceptions set forth in Section 4 (c) hereof.

(b) Use and Disclosure of Confidential Information. The Receiving Party acknowledges that it will have access to the Disclosing Party's Confidential Information. The Receiving Party agrees that it will not (i) use any such Confidential Information in any way, for its own account or the account of any third party, except for the exercise of its rights and performance of its obligations under this Agreement, or (ii) disclose any such Confidential Information to any Party, other than furnishing such Confidential Information to (a) its employees, agents, customers and consultants who are required to have access to the Confidential Information in connection with the exercise of its rights and performance of its obligations under this Agreement and (b) investors, prospective acquirers and professional advisers; provided that such employees, consultants, investors, prospective acquirers and professional advisers are bound by written agreements in accordance with the terms of this Section 4 (b). The Receiving Party agrees that it will not allow any unauthorized person access to Disclosing Party's Confidential Information, and that Receiving Party will take all action reasonably necessary to protect the confidentiality of such Confidential Information, including implementing and enforcing procedures to minimize the possibility of unauthorized

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

use or copying of such Confidential Information. In the event that the Receiving Party is required by law to make any disclosure of any of Disclosing Party's Confidential Information, by subpoena, judicial or administrative order or otherwise, the Receiving Party shall first give written notice of such requirement to the Disclosing Party, and shall permit the Disclosing Party to intervene in any relevant proceedings to protect its interests in the Confidential Information, and provide full cooperation and assistance to the Disclosing Party in seeking to obtain such protection.

(c) Exceptions. Information will not be deemed Confidential Information hereunder if such information: (i) is known to the Receiving Party prior to receipt from the Disclosing Party directly or indirectly from a source other than one having an obligation of confidentiality to the Disclosing Party; (ii) becomes known (independently of disclosure by the Disclosing Party) to the Receiving Party directly or indirectly from a source other than one having an obligation of confidentiality to the Disclosing Party; (iii) becomes publicly known or otherwise ceases to be secret or confidential, except through a breach of this Agreement by the Receiving Party; or (iv) is independently developed by the Receiving Party.

(d) Exception from Confidentiality Provision Regarding Terms of the Agreement. In addition, neither of the Parties to this Agreement will disclose the terms of this Agreement to any other person or entity not a Party to this Agreement without the prior written consent of the other Party to this Agreement, except that a Party to this Agreement may disclose the terms of this Agreement to its accountants, advisors, investors, acquirers and/or potential investors or acquirers and their advisors (collectively, "Representatives"), which Representatives have a "need-to-know" solely for the purpose of evaluating, negotiating or documenting a contemplated investment or acquisition; provided, however, that each such Representative is bound by a written agreement (or in the case of attorneys or other professional advisors, formal ethical duties) requiring such Representative to treat, hold and maintain the terms of this Agreement as Confidential Information in accordance with the terms and conditions of this Section 4 (d).

5. Risk of Loss

CLIENTS shall bear the risk of loss during transmission of its records and data over all communications links and devices not designated as the responsibility of SELERIX in Exhibit A.

6. Term

This Agreement shall commence on the Effective Date and shall continue in effect for one (1) year (the "Initial Term"). Upon expiration of the Initial Term and on each annual anniversary thereafter, this Agreement shall automatically renew for an additional one-year period(s) ("Renewal Term") unless terminated earlier by either Party or unless either Party provides written notice of non-renewal within sixty (60) days prior to the expiration of the then current term.

7. Termination For Cause

This Agreement may be terminated for cause, as follows:

(a) If either Party breaches any material term or condition of this Agreement, except for CLIENTS obligation to pay fees, and fails either to substantially cure such breach within thirty (30) days after receiving written notice specifying the breach or, for those breaches which cannot reasonably be cured within thirty (30) days, promptly commences curing such breach and thereafter proceeds with all due diligence to substantially cure such breach, then the Party not in breach may, by giving written notice to the breaching Party, terminate this Agreement as of a date specified in such notice of termination. All of the obligations of the Parties contained in this Agreement, except for CLIENTS obligation to pay fees, shall be deemed to have been performed in an acceptable manner unless the Party not in breach provides the breaching Party with written notice as stated above within sixty (60) days of the event giving rise to the breach; provided the Party not in breach, knows or should have known about such breach.

(b) If CLIENTS fails to pay when due any amounts owed hereunder within thirty (30) days of receiving written notice thereof, SELERIX may, by giving written notice thereof to CLIENTS, terminate this Agreement as of a date specified in such notice of termination.

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

(c) In the event that either Party hereto becomes or is declared insolvent or bankrupt, is the subject of any proceedings related to its liquidation, insolvency or for the appointment of a receiver or similar officer for it, makes an assignment for the benefit of all or substantially all of its creditors, or enters into an agreement for the composition, extension or readjustment of all or substantially all of its obligations, then the other Party hereto may, by giving written notice thereof to such Party, terminate this Agreement as of the date specified in such notice of termination.

(d) Upon the termination of the Agreement for any reason, all rights granted to CLIENTS under this Agreement will cease, and CLIENTS will promptly pay to SELERIX all fees due up to the termination date pursuant to this Agreement.

8. Termination Assistance

Upon expiration or earlier termination of this Agreement by either Party for any reason, and provided that CLIENTS has paid SELERIX any and all fees and expenses due hereunder as of the date of termination or expiration, SELERIX will provide CLIENTS reasonable termination assistance for up to sixty (60) days relating to the transition to another vendor.

9. Payment Terms

CLIENTS agrees to pay SELERIX for the Licensed Product and the Services according to the rates and schedule described in Exhibit A.

SELERIX will invoice CLIENTS monthly for the License Fees as outlined in Exhibit A. Any fees due for SELERIX's assistance with CLIENTS implementation will be invoiced during the case setup as outlined in Exhibit A. All fees will be invoiced and are due within thirty (30) days of the date of the invoice.

Any amount not paid when due shall thereafter bear interest until paid at a rate equal to the lesser of one and one half percent (1½%) per month or the maximum rate allowed by applicable law.

10. Limited Warranty and Service Level Agreement

SELERIX warrants all services under this Agreement will be performed in accordance with generally accepted industry standards by personnel or agents that are qualified to perform the services. SELERIX warrants that it will use its commercially reasonable efforts to minimize "Downtime" (the inability of CLIENTS to utilize Services because of a failure by SELERIX or a third party engaged by SELERIX).

(a) SELERIX will use its commercially reasonable efforts to avoid Downtime for 99.9% of the hours (i) during the term of this Agreement as an average calculated over each calendar year and (ii) during CLIENTS open enrollment period. If Downtime occurs for more than four (4) continuous hours, then SELERIX will credit CLIENTS account with the pro-rata License Fees (as set forth in Exhibit A) for the continuous duration of such Downtime.

(b) CLIENTS must notify SELERIX in writing within three (3) business days from the time CLIENTS becomes eligible to receive a credit under this Section to receive such credit. Failure to comply with this requirement will forfeit CLIENTS right to receive a credit.

(c) SELERIX does not and cannot control the flow of data to or from the Internet. Such flow depends in large part on the performance of Internet services provided or controlled by third parties. At times, actions or inactions caused by these third parties can produce situations in which CLIENTS connection to the Internet (or portions thereof) may be impaired or disrupted. Although SELERIX will use commercially reasonable efforts to remedy and avoid such events, SELERIX cannot guarantee that they will not occur. Accordingly, SELERIX disclaims any and all liability resulting from or related to such events.

(d) SELERIX warrants that it has all requisite corporate power, financial capacity, and authority to execute, deliver, and perform its obligations under this Agreement.

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

(e) SELERIX guarantees that the calculations and filing of reports within the ACA module to the various taxing authorities are accurate and correct and presuming all employment (hiring, termination, hours, plan offerings, etc.) and CLIENTS company data (EIN, employee count, etc.) is accurately reported to SELERIX and maintained during the complete applicable filing year; SELERIX shall support CLIENTS upon any penalty notice and in the event, CLIENTS is ultimately responsible for a fine which was caused by a calculation or filing process error, SELERIX shall pay the fine on behalf of CLIENTS.

(f) NO OTHER WARRANTY. Except for the express warranty set out above in this section, the Services are provided on an “As Is” basis, and CLIENTS use of the Services is at its own risk. SELERIX does not make, and hereby disclaims, any and all other express or implied warranties, including, but not limited to, warranties of merchantability, fitness for a particular purpose, non-infringement and title, and any warranties arising from a course of dealing, usage, or trade practice. SELERIX does not warrant that the services will be uninterrupted, error-free, or completely secure.

11. Limitation of Liability

Under no circumstances will SELERIX or its related persons be liable to CLIENTS for any consequential, indirect, special, punitive, or incidental damages or lost profits, whether foreseeable or unforeseeable, whether or not arising out of breach or failure of express or implied warranty, breach of contract, misrepresentation, negligence, strict liability in tort or otherwise, based on CLIENTS claims including, but not limited to claims for:

- use of the Services,
- interruption in use or availability of data,
- loss of goodwill,
- use of third party software,
- accuracy or interpretation of resulting reports,
- stoppage of other work, or
- impairment of other assets

IN NO EVENT WILL THE AGGREGATE LIABILITY WHICH SELERIX INCURS IN ANY ACTION OR PROCEEDING EXCEED THE AMOUNT ACTUALLY PAID BY CLIENTS TO SELERIX UNDER THIS AGREEMENT DURING THE YEAR ENDING ON THE DATE ON WHICH THE EVENT FORMING THE BASIS OF THE ACTION OR PROCEEDING FIRST OCCURED.

12. Indemnification

CLIENTS SHALL HOLD HARMLESS SELERIX AND THE LICENSORS OF ANY OF THE LICENSED PRODUCT (DEFINED IN EXHIBIT A) OR ANY OTHER PRODUCT USED BY SELERIX IN PERFORMANCE OF THE SERVICES FROM AND AGAINST ANY LIABILITY, CLAIMS, ACTIONS, DAMAGES OR LOSSES, FOR INJURY, INCLUDING DEATH, TO ANY PERSON OR DAMAGE TO ANY PROPERTY OR PROPERTY RIGHT ARISING OUT OF CLIENTS USE OF THE LICENSED PRODUCT AND THE SERVICES EVEN IF SUCH LIABILITY, CLAIMS, ACTIONS, DAMAGES OR LOSSES ARE SOLELY CAUSED OR PARTIALLY CAUSED BY THE NEGLIGENCE OF SELERIX OR OF ANY LICENSORS OF ANY OF THE LICENSED PRODUCT OR ANY OTHER PRODUCT USED BY SELERIX IN PERFORMANCE OF THE SERVICES. SUCH OBLIGATIONS SHALL NOT BE LIMITED IN ANY WAY BY ANY LIMITATION ON THE AMOUNT OR TYPE OF DAMAGES, COMPENSATION OR BENEFIT PAYABLE BY OR FOR EITHER PARTY UNDER WORKER'S COMPENSATION, DISABILITY BENEFITS, OR OTHER EMPLOYEE ENTITLEMENT.

SELERIX shall indemnify and defend CLIENTS for any actions alleging that SELERIX has violated any copyrights, trademarks, patents, intellectual property rights, or other agreements by entering into this Agreement with CLIENTS.

13. Force Majeure

Neither Party will be liable for any failure or delay in performing an obligation under this Agreement that is due to causes beyond its reasonable control, including, but not limited to, fire, explosion, epidemics, earthquake, lightning, failures or fluctuations in electrical power or telecommunications equipment,

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

accidents, floods, acts of God, the elements, terrorism, war, civil disturbances, acts of civil or military authorities or the public enemy, fuel or energy shortages, acts or omissions of any common carrier, strikes, labor disputes, regulatory restrictions, restraining orders or decrees of any court, changes in law or regulation or other acts of governmental, transportation stoppages or slowdowns or the inability to procure parts or materials. These causes will not excuse CLIENTS from paying accrued amounts due to SELERIX through any available lawful means acceptable to SELERIX.

14. Assignment

Neither Party may assign, delegate or otherwise transfer this Agreement or any of its rights or obligations hereunder without the other Party's prior written approval. Any attempt to do so without such approval will be void.

Notwithstanding the foregoing, either Party may assign this Agreement to a related or unrelated entity in connection with a transfer of all, or substantially all, of its stock or assets to a third party and the Parties hereto hereby consent to any such assignment.

This Agreement will bind each Party's successors-in-interest.

15. Relationship

In performing hereunder, both Parties are acting as independent contractors and neither Party undertakes to perform any obligation of the other, whether regulatory or contractual, or to assume any responsibility for the other's business or operations. CLIENTS understands and agrees that SELERIX may perform for or provide to third parties services similar to the Services. Nothing in this Agreement shall be deemed to constitute a partnership or joint venture between SELERIX and CLIENTS. Neither Party shall hold itself out as having any authority to enter into any contract or create any obligation or liability on behalf of or binding upon the other Party.

16. Notices

Any notice or approval required or permitted under this Agreement will be in writing and will be sent by fax, courier, or mail, postage prepaid, to the address specified below or to any other address that may be designated by prior written notice. Any notice or approval delivered by fax (with answer back) will be deemed to have been received the day it is sent. Any notice or approval sent by courier will be deemed received one (1) day after its date of posting. Any notice or approval sent by mail will be deemed to have been received on the fifth (5th) business day after its date of posting.

If to UNIFIED SCHOOL :	Unified School District No. 229, Johnson County, State of Kansas 15020 Metcalf Ave. Overland Park, KS, 66223 Attn: Legal Compliance
If to HOLMES MURPHY:	Holmes Murphy, LLC 1828 Walnut St. Suite 701 Kansas City, MO 64108 Attn: Jeff Spencer
If to SELERIX:	Selerix Systems, Inc. 2851 Craig Drive, Suite 300 McKinney, TX 75072 Attn: Legal Compliance

17. Ownership of Data and Records

It is understood and agreed that CLIENTS is the owner of all records and data created, maintained, or stored in the course of the performance of the Services under this Agreement. SELERIX agrees that it will

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

not copy, modify access, disclose, or otherwise take any other action with respect to such records and data except to fulfill its obligations under this Agreement, to comply with CLIENTS instructions, or in response to legal or governmental requirements.

CLIENTS is solely responsible for the accuracy and integrity of data stored in the system. CLIENTS is solely responsible for data input and maintenance of employee and benefit plan information.

18. Amendments

Any waiver, amendment or modification of this Agreement will not be effective unless executed in writing and signed by both Parties.

19. Governing Law

This Agreement will be governed by and interpreted in accordance with the laws of the State of Texas, U.S.A., to the exclusion of its conflict of laws provisions. If any provision of this Agreement is held to be unenforceable, in whole or in part, such holding will not affect the validity of the other provisions of this Agreement, unless either Party in good faith deems the unenforceable provision to be essential, in which case such Party may terminate this Agreement effective immediately upon notice to the other Party.

Venue for any dispute resolution proceeding shall be in Collin County, Texas or, if applicable, the state and federal courts covering the geographic area or district in which Collin County, Texas is located.

20. Arbitration

Any controversy or claim arising out of or relating to this Agreement, or the existence, validity, breach or termination thereof, whether during or after its term, will be finally settled by compulsory arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association (AAA),[1] as modified or supplemented under this section.

To initiate arbitration either Party will file the appropriate document at the Regional Office of the AAA in Dallas, Texas. The arbitration proceeding will take place in McKinney, Texas. The Parties will agree in good faith on a sole arbitrator. If the Parties are unable to agree on an arbitrator, the arbitration panel will consist of three arbitrators; one arbitrator appointed by each Party and a third arbitrator appointed by the two arbitrators designated by the Parties. Any communication between a Party and any arbitrator will be directed to the AAA for transmittal to the arbitrator. The Parties agree the arbitrators will be empowered to grant injunctive relief at the request of either Party. The Parties agree that the arbitrators shall have no power or authority to make any award that provides for punitive or exemplary damages. The arbitral award will be the exclusive remedy for the Parties for all claims, counterclaims, issues, or accountings presented or plead to the arbitrators. The award will (i) be granted and paid in U.S. dollars exclusive of any tax, deduction or offset and (ii) include interest from the date the award is rendered until it is fully paid. Judgment upon the arbitral award may be entered in any court that has jurisdiction thereof. Any additional costs, fees or expenses incurred in enforcing the arbitral award will be charged against the Party that resists its enforcement.

21. Non-Solicitation

Both Parties agree that neither Party will directly or indirectly, solicit or hire any persons employed by the other Party during the term of or within one year after the termination or expiration of this Agreement without the written consent of the other Party.

22. Entire Agreement

This Agreement, together with the Exhibits and attachments hereto which are hereby incorporated into this Agreement, constitutes the complete and entire statement of all conditions and representations of the Agreement between SELERIX and CLIENTS with respect to its subject matter and supersedes all prior writings or understandings.

[1] See http://www.adr.org for more information about the American Arbitration Association.

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

23. Survival

Notwithstanding any other provisions of this Agreement to the contrary, Sections 4, 8, 10 (warranty provisions only), 11, 12, 16, 17, 19, 20 and 21 shall survive the termination of this Agreement.

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

In witness whereof, the Parties hereto have caused this Agreement to be executed by the duly authorized representatives as of the Effective Date:

Unified School District No. 229, Johnson County, State of Kansas

Signed: _____

Print Name:

Title:

Selerix Systems, Inc.

Signed: DocuSigned by: Chris McCoy 2320D505CCE44F7... _____

Print Name: Chris McCoy

Title: CFO

Attested by:

Signed: _____

Print Name:

Title: Clerk, Board of Education

Approved as to Form:

Signed: _____

Print Name:

Title: Attorney, Board of Education

Holmes Murphy, LLC:

Signed: _____

Print Name: Jeff Spencer

Title: Sr. Vice President

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

Exhibit A: Scope of Services

This Exhibit A – Scope of Services shall be incorporated into and governed by the terms of that certain Client Software License & Service Agreement by and between ("SELERIX") and ("CLIENTS") dated 1/1/2027 as amended (the "Agreement"). Unless expressly provided for in this Exhibit A, in the event of a conflict between the provisions contained in the Agreement and those contained in this Exhibit A, the provisions contained in the Agreement shall prevail.

CLIENTS plans to utilize the Licensed Product for its employees' open enrollment and on a year-round basis to assist with employee benefit enrollment and maintenance. CLIENTS plans to provide access to benefit administrators, employees, carriers, affiliated agents, and professional enrollers designated by CLIENTS who act as agents in conducting employee benefit enrollments.

1. Licensed Product

Licensed Product means Benefits-Selection, a software system consisting of the following components:

- ETIAdminSite – a collection of dynamic-link libraries, compiled ASP pages, style sheets, images, and other digital assets comprising the administrative website of Benefits-Selection.
- ETIEnrollmentSite – a collection of dynamic-link libraries, compiled ASP pages, style sheets, images, and other digital assets comprising the enrollment website of Benefits-Selection.
- Report Scheduler – a stand-alone program that executes scheduled report requests, creates reports, notifies recipients, encrypts files, and transfers files to recipient's servers.
- InitialUpload – a stand-alone program that processes census files and updates the database.
- BSTLaptop.mdb – a Microsoft SQL Server database shared by the software components listed above.

Licensed Product also includes the following associated documentation:

- Case Setup Guide – user reference manual describing how to set up groups on the software
- Administrator Guide – user reference manual describing how to administer benefit enrollment information and utilize reports.

The Licensed Product provides the following capabilities:

- Wide range of plans. Quickly set up all types of benefit plans, including Medical, Dental, Vision, Group Life, Voluntary and Dependent Life, Flexible Spending Accounts, Flex and Opt Out Credit Plans, AD&D, Disability Income, Critical Illness, Term Life, and Universal Life.
- Integrated Presentations. Present attractive, colorful presentations for each benefit plan. Customize presentations for specific eligibility groups.
- Eligibility Rules. Set up specific eligibility rules, partitioning by location, job class, bargaining group, or dependencies between plans.
- Custom Forms. Automatically fill out carrier, employer, or broker forms. Verify form signatures (using PIN or digitized signature) to prevent repudiation.
- Quick Enroll – present side-by-side comparison between last year's and current year's benefits.
- Scheduled Reporting. Automatically deliver (via secure e-mail) high-quality reports to stakeholders at regular intervals.
- Rules-based Wrap-up. Apply default rules for employees who don't participate in the enrollment.
- Customized Data Feeds. Deliver enrollment and census information to carriers and employers using custom or industry-standard data formats.
- Year-round Enrollment. Process benefit changes from life events and process new-hire enrollments.
- ANSI 834 Extract
- LDEx BEM and LDEx EOIS standards

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

- General-purpose Universal Life / Critical Illness engines
- Custom Benefit Statements
- Custom Payer Extract
- Custom Import
- Self-extracting Form Transmittal
- Flex Credit and Retirement Savings engines
- Access to library of non-proprietary templates used for data feeds.

2. Grant of License

Subject to payment of the License Fees described herein, SELERIX grants to CLIENTS, and CLIENTS accepts, a non-transferable, non-exclusive, limited license to use the Licensed Product within North America, solely for the purpose of communicating and enrolling employee benefit products for CLIENTS during the term of the Agreement.

CLIENTS may utilize the Licensed Product for the enrollment of CLIENTS core and voluntary employee benefits. This Agreement does not permit CLIENTS to market the Licensed Product on a fee-for-service basis.

CLIENTS shall not, except as expressly permitted in this Agreement: (i) use or duplicate the Licensed Product for any purpose other than as expressly permitted under this Agreement; (ii) assign, sub-license, lease, encumber, or otherwise transfer or attempt to transfer the Licensed Product or any portion thereof to any third party; (iii) permit any unauthorized party to use or access all or any portion of the Licensed Product, whether by network or otherwise; (iv) permit reverse engineering, disassembly, translation, modification, or decompilation of the Software; (v) remove any copyright, trademark, patent, or other proprietary notices from the Licensed Product or any portion thereof; (vi) use any of the Licensed Product in violation of any applicable law, in order to build a competing product or service or for any purpose not specifically permitted in this Agreement; (vii) introduce or upload any harmful code or malware into any portion of the Licensed Product.

CLIENTS shall not acquire any right or interest in the Licensed Product, or any derivative of the Licensed Product, other than expressly specified in this Agreement.

3. ACA Reporting Module

A. Purposes. CLIENTS will utilize the ACA Reporting Module for the following purposes (the "Purposes"):

1) Production of IRS Forms 1094C and 1095C (collectively, the "IRS Forms") for CLIENTS's individual employees and employer level filings when the appropriate data is managed and uploaded by CLIENTS.

2) Transmittal of the CLIENTS's IRS Forms in the required XML format through the IRS AIR transmittal system.

3) Facilitation of CLIENTS's tracking of medical eligibility as defined by CLIENTS. This requires the CLIENTS to either upload its employees' hours worked into the Licensed Product's system or to provide such data to SELERIX in the file format prescribed by SELERIX so that SELERIX can upload such data into the Licensed Product's system.

B. **ACA Reporting Module Services**. The ACA Reporting Module will provide the following tracking and reporting capabilities to CLIENTS:

1) IRS Forms Generation

SELERIX Responsibilities:

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

(1) Configure ACA Reporting Module and Licensed Product to generate 1094-C and 1095-C forms based on group and benefits information supplied by the CLIENTS.

(2) Facilitate CLIENTS's ongoing upload by CLIENTS of census files containing employee-specific data.

(3) Train CLIENTS's designated personnel in using the ACA Reporting Module to generate ACA reports and track eligibility. Such training provided to CLIENTS will not constitute legal, financial or consulting advice or direction surrounding ACA rules and regulations. Likewise, communication to CLIENTS's employees or among CLIENTS's employees is not a responsibility SELERIX is obligated to fulfill as part of this Agreement.

(4) Utilize CLIENTS-provided employer and employee data to complete the IRS Form 1095-C and 1094-C forms. The forms will be in a format suitable for the CLIENTS to review, amend, print or distribute electronically (i.e. PDF format).

CLIENTS Responsibilities:

(1) Provide SELERIX with the necessary organizational, medical plan and job class structure and data, and benefit rules and policies to support ACA compliance.

(2) Regularly upload employee census data including eligibility events prompting plan and/or coverage changes; this process includes regular Qualified Life Events. This information provides the basis for employee tracking and compliance reporting.

(3) Communicate to its employees the terms and timing required for employee enrollment into eligible medical plan. This effort must be synchronized by CLIENTS with the census upload information.

(4) Review SELERIX's system-generated reports throughout the calendar year to ensure completeness, accuracy and compliance. CLIENTS is responsible for validating the 1095-C and 1094-C form output to ensure data alignment.

(5) CLIENTS represents that its employees using the Licensed Product have sufficient training to use the Licensed Product to its functionality. Further, CLIENTS represents its employees will continue their training by attending webinars offered by SELERIX to assist such employees in becoming proficient in utilizing the ACA functionality in the ACA Reporting Module.

2) IRS Electronic Forms Transmittal Services

SELERIX responsibilities:

(1) SELERIX will electronically submit the CLIENTS's IRS Forms via the IRS AIR system on CLIENTS's behalf after CLIENTS has reviewed and approved CLIENTS's IRS Forms. Upon IRS acceptance of the CLIENTS's IRS filing SELERIX will advise the CLIENTS of acceptance and provide transmission receipt records. If the IRS rejects the CLIENTS's IRS filing, SELERIX will advise the CLIENTS of such so that CLIENTS may resolve the issue. When SELERIX is notified by CLIENTS that the issue is resolved, SELERIX will resubmit the revised IRS Forms based on the corrected data.

(2) SELERIX warrants that if CLIENTS's data uploaded in the Licensed Product is accurate and affirmatively approved by CLIENTS, then the IRS Forms will be sufficiently accurate for CLIENTS to comply with ACA requirements. SELERIX does not undertake any obligation to determine whether or not CLIENTS's data is accurate or complete.

CLIENTS responsibilities:

(1) CLIENTS is solely responsible for the accuracy and integrity of data stored in the Licensed Product from which the IRS Forms are based. CLIENTS is responsible for all data input and maintenance of CLIENTS's employee and benefit plan information. CLIENTS is solely responsible for CLIENTS's compliance with the ACA law, rules and regulations.

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

(2) CLIENTS shall thoroughly review the draft IRS Forms. Once CLIENTS determines the IRS Forms are accurate and complete, CLIENTS shall notify SELERIX of the same and instruct SELERIX to electronically file with the IRS. If the IRS rejects the CLIENTS's IRS Forms filing, CLIENTS will work to identify and resolve the issue with CLIENTS's data causing the IRS Forms to be rejected. CLIENTS will provide written notification to SELERIX that the issue has been corrected and to refile the IRS Forms.

(3) CLIENTS shall bear the risk of loss during any transmission of CLIENTS's records and data over all communications links and devices.

3) Lookback Monitoring

SELERIX Responsibilities:

(1) SELERIX will provide a standard template (Pay History) that outlines the hourly data required to drive the ACA Reporting Module. Based on the data provided by CLIENTS, SELERIX will provide a "Lookback Report" based on CLIENTS-defined report parameters and CLIENTS's requested schedule.

(2) SELERIX's ACA Lookback Reports are system-generated reports that identify employees who may be eligible for a medical coverage offer based on the employee's average hours worked during the CLIENTS defined "measurement" and "stability" periods.

CLIENTS Responsibilities:

(1) CLIENTS is responsible for uploading Pay History data which includes employee hours worked and compensation subject to CLIENTS's designated schedule.

(2) CLIENTS is responsible for review of Lookback Reports indicating each employee who may gain or lose medical eligibility based on the employee's hours worked. CLIENTS is responsible for reclassifying these employee records based on CLIENTS's knowledge of all applicable facts and circumstances.

4. Setup

Selerix will configure the Licensed Product for CLIENTS at the fees set forth below in Section 10, Configuration can include any of the following; preparation of plan presentations, setting up benefit plans, establishing eligibility and enrollment rules, entering rates, and loading the census.

5. Service Level Agreement

SELERIX shall, at all times, use commercially reasonable efforts to ensure that the following minimum service level requirements (SLRs) are satisfied.

Minimal Downtime - Except for scheduled maintenance, the Services should be accessible for 99.9% of the hours as an average calculated over each calendar year.

Response Time - Searching an individual employee record should require an average of less than three (3) seconds per request, averaged over 100 requests.

Simultaneous Connections – SELERIX's Servers ("the Servers") must accommodate a minimum of 100 simultaneous synchronization sessions without significant degradation in performance.

SELERIX shall use commercially reasonable efforts to ensure the continuous operation of the Servers, including:

Fault-tolerant Servers - SELERIX shall take steps to minimize single points of failure in the deployment of the Servers, including the use of computers that are resistant to failure (fault-tolerant) and/or redundant equipment that can take over when another piece of equipment fails.

24/7 Access - Hosting facility utilized by SELERIX shall have technical staff on-site to perform basic "hands on" service and network maintenance on a 24/7 basis. SELERIX shall have the ability to access the Servers on-site on a 24/7 basis.

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

Monitoring - SELERIX agrees to provide continuous automated monitoring of system availability for the purpose of notifying SELERIX personnel of current or potential interruptions in service. At minimum, such monitoring shall include:

- Web server operation
- Database operation
- Disk space utilization
- Memory utilization
- Network transmission efficiency (packet loss)

6. Security

During the term of the Agreement, SELERIX will apply within a reasonable period of time applicable security fixes to the Servers. SELERIX shall act promptly to cure any known potential security breach.

SELERIX shall maintain the Servers at a physically secure facility with the following minimum requirements:

- 24-hr. on-site security
- Backup power source
- Climate-controlled environment
- Fire suppression
- Locked cabinets
- Servers physically separated from other co-location customers' equipment

SELERIX shall use commercially reasonable means, including the use of firewalls and secure communication protocols, to regulate access to the Servers and prevent unauthorized access to the Servers.

SELERIX shall employ commercially reasonable systems to detect unauthorized attempts to access the Servers. SELERIX shall maintain appropriate logs of intrusion attempts. SELERIX shall employ systems to intercept unauthorized access attempts and automatically isolate affected equipment from other Servers when evidence of unauthorized access is detected.

In the event of any breach of security that caused sensitive personal information entrusted to CLIENTS to be divulged to a third party, whether or not the information meets the definition of Protected Personal Information, as defined in the HIPAA Addendum, SELERIX shall, as soon as reasonably possible, notify CLIENTS. Sensitive personal information includes social security numbers, salary, employment, and contact information, and confidential answers to questions on applications for insurance. Such notification from SELERIX shall include a list of people whose information has been divulged, the nature of the security breach, and the type of information that was divulged.

7. Backups

SELERIX will take commercially reasonable steps to backup CLIENTS data stored on the Servers (hereinafter "Client Data").

Full Backups - SELERIX will create a complete backup ("Full Backup") of the Client Data on a weekly basis. Such Full Backups will include a copy of all Client Data records, regardless of whether they have changed.

Daily Backups - SELERIX will perform an incremental backup of the Client Data on a daily basis (the "Daily Backup"). The Daily Backup will contain a copy of any Client Data that changed since the last Daily Backup.

Off-site storage - SELERIX will transfer a copy of each Full Backup and each Daily Backup to a server in a physically separate location.

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

Backup Encryption - SELERIX will encrypt, using a suitably secure encryption algorithm and encryption key, each Daily Backup or Full Backup before transfer to the off-site server. A separate encryption key shall be used for each Managed Site.

Backup Retention - SELERIX will retain, at minimum, on a physically separate device copies of the most recent four (4) Full Backups and the most recent fourteen (14) Daily Backups. SELERIX shall not be obligated to retain any other backups or archival copies of Client Data.

8. Support

A. Client Support

SELERIX will provide up to 8 hours of prepaid Client Support per month for CLIENTS. Client Support is defined as support CLIENTS needs to assist it in utilizing the Licensed Product, but Client Support does not include the technical support described below. Additional Client Support hours for CLIENTS will be billed to CLIENTS at the rate of $150/hour.

B. Technical Support

SELERIX will provide technical support as required to fix technical problems with the Licensed Product as described below. SELERIX reserves the right to determine the manner in which problems are resolved. Technical problems are defined as follows:

- “Severity 1 Problem” means a system outage that causes work stoppage or interruption in service for which there is no workaround
- “Severity 2 Problem” is a serious issue that has a workaround and doesn’t impede general business
- “Severity 3 Problem” is a defect that poses an inconvenience to the user but does not prevent the user from completing critical tasks in the system.
- “Severity 4 Problem” means a minor defect or suggestion for improvements for which customer use of the system is not seriously impaired.

With the exception of Severity 1 problems, support is to be provided by SELERIX during normal business hours, which are defined as 8 a.m. to 6 p.m. Central Time, Monday through Friday.

Further, the Parties agree that in some cases a resolution may not be possible, in such a cases SELERIX agrees to use commercially reasonable efforts to provide a work around in as expeditious manner as reasonable.

9. Training

SELERIX will provide up to 8 hours of web based for training for CLIENTS administrative users. The training classes are offered between the months of February through August. Additional web-based training is also available at $100 per hour. All such training is subject to availability and pricing may change following the Initial Term of this Agreement.

10. Schedule of Fees

Fees are divided into three parts, including A) annual setup fee, B) monthly software fee and C) monthly professional service fees, all three fees are required, due and payable upon invoice as described below.

Further, additional fees may be applicable for ACA reporting as there may be additional fees associated with employee turnover and filling of forms at year end, see sections D, E, and F below for specifics.

All fees are explained below and are applicable for the Initial Term.

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

A. Professional Services - Case Set-up Fees

Setup fees are invoiced based on the complexity of the case and are due prior to case going live, e.g. open enrollment or when testing is complete and the case is live in production for employer/employee use. A setup fee is charged initially when the case is built for the first time and then annually in conjunction with annual open enrollment.

The Annual Setup Fee is $2,000.

B. Software as a Service (SaaS) – License Fees

SaaS License fees are computed on a per-employee per-month (PEPM) basis. The total monthly SaaS License Fee is calculated by taking the number of lives in the group, multiplying the PEPM fee by the number of lives. Note the number of lives shall be calculated following Open Enrollment and shall be used each month until the next Open Enrollment is completed. In order to allow for consistent monthly invoices, no increase or decrease in lives will be applied in between Open Enrollment cycles. The initial estimate of the number of lives is 4,001, but shall be adjusted to the actual number of lives following Open Enrollment. Note for any material changes, e.g. acquisition or divestiture of subsidiaries, a new number of lives may be calculated.

For the Initial Term the Monthly SaaS License Fee shall be $2.25 PEPM or a minimum of $1,375 per month whichever is greater.

C. Professional Services - Support Fees

Fees for the Client Support and Technical Support are computed on a per-employee per-month (PEPM) basis. The total monthly Support Fee is calculated by taking the number of lives in the group, multiplying the PEPM fee by the number of lives. Note the number of lives shall be calculated following Open Enrollment and shall be used each month until the next Open Enrollment is completed. In order to allow for consistent monthly invoices, no increase or decrease in lives will be applied in between Open Enrollment cycles. The initial estimate of the number of lives is 4,001, but shall be adjusted to the actual number of lives following Open Enrollment. Note for any material changes, e.g. acquisition or divestiture of subsidiaries, a new number of lives may be calculated.

For the Initial Term the Monthly Support Fees shall be $0.25 PEPM or a minimum of $875 per month whichever is greater.

D. Professional Services – ACA Reconciliation

Included in your PEPM Fees above are ACA services (one filling per annual term). However as the employee count for ACA filling is based on ALL eligible employees whether they worked a day or a full year there are usually cases, especially in high turnover businesses where the number of filings required exceeds the number of employees billed throughout the year. To allow for this SELERIX will invoice in the first quarter of the next year an ACA Reconciliation Invoice which is calculated by taking the number of ACA filings minus the average number of employees billed each month under the PEPM fees multiplied by $6.00.

For example; if you had 4,001 employees on average throughout the year and you were invoiced 4,001 X $2.25 X 12 months for SaaS License Fees = $108027 plus 4,001 X $1.25 X 12 months for Professional Services Fees = $60015; however at year end, you were required, due to employee turnover, to file for 4301 employees for ACA, we would invoice an additional 4301 minus 4,001 = 300 X $6.00 or $1,800.

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

E. Professional Services – ACA Multiple EIN Filing Charge

Included in your Fees above is the first electronic ACA filing fee, e.g. for one EIN. Additional EIN will be charged separately as follows:

- 2nd – 5th EINS; $500 per EIN
- Over 5 EINS; $100 per EIN

Additionally and as applicable, state-level fillings shall be billed at the following rates:

- California - $250 per EIN
- Other State Filings - $500 per EIN (per State/Per EIN)

If for any CLIENTS driven reason (e.g. additional nondisclosed employees, retirees and/or COBRA recipients, etc.) additional filings are required; there will be an additional $500 fee per EIN.

F. Optional Professional Services – ACA Forms Fulfillment

The Forms Fulfillment Fee is based on the number of packets delivered to the USPS. The per package fee for the initial distributions is $1.50 if requested prior to December 1st; if a package needs to be sent a second time for any reason, the per package fee is $2.00. For requests received after December 1st, they are handled on an as available basis and cannot be guaranteed, further they would be subject to an additional $0.50 per package or $2.00 and $2.50 for a second package if the request can be fulfilled.

G. Sales Tax

All such rates and fees listed above shall be plus applicable sales tax. Sales tax, as applicable, shall be calculated upon current rates for the applicable area and charged in addition to the rates and fees listed above. If CLIENTS is either tax exempt or classified as a reseller; please provide SELERIX the applicable documentation. Until such time that acceptable documentation is provided CLIENTS shall be responsible and agrees to pay all applicable sales tax.

H. Fee Adjust

SELERIX will guarantee the Schedule of Fees contained herein Section 10 for the Initial Term of this Agreement. Following the Initial Term all PEPM associated fees or minimum fees shall increase by up to five percent (5%) at each and every Renewal Term. Any other price increase (Annual Setup or ACA fees) after the Initial Term requires 60 days' notice to CLIENTS and may be instituted at any time during any Renewal Term, however such increase(s) shall be limited to no more than one during any Renewal Term.

11. Billing

SELERIX will provide an itemized invoice to CLIENTS on or about the first of each month (i) for the number of employee lives that are enrolled in at least one plan offered on the system based on Section 10 above (ii) for case setup work that may have been requested by CLIENTS.

SELERIX will be responsible for paying any federal income taxes that accrue as a result of this Agreement. In the event that the License Fees are deemed to be subject to any sales or use tax, said tax will be charged to CLIENTS and CLIENTS agrees to pay the tax.

12. Copyright

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

THE LICENSED PRODUCT IS THE COPYRIGHTED WORK OF SELERIX OR ITS SUPPLIERS AND IS PROTECTED BY THE COPYRIGHT LAWS OF THE UNITED STATES AND INTERNATIONAL TREATY PROVISIONS. THE LICENSED PRODUCT IS ONLY LICENSED TO CLIENTS AND IS NOT SOLD TO CLIENTS. CLIENTS is prohibited from selling, loaning, renting, leasing, sublicensing, transmitting, distributing, redistributing, or otherwise transferring or assigning any part of the Licensed Product to any third party at any time whether with or without consideration. Without limiting the generality of the foregoing, any transmittal or transfer of the Licensed Product on the Internet or by other electronic means is prohibited. ANY REPRODUCTION OR DISTRIBUTION OF THE LICENSED PRODUCT, OR TRANSFER OF THIS LICENSE NOT IN ACCORDANCE WITH THE EXPRESS TERMS OF THIS AGREEMENT IS PROHIBITED AND MAY SUBJECT YOU TO CIVIL AND CRIMINAL PENALTIES. ANY ACTUAL OR ATTEMPTED SALE, LOAN, RENTAL, LEASE, SUBLICENSE, TRANSMISSION, DISTRIBUTION OR REDISTRIBUTION OR OTHER TRANSFER OR ASSIGNMENT OF THE LICENSED PRODUCT OR THIS LICENSE, IN WHOLE OR IN PART, IN ANY MEDIA OR BY ANY METHOD, SHALL IMMEDIATELY AND IRREVOCABLY TERMINATE THIS LICENSE FOR ALL PURPOSES NOTWITHSTANDING ANYTHING TO THE CONTRARY HEREIN. CLIENTS acknowledges and agrees that the Licensed Product and all permitted copies are SELERIX's exclusive property and a valuable trade secret of SELERIX. CLIENTS may not disclose or make available to third parties the Licensed Product or any portion thereof without SELERIX's prior written approval. SELERIX reserves title to, ownership of, and all proprietary rights to the Licensed Product, as well as any related work product and major or minor releases of the Licensed Product, if any. CLIENTS shall not: (a) permit any copy of the Licensed Product to be shared or used concurrently by persons other than Licensed Users; (b) modify (except as expressly provided otherwise herein), translate, disassemble, or reduce the Licensed Product to another form, or create derivative works (except as expressly provided otherwise herein) based upon the Licensed Product, or cause or permit another to do so; (c) remove any proprietary notices, labels, copyright marks, or trademarks on the Licensed Product; or (d) adapt (except as expressly provided otherwise herein), rent, lease, commercially host, sublicense, redistribute, or loan the Licensed Product. CLIENTS shall promptly and in good faith take all action reasonably necessary, advisable, or requested by SELERIX to assure compliance with this Section 12 by all employees, and agents of CLIENTS.

13. Termination

In the event of termination of this Agreement, SELERIX may require that CLIENTS cease any further use of the Licensed Product or any portion thereof.

CLIENTS acknowledges and agrees that the remedy at law for any breach of any of the terms of this Agreement may be inadequate and therefore agrees and consents that temporary and permanent injunctive and other equitable relief may be granted in any proceeding which may be brought to enforce any provision hereof, including within such other equitable relief, specific performance, without the necessity of proof of actual damage or inadequacy of any legal remedy and without the necessity of posting bond of more than $500.00.

SELERIX's foregoing rights and remedies shall be cumulative and in addition to all other rights and remedies available to SELERIX in law and in equity.

UPON ANY TERMINATION, EXPIRATION, OR CANCELLATION OF THIS AGREEMENT DUE TO BREACH OR OTHERWISE, SELERIX SHALL HAVE ALL RIGHTS, POWER AND AUTHORITY TO EXERCISE ELECTRONIC SELF-HELP AND TO EXERCISE ALL RIGHTS, REMEDIES AND RECOURSE TO WHICH IT MAY BE ENTITLED, WHICH SELF-HELP SHALL INCLUDE, WITHOUT LIMITATION, ALL ELECTRONIC MEANS AVAILABLE TO SELERIX.

Upon termination of this Agreement, CLIENTS shall cease all use of the Licensed Product and destroy all copies, full or partial, of the Licensed Product including any installations in temporary and permanent memory.

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

Exhibit B. Business Associate Agreement

This HIPAA Business Associate Agreement ("Agreement") by and between: Selerix Systems, Inc. ("Business Associate") and Unified School District No. 229, Johnson County, State of Kansas. ("Covered Entity") is effective as of the HIPAA Compliance Date, as defined below.

RECITALS

A. Business Associate provides employee benefits enrollment technology to Covered Entity. The Covered Entity discloses certain information ("Information") to Business Associate so that Business Associate can perform, on Covered Entity's behalf, certain functions or activities relating to treatment, payment and/or health care operations of Covered Entity, some of which Information constitutes Protected Health Information ("PHI") as defined under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA")

B. The purpose of this Agreement is to satisfy the standards and requirements of the HIPAA Regulations, Title 45 § 164.504(e) of the Code of Federal Regulations ("CFR"), that Business Associate, as a business associate, provide Covered Entity "satisfactory assurances" that Business Associate will deal with PHI which it receives or creates in a manner that is compliant with Covered Entity's responsibilities under HIPAA.

In consideration of the mutual promises below and the exchange of information pursuant to this Agreement, the Parties agree as follows:

1) Definitions. For purposes of the Agreement, the following terms have the following definitions:
   a) Business Associate. "Business Associate" shall mean Selerix Systems, Inc., to the extent Business Associate performs a function or activity for Covered Entity involving the use or creation of PHI, as defined in 45 CFR §160.103
   b) Covered Entity. "Covered Entity" shall mean Unified School District No. 229, Johnson County, State of Kansas, to the extent Covered Entity is a Covered Entity under HIPAA.
   c) Designated Record Set. "Designated Record Set" shall mean a group of records maintained by or for Covered Entity that is (i) the medical records and billing records about individuals maintained by or for a Covered Entity; or (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about individuals. For purposes of this definition, record means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a Covered Entity.
   d) Individual. "Individual" shall have the same meaning as the term "individual" in 45 CRF §164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
   e) Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CRF part 160 and part 164, subparts A and E.
   f) Protected Health Information. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 DFR §164.501, limited to the information created or received by Business Associate from or on behalf of Covered Entity.
   g) Red Flags Rule. "Red Flags Rule" means the Federal Trade Commission's Identity Theft Prevention Red Flags Rule in 16 CFR §681.2.
   h) Required By Law. "Required By Law" shall have the same meaning as the term "required by law" in 45 CFR §164.501.

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

i) Secretary. “Secretary” shall mean the Secretary of the Department of Health and Human Services or his designee.
j) Security Incident. “Security Incident” shall mean the attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system.

2) Obligations and Activities of Business Associate as to Protected Health Information.
   a) Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by this Agreement or as Required By Law.
   b) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
   c) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information not provided for by this Agreement of which it becomes aware.
   d) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information not provided for by this Agreement of which it becomes aware.
   e) Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
   f) To the extent that Business Associate maintains Protected Health Information in an original Designated Record Set, Business Associate agrees to provide access, at the request of Covered Entity, and in the time and manner reasonably determined by Business Associate, to such Protected Health Information to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR §164.524. The Parties agree that Business Associate does not maintain Protected Health Information in a Designated Record Set and/or any such Designated Record Set is a duplicate of Covered Entity’s Designated Record Set.
   g) To the extent that Business Associate maintains Protected Health Information in a Designated Record Set, Business Associate agrees to make any amendment(s) to such Protected Health Information that the Covered Entity directs or agrees to pursuant to 45 CFR § 164.526 at the request of Covered Entity and in the time and manner reasonably determined by Business Associate. The Covered Entity is solely responsible for addressing individual requests for amendment and for informing Business Associate where an amendment is appropriate; Business Associate’s sole obligation shall be to amend any duplicate of any Designated Record Set that it maintains.
   h) Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available, at the request of the Covered Entity, to the Secretary, in a time and manner determined by Business Associate or the Secretary, for purposes of the Secretary determining Covered Entity’s compliance with the Privacy Rule.
   i) Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528.

3) Permitted Uses and Disclosures of Protected Health Information by Business Associate. Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity, provided

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity, including the following:

a) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.

b) Except as otherwise limited in the Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of Business Associate, provided that disclosures are required by law, or that Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

c) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to covered Entity as permitted by 45 CFR §164.504(e)(2)(i)(B).

d) Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with §164.502(j)(1).

e) Business Associate may use Protected Health Information to create information that is not individually identifiable health information, as permitted by 45 CFR §164.502(d) and §164.514 ("De-identified Information"). Business Associate shall own all rights in and to the De-identified Information under copyright and all other applicable laws or legal principals.

4) Obligations of Covered Entity to Inform Business Associate of Privacy Practices and Individual Restrictions.

Covered Entity agrees to advise Business Associate, in writing, as follows:

a) Covered Entity shall notify Business Associate with any limitations in its notice of privacy practices in accordance with 45 CFR §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of protected Health Information hereunder.

b) Covered Entity shall provide Business Associate with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes affect Business Associate's permitted or required uses disclosures.

c) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR §164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

5) Permissible Requests by Covered Entity

Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity, except to the extent provided for in this Agreement.

6) Security Standards Requirements

The Parties acknowledge that the Security Standards require certain additional satisfactory assurances from Business Associate to Covered Entity. Business Associate agrees to the following obligations:

a) Business Associate will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic Protected Health Information that it creates, receives, maintains, or transmits on behalf of Covered entity as required by the Security Standards;

b) Business Associate will ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it;

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

c) Business Associate will report to Covered Entity any Security Incident of which it becomes aware;
d) Business Associate authorizes termination of the Service Agreement, if Covered Entity determines that Business Associate has violated a material term of this Addendum, as modified by this Section 6.

7) Term and Termination
   a) Term. This Agreement shall be effective as of 1/1/2027 (the "HIPAA Compliance Date") and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions of this section.
   b) Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
      i) Provide an opportunity for Business Associate cure the breach or end the violation in a manner reasonably designated by Covered Entity. In either event, Covered Entity may terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified;
      ii) Notwithstanding the foregoing Section (b) (i), Covered Entity may immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and Covered Entity reasonably determines that cure is not possible.
      iii) Notwithstanding the foregoing Section (b) (i) or (ii), if Covered Entity reasonably determines that neither cure, as specified in Section (b) (i) above, nor termination, as specified in Section (b) (ii) above, is feasible, Covered entity shall report the violation to the Secretary.
   c) Effect of Termination
      i) Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered entity or created or received by Business Associate on behalf of Covered entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Except as provided in paragraph (2) below, Business Associate shall retain no copies of the Protected Health Information.
      ii) In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Following such notification, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

8) Identity Theft

As a service provider who may perform activities in connection with Covered Accounts, as described by the Red Flags Rule, Business Associate will comply with the policies and procedures of Covered Entity in place designed to detect, prevent, and mitigate the risk of Identity Theft with regard to those Covered Accounts.

9) Miscellaneous

Docusign Envelope ID: 15C342C6-8053-8876-82A4-19964862A70F

a) Regulatory References. A reference in this Agreement to a section in the Privacy Rule and/or Red Flags Rule means the section as in effect or as amended, and for which compliance is required.
b) Amendment. These Parties agree to take such action as necessary to amend this Agreement from time to time as is necessary for covered Entity to comply with the requirements of the Privacy Rule, the Health Insurance Portability and Accountability Act, Public Law 104-1914 and the Identity Theft Prevention Red Flags Rule at16 CFR §681.2.
c) Survival. The respective rights and obligation of Business Associate under Section 6 C, 1 and 2 of this Agreement shall survive the termination of the Agreement.

Interpretation - Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity to comply with the Privacy Rule and/or Red Flags Rule, as applicable.

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	ITS	Requested By:	Eddie Fernandez Alcaron

Purpose: (please explain in detail why we need the items or services requested)

27-043 Business Plus ERP

Purpose: This purchase is for license and subscription fees for the Business Plus Enterprise Management Service software.

Fund:	Capital Outlay	Account Number:	38168
Funding Year:	2026/2027	Location(s) items or services are for:	District Wide
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract
☑ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **11/1/2026**	End Date: **11/7/2027**
Company: **Powerschool Group LLC**	Street Address: **150 Parkshore Dr**
Contact Name: **Mithu Singh**	City: **Folsom**
Telephone: **(916) 936-2365**	State: **CA**
Email: **mithu.singh@powerschool.com**	Zip Code: **95630**
Cost: **$ 97,888.95 Estimated**	
Prior Year Cost: **$91,485.00**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** *Kent Corser* **Date** **9/28/2026**

PowerSchool

Sales Quote - This Is Not An Invoice

PowerSchool Group LLC
150 Parkshore Dr.
Folsom CA 95630

Quote #: Q-221513-1
Quote Expiration Date: 1/22/2026

Prepared By:	Tanner Burton	Customer Contact:	Eduardo Fernandez Alarcon
Customer Name:	Unified School District No. 229, Johnson County, State of Kansas	Title:	Business Applications Manager
		Address:	PO Box 23901
Contract Term:	12 Months	City:	Overland Park
Billing Frequency:	Annually		
Start Date:	November 1, 2026	State/Province:	Kansas
End Date:	October 31, 2027	Zip Code:	66223-0901
Payment Terms:	Net 30	Phone #	913-239-4301
Pricing Vehicle:		Pricing Vehicle Contract #:	

Contract Term : November 1, 2026 to October 31, 2027

Quote Summary

License and Subscription Period(s)	License and Subscription	Total
Subscription Period 1: November 1, 2026 to October 31, 2027	USD 97,888.95	USD 97,888.95
Total Contract : November 1, 2026 to October 31, 2027	USD 97,888.95	USD 97,888.95

Period 1 : November 1, 2026 to October 31, 2027

License and Subscription Fees

Renewal License and Subscriptions

Product Description	Quantity	Unit	Price
ERP Application Managed Services - BusinessPlus	1.00	Year	USD 97,888.95
		Renewal License and Subscriptions Fees :	**USD 97,888.95**

Term 1 Total Fees : USD 97,888.95

Estimated Annual Ongoing Fees as of November 1, 2027 - Fees subject to an annual uplift, which will be reflected on a renewal quote

License and Subscription Fees

Product Description	Quantity	Unit	Price
ERP Application Managed Services - BusinessPlus	1.00	Year	USD 97,888.95
		License and Subscription Fees :	**USD 97,888.95**

Subscription Start and End Dates shall be as set forth above. The Start Date may be delayed based upon the date that PowerSchool receives this executed quote or Customer's purchase order if one is needed. On-Going PowerSchool Subscription/Maintenance and Support Fees are invoiced at the then-current rates and enrollment per existing terms of the executed agreement between Customer and PowerSchool. Any applicable sales or other tax has not been added to this quote. If this quote includes promotional pricing, such promotional pricing may not be valid for the entire duration of this quote. All invoices shall be sent to Customer upon or promptly after

execution of this quote, unless otherwise set forth in the applicable statement of work or executed agreement between the parties (e.g., services billed on time and material basis will be invoiced when such services are incurred).

All purchase orders must include the exact quote number of this quote. Customer agrees that purchase orders are for administrative purposes only and do not impact the terms or conditions of this quote or any agreement executed between the parties. Any credit provided by PowerSchool is nonrefundable and must be used within 12 months of issuance. Unused credits will expire after 12 months.

If Customer pays in advance for any professional services, all professional services must be scheduled and delivered within twelve (12) months of the applicable quote start date, unless otherwise agreed in writing by PowerSchool; any portion of any prepaid amount for professional services that has not been used within such twelve (12) month period will be forfeited.

This quote incorporates any statement of work attached hereto. By execution of this quote, or its incorporation, this and future purchases of subscriptions or services from PowerSchool are subject to and incorporate the terms and conditions found at: https://www.powerschool.com/MSA_2024

By either (i) executing this quote or (ii) accessing the services described on this quote, Customer agrees that after the contract term of this quote, the subscription for such services will continue for successive twelve (12) month subscription periods on the same terms and conditions as set forth herein, subject to a standard annual price uplift, unless Customer provides PowerSchool with a written notice of its intent not to renew at least sixty (60) days prior to the end of the applicable current contract term.

THE PARTIES BELOW ACKNOWLEDGE THAT THEY HAVE READ THE AGREEMENT, UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS.

POWERSCHOOL GROUP LLC	Unified School District No. 229, Johnson County, State of Kansas
Signature: 	Signature:
Printed Name: Jon Scrimshaw	Printed Name:
Title: Chief Accounting Officer	Title:
Date: 8-APR-2026	Date:

PO Number: _____

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	ITS	Requested By:	Kent Corser

Purpose: (please explain in detail why we need the items or services requested)

27-034 Identity Management Renewal
Annual identity management software renewal.

Fund:	**Capital Outlay**	Account Number:	**34801**
Funding Year:	**2026/2027**	Location(s) items or services are for:	**ITS/SSC**
Does this use Bond Funds? (if yes, see below)	**No**		
☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2		☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3	

Check all that apply to this Purchase:

- ☐ This is a New Contract
- ☑ This is a Renewal Contract
- ☐ This is a Curriculum purchase
- ☐ This can be purchased off of _____ Contract # _____
- ☐ This is a New Bid/RFP
- ☐ This is a Purchase from Bid/RFP # _____
- ☐ This Purchase requires BOE Signatures

Begin Date: **11/1/2026**	End Date: **10/31/2027**
Company: **Software IDM Inc**	Street Address: **110 Front St Ste 300**
Contact Name: **Todd Mollerup**	City: **Jupiter**
Telephone: **(331) 218-0001**	State: **FL.**
Email: **customerservice@softwareidm.com**	Zip Code: **33477-5095**
Cost: **$ 45,000.00 Estimated**	
Prior Year Cost: **$45,000.00**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** *Kent Corser* **Date** **9/29/2026**

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	SPED	Requested By:	Dr. Jessica Meisenheimer

Purpose: (please explain in detail why we need the items or services requested)

We are extending a speech language pathologist (SLP) assignment to cover an FMLA leave at Stanley Elementary. Previously reported in September 2026.
$15,000 original est
$15,000 add'l est
$30,000 revised total estimated

Fund:	Special Education	Account Number:	30260
Funding Year:	2026/2027	Location(s) items or services are for:	STAN
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract
☑ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **8/17/2026**	End Date: **9/11/2026**
Company: **Soliant Staffing LLC**	Street Address: **5550 Peachtree Pkwy Ste 500**
Contact Name: **Alyssa Shelnutt**	City: **Peachtree Corners**
Telephone: **(678) 735-7517**	State: **GA**
Email: **alyssa.shelnutt@soliant.com**	Zip Code: **30092**
Cost: **$ 30,000.00 Estimated**	
Prior Year Cost: **n/a**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **September 2026** **Budget Administrator** *Dr. Jessica Meisenheimer* **Date** **8/14/2026**

CLIENT ASSIGNMENT CONFIRMATION

This Client Assignment Confirmation is entered into on the date first signed below and supplements the Client Services Agreement between Soliant Health, LLC ("Soliant" or "the Company") and the Client named below. The Soliant Consultant has been placed with Client and Client agrees to pay Soliant for hours worked by Consultant according to the terms outlined in this confirmation.

ASSIGNMENT DETAILS

CLIENT NAME: Specialized Education Services, Inc.

School, Location: Blue Valley Schools, 15020 Metcalf, Box 23901, Overland Park, KS 66223

Invoicing/Payment: Invoices shall be sent to School, the party responsible for payment.

Consultant: Sara Wegener Position: Speech Language Pathologist

Assignment Start Date: 09/14/2026 Assignment End Date: 10/09/2026

Bill Rate per hour: $90.00 Overtime Bill Rate per hour: $135.00

Minimum Hours: 14

Miscellaneous: -

It is the Client's responsibility to notify their Account Representative if a Teaching Certification will be required for this position.

Please note: Sales tax will be added to professional fees if required by state law and Client is not a tax-exempt entity.

If Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred.

Option of virtual services will be offered by Soliant in lieu of onsite services.

All precautions will be taken by the Client to create a safe and healthy environment.

-

-

Account Representative Contact Information: Martell RUiz
Martell.Ruiz@soliant.com
6784974790

By: 24680 - Blue Valley Schools

Print Name: _____

Title: _____

Date: _____

Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless Soliant is notified of changes by Client within forty-eight (48) hours of client's receipt of this Client Assignment Confirmation.

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	BVH	Requested By:	Mollie McNally

Purpose: (please explain in detail why we need the items or services requested)

The Blue Valley High cheer team will travel and compete at the national level in Orlando, FL. This competition will be a chance for them to learn by watching teams from across the country. Students will conduct fundraisers to alleviate costs. Remaining expenses will be paid by student families.
Airfare: $13,400.00 Estimated
Registration/Lodging: $19,000.00 Estimated
TOTAL: $32,400.00 Estimated

Fund:	Activity Funds	Account Number:	
Funding Year:	2026/2027	Location(s) items or services are for:	
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract
☐ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: 2/2/2027	End Date: 2/7/2027
Company: Southwest Airlines / Varsity Spirit / U	Street Address:
Contact Name:	City:
Telephone:	State:
Email:	Zip Code:
Cost: $ 32,400.00 Estimated	
Prior Year Cost: N/A - Not Available	
Terms: (Annual, Multi-Year, One-Time): One-Time	

Month:(board meeting) **October 2026** **Budget Administrator** _____ **Date** _____

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	BVSW	Requested By:	Caroline Ayres

Purpose: (please explain in detail why we need the items or services requested)

The Blue Valley Southwest cheer team will travel and compete at the national level in Orlando, FL. This competition will be a chance for them to learn by watching teams from across the country. Students will conduct fundraisers to alleviate costs. Remaining expenses will be paid by student families.
Airfare: $22,400.00 Estimated
Lodging: $27,680.00 Estimated
TOTAL: $50,080.00 Estimated

Fund:	Activity Funds	Account Number:	
Funding Year:	2026/2027	Location(s) items or services are for:	BVSW
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract
☐ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **1/28/2027**	End Date: **2/1/2027**
Company: **Southwest Airlines / Varsity Spirit / U**	Street Address:
Contact Name:	City:
Telephone:	State:
Email:	Zip Code:
Cost: **$ 50,080.00 Estimated**	
Prior Year Cost:	
Terms: (Annual, Multi-Year, One-Time): **One-Time**	

Month:(board meeting) **October 2026** **Budget Administrator** *Matt Ortman* **Date** _____

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	Blue Valley West	Requested By:	Hayley Wintrode

Purpose: (please explain in detail why we need the items or services requested)

Blue Valley West Cheer team to travel to Orlando, FL to compete on the national level. Students will conduct fundraisers to alleviate costs and remaining expenses will be paid by the booster club and/or student families.

Southwest/Airfare: $21,600
Registraion Fees & Lodging: $32,971
Total: $54,571.00 Estimated

Fund:	Activity Funds	Account Number:	5235234
Funding Year:	2026/2027	Location(s) items or services are for:	NHSCC Cheer Compeition

Does this use Bond Funds? (if yes, see below) **No**

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☑ This is a New Contract
☐ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **2/4/2027**	End Date: **2/7/2027**
Company: **Southwest Airlines / Varsity Spirit / U**	Street Address:
Contact Name: **Varsity Spirt**	City:
Telephone:	State:
Email:	Zip Code:
Cost: **$ 54,571.00 Estimated**	
Prior Year Cost: **N/A - Not Available**	
Terms: (Annual, Multi-Year, One-Time): **One-Time**	

Month:(board meeting) **October 2026** **Budget Administrator** _____ **Date** _____

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	SPED	Requested By:	Dr. Jessica Meisenheimer

Purpose: (please explain in detail why we need the items or services requested)

Sunbelt will supply 1:1 CNA support for student 3521 at 18-21.

Fund:	**Special Education**	Account Number:	**26088**
Funding Year:	**2026/2027**	Location(s) items or services are for:	**18-21**
Does this use Bond Funds? (if yes, see below)	**No**		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☑ This is a New Contract
☐ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **9/16/2026**	End Date: **5/25/2027**
Company: **Sunbelt Staffing LLC**	Street Address: **PO Box 934411**
Contact Name: **Andrew Kosinski**	City: **Atlanta**
Telephone: **(813) 343-0394**	State: **GA**
Email: **andrew.kosinski@sunbeltstaffing.com**	Zip Code: **31193-4411**
Cost: **$ 55,000.00 Estimated**	
Prior Year Cost: **N/A - Not Available**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** *Dr. Jessica Meisenheimer* **Date** **9/14/2026**

Sunbelt

Client Assignment Confirmation

Education Division
Addendum A

Client agrees to pay Sunbelt Staffing LLC ("Sunbelt" or "the Company") for hours worked by Consultant on the following terms:

Client Name:	Blue Valley Unified School District 229		
Client Location:	Blue valley Academy - 7500 W. 149th Terrace Overland Park 66223		
Sunbelt Consultant:	Charlotte Fristoe		
Position:	Certified Nursing Assistant		
Assignment Start Date:	09/16/2026	Assignment End Date:	05/25/2027
Bill Rate *per Hour*:	$35.00	Overtime Rate *per Hour*:	$52.50
Minimum Weekly Hours:	M-F up to 35 hours per week based on school schedule and needs	Weekly hours are based on service date according to published school calendar	
Expenses:	Unless otherwise stated, Bill Rate is inclusive of all expenses.		
Miscellaneous:	Upon completion of a full school year, August 27, 2026 – June 24, 2027 with Blue Valley Schools, the client may hire or employ the above consultant directly without any placement or recruiting fees		

Account Executive Information:
Andrew Kosinski
andrew.kosinski@sunbeltstaffing.com
(813) 343-0394

Sales tax will be added to professional fees if required by state law and client is not a tax exempt entity.

If Sunbelt Consultant should be required to travel to other locations at the specific request of the Client, the Client will be responsible for all expenses incurred.

Option of virtual services will be offered by Sunbelt in lieu of onsite services.

All precautions will be taken by the Client to create a safe and healthy environment.

-

-

By: 23201 - Blue Valley Unified School District 229

Print Name: _____

Title: _____

Date: _____

Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless Sunbelt is notified of changes by Client within forty-eight (48) hours of client's receipt of this Client Assignment Confirmation.

Sunbelt Staffing, LLC

_____

By:

Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless Sunbelt is notified of changes by Client within forty-eight (48) hours of client's receipt of this Client Assignment Confirmation.

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	Human Resources	Requested By:	Dr. Eric Punswick

Purpose: (please explain in detail why we need the items or services requested)

Renewal for 2027 employee paid group vision insurance with Surency Life and Health.

No rate change.

Rate guaranteed through 2028.

Fund:	**Employee paid**	Account Number:	
Funding Year:	**2026/2027**	Location(s) items or services are for:	**District Wide Benefit**
Does this use Bond Funds? (if yes, see below)	**No**		
☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2		☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3	

Check all that apply to this Purchase:

- ☐ This is a New Contract
- ☑ This is a Renewal Contract
- ☐ This is a Curriculum purchase
- ☐ This can be purchased off of _____ Contract # _____
- ☐ This is a New Bid/RFP
- ☐ This is a Purchase from Bid/RFP # _____
- ☐ This Purchase requires BOE Signatures

Begin Date: **1/1/2027**	End Date: **12/31/2027**
Company: **Surency Life and Health Insurance Co**	Street Address: **4000 W. 114th Street, Suite 320**
Contact Name: **Erin Baker**	City: **Leawood**
Telephone: **(913) 381-4928**	State: **KS**
Email: **EBaker@deltadentalks.com**	Zip Code: **66211**
Cost: **$ 301,441.00 Estimated**	
Prior Year Cost: **$ 317,190.00 Estimated**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** *Dr. Eric Punswick* **Date** **9/30/2026**

PO Box 789773, Wichita, KS 67278-9773
(866) 818-8805

March 11, 2026

ERIC PUNSWICK
U S D #229 – BLUE VALLEY
15020 METCALF
OVERLAND PARK KS 66283-0901

RE: Surency Renewal of Group Vision
Group #1698-0

Dear Eric Punswick:

We consider it both a pleasure and a great opportunity to serve you and your employees with the Surency Vision product under the Surency Life & Health umbrella. Your contract with Surency will renew on **January 1, 2027.**

Effective with your **January 1, 2027** Surency vision renewal, your rates will be as follows:

	Current Rates:	New Rates:
Employee:	$10.30	$10.30
Employee + Spouse:	$18.14	$18.14
Employee + Child(ren):	$17.02	$17.02
Family:	$30.38	$30.38

NOTE: 2nd year of 4-year agreement. Rates are guaranteed for plan years:
2027 – No Increase
2028 – No Increase
2029 – 5% Rate Cap

A policy endorsement is enclosed to indicate your acceptance of this renewal. Please sign and return the endorsement via fax to 316.462.3329, or email to marketing@surency.com. **This endorsement must be returned by December 1, 2026 to ensure timely submission of your group's renewal.** Please attach a signed copy of the endorsement to your current contract. **If the signed endorsement is not returned prior to your renewal date shown above, your group will be re-enrolled in the current plan being administered with the new rates noted above.**

We look forward to the continued opportunity to be of service to you and your employees. If you have any questions regarding your renewal, please feel free to contact me.

Sincerely,

Erin Baker
Director of Sales, Services & Analytics

EB:as

Enclosure

cc: Holmes Murphy & Associates LLC

Surency is a registered trademark of Surency Life & Health Insurance Company.

VISION RENEWAL ADDENDUM
FOR GROUP #1698-0

Attached to and forming a part of the Agreement To Provide Vision Care Benefits between **U S D #229 – BLUE VALLEY** (Plan #1698-0) and Surency Life & Health.

It is agreed and understood that effective with the **January 1, 2027** renewal, Section I, Number 4 shall read:

RATES:

Employee:	$10.30
Employee + Spouse:	$18.14
Employee + Child(ren):	$17.02
Family:	$30.38

NOTE: 2nd year of 4-year agreement. Rates are guaranteed for plan years:
2027 – No Increase
2028 – No Increase
2029 – 5% Rate Cap

Administrative Contact: Dr. Kelly Wessel – - Director of Human Resources Employee Services (KCWessel@bluevalleyk12.org)

Please acknowledge acceptance of this renewal by signing below and returning the renewal confirmation by fax to 316.462.3329 or by email to marketing@surency.com by **December 1, 2026**.

Unified School District No. 229
Johnson County, State of Kansas
(Plan Sponsor)

By: _____
President, Board of Education

Date: _____

Attested by:

_____
Clerk, Board of Education
Approved as to Form:

_____
Attorney, Board of Education

Surency Life & Health
(Administrator)

By: Sara K. Matlock

Title: Senior Underwriter, Data Analyst

Date: March 11, 2026

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	BVSW	Requested By:	Henry Bullock

Purpose: (please explain in detail why we need the items or services requested)

The Blue Valley Southwest orchestra will attend the Winter Park Ski-Music Festival in March 2027. Students will prepare performance music and be adjudicated at the national level, and engage in community and group building activities by learning new skills. Students will conduct fundraisers to reduce costs.

Crossroad Tours: $10,000 Est.
Winter Park Ski-Music Festival: $24,000 Est.
Total: $34,000 Estimated

Fund:	Activity Funds	Account Number:	
Funding Year:	2026/2027	Location(s) items or services are for:	
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract
☐ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☑ This Purchase requires BOE Signatures

Begin Date: **3/18/2027**	End Date: **3/21/2027**
Company: **Crossroad Tours/Winter Park Ski Mu**	Street Address:
Contact Name:	City: **Winter Park**
Telephone: **(866) 625-6821**	State: **CO**
Email: **info@wpsmf.com**	Zip Code:
Cost: **$ 34,000.00 Estimated**	
Prior Year Cost:	
Terms: (Annual, Multi-Year, One-Time): **One-Time**	

Month:(board meeting) **October 2026** **Budget Administrator** _____ **Date** _____

CROSSROAD TOURS

OTTAWA BUS SERVICE, INC
1320 W 149TH ST
OLATHE, KS 66061

913-829-6644

Thank you!

(Fax: 913-829-6698)
CROSSROADTOURS.COM

BLUE VALLEY SOUTHWEST ORCHESTRA
HENRY BULLOCK
17600 QUIVIRA RD
OVERLAND PARK, KS 66062

Quote # Q10891
Date Printed: Thursday, August 27, 2026
PO #:
Group Name: ORCHESTRA TO WINTER PARK
Phone: c816-877-6919 Fax:
Salesperson: Brent D Klooster
Salesperson Email: brent@crossroadtours.com
Customer Email: LHBullock@bluevalleyk12.org

		Report Time	Departure	Date	# Vehicles	Description	Total Capacity
Pickup	BLUE VALLEY SOUTHWEST H 17660 QUIVIRA RD OVERLAND	4:30am	5:00 am	3/18/2027	1	PREVOST-HWKEND	56
Dropoff	WINTER PARK, CO WINTER PARK, CO			3/18/2027			56
Pickup	WINTER PARK, CO WINTER PARK, CO			3/21/2027			56
Dropoff	BLUE VALLEY SOUTHWEST H 17660 QUIVIRA RD OVERLAND	10:00pm	10:00 pm	3/21/2027			56

Cost of Charter: $ 9,907.50

Itinerary:

BVSW ORCHESTRA TAKES CARE OF DRIVER LODGING IN WINTER PARK OR NEARBY

THIS IS A CHARTER QUOTE. CALL OUR OFFICES TO CONFIRM YOUR QUOTE OR SEND A DEPOSIT IN THE AMOUNT DESCRIBED ABOVE ALONG WITH A COPY OF THIS QUOTE.

****** SMOKING IS PROHIBITED AT ALL TIMES ON THE COACHES ******

YOUR COST IS BASED ON THE SERVICES DETAILED ABOVE AND IS SUBJECT TO CHANGE IN ACCORDANCE WITH YOUR ACTUAL ITINERARY. THIS COMPANY RESERVES ITS RIGHT TO LEASE EQUIPMENT FROM OTHER COMPANIES IN ORDER TO FULFILL THIS AGREEMENT. THIS COMPANY SHALL NOT BE LIABLE FOR ITEMS LEFT ON THE VEHICLE OR LOSS OF TIME DUE TO MECHANICAL FAILURE OR INCLEMENT WEATHER. WE CANNOT GUARANTEE THE ASSIGNMENT OF REQUESTED DRIVERS OR VEHICLES. A SIGNED CONTRACT AND DEPOSIT WILL CONFIRM YOUR RESERVATION AND ACKNOWLEDGE YOUR ACCEPTANCE OF THIS AGREEMENT.

Signature _____ Date _____

2027 Winter Park Ski-Music Festival Registration Form (page 1 of 2)

Registering Music Group's Contact Information

☐ Band
☐ Choir
☐ Orchestra
☐ Other

School Name: _____
(specific performing ensemble names will be obtained later)

Contact Director Name(s):

_____

School Mailing Address:_____

City: _____ State: _____ Zip: _____

Directors' Office #: _____ ext. _____

Directors' Mobile #: _____

Directors' Email Address: _____

Attendance Count

Provide number of fully committed and deposited travelers only

_____ Students
\+ _____ Directors
\+ _____ Adults & non-students
= _____ Total Attendees

2027 Festival Week

Select festival week attending

☐ Week 1: March 18-21
☐ Week 2: March 24-28 (Good Friday & Easter Sunday)
☐ Week 3: April 1-4
☐ Week 4: April 8-11

Festival Package Choice

☐ 2 Night Package
☐ 3 Night Package
☐ 4 Night Package

☐ Snow Mountain Ranch Lodge Rooms	$35 per person registration deposit
☐ Snow Mountain Ranch Cabins	$45 per person registration deposit
☐ Beaver Village Condos	$75 per person registration deposit
☐ Hi Country Haus Condos	$80 per person registration deposit
☐ Winter Park Ski Resort -The Vintage Hotel	$70 per person registration deposit
☐ Winter Park Ski Resort – Fraser /Founders Condos	$90 per person registration deposit
☐ Winter Park Ski Resort - Zephyr Mountain Lodge Condos	$100 per person registration deposit

(non-refundable registration deposit will be 100% applied as a payment toward Total Festival Charges)

Travel Method to/from W.P.

☐ Bus, Van, or Other Vehicles
☐ Aircraft (and bus between airport)

Bus Transportation during Festival

Music group ☐ will ☐ will not have their very own transportation during entire festival stay in Winter Park.

The below signed are authorized to register the above listed music group in the 2027 Winter Park Ski-Music Festival and have read, understand and willfully agree to all terms, policies, deadlines, information, notices and conditions as published within the WPSMF Ski Locker (https://winterparkskimusicfestival.com/skilocker) website, and within the 2027 Winter Park Ski-Music Festival Registration Form Agreement.

_____ Director Signature

_____ School Administrator Signature & Title/Position

Performing Ensembles

(check box for each ensemble type & ensemble level to perform at festival)

Ensemble Type	Ensemble Level 1	2	3
Instrumental			
Concert Band	☐	☐	☐
Full Orchestra	☐	☐	☐
String Orchestra	☐	☐	☐
Instr. Jazz Ensemble	☐	☐	☐
Percussion Ensemble	☐	☐	☐
Other _____	☐	☐	☐
Choral			
Mixed Concert	☐	☐	☐
Treble Concert	☐	☐	☐
Tenor/Bass Concert	☐	☐	☐
Show Choir	☐	☐	☐
Jazz /Pop Choir	☐	☐	☐
Other _____	☐	☐	☐
Other			
Color/Winter Guard	☐	☐	☐
Dance Team	☐	☐	☐
Mariachi Ensemble	☐	☐	☐

Level 1 for top level, varsity level, **OR your school's ONLY "ensemble type" performing**

Level 2 for second or non-varsity ensemble level

Level 3 for third ensemble level

School Size Classification

(select **TOTAL** school enrollment for ensemble classifications)

High School
☐ 1A (1-104.9)
☐ 2A (105-249)
☐ 3A (250-544)
☐ 4A (545-1,299)
☐ 5A (1,300-2,224)
☐ 6A (2,225 +)

Junior High (7th, 8th and/ or 9th grades)
☐ 1B (1-249)
☐ 2B (250-649)
☐ 3B (650+)

Middle School (7th and 8th grades)
☐ 1C (1-249)
☐ 2C (250-649)
☐ 3C (650+)

Other Classifications
☐ Elementary (6th grade & below)
☐ Non-school ensemble(s)
☐ Composite school ensemble(s)
☐ Entire School (ex. 6th-12th grades)

To Fully Register:

MAIL this fully completed and signed 2-page Registration Form (if not completing online) AND a non-refundable Registration Deposit check to:

Winter Park Ski-Music Festival
P.O. Box 369
Grandview, Texas 76050

2027 Winter Park Ski-Music Festival Registration Form (page 2 of 2)

Planning your Winter Park arrival and departure dates and times

2027 days and times for Music Performances and Awards Ceremony/Street Dance at the WPSMF:

March 18-21, April 1-4 and April 8-11 festival weeks:
Instrumental performances (including color guards) can be scheduled for Thursday evenings, or Friday afternoons through early evenings. Choral performances can be scheduled Friday evenings. Awards ceremony and Street Dance will be held **Saturday** evenings 7:30 pm-9:00 pm. Pre-awards Street dance starts at 6:45 pm. Plan to be in Winter Park for both a performance evening and the awards ceremony evening.

March 24-28 (Good Friday and Easter Sunday) festival week:
Instrumental and choral performances can be scheduled for Wednesday evening or Thursday evening. Awards ceremony and Street Dance will be **Friday** evening 7:30 pm-9:00 pm. Pre-awards Street dance starts at 6:45 pm. Plan to be in Winter Park for both a performance evening and the awards ceremony evening. This week's schedule allows for music groups to return home prior to Easter Sunday if desired.

Arrival in Winter Park, and WPSMF's scheduling of your music group's recreation

Historically, most groups have planned to arrive in Winter Park in the morning, get ski equipment rentals, receive ticketing, and then have beginners in lessons, all in the same morning, or by noon. This was an advantageous schedule for groups to get the most recreation time during their trip, which we want each group to have. However, this created large concentrations of rentals and lessons during **Thursday and Friday** morning hours. **Because of ongoing labor supply challenges in Winter Park and the surrounding community, and increased visitor volume for the Winter Park Resort, WPSMF will be working months in advance, trying to coordinate all music group recreation schedules. Your below inputs will allow us to start planning your group's schedule earlier.**

The forever recommended itinerary for any music group, is to arrive in Winter Park the afternoon prior to your first recreation day, so ski/snowboard equipment rentals can be scheduled/received upon your arrival in Winter Park, say after 12:00 pm noon- 4:00 pm, and before your overnight lodging check-in. With rentals being received the day before, a group has a much less strenuous schedule at the Winter Park Resort the following morning, to receive ticketing, and beginner skiers/boarders being scheduled for lessons at the earliest morning lesson start time, or noon start time. And, with an overnight stay before recreating the following day, your travelers will be more adequately rested and have a safer mental and physical approach toward their recreational experience. Furthermore, arriving the day prior, and spending the night prior to your first recreation day, would likely improve your group members' music performance, with a better night sleep in your overnight lodging, vs. overnight in a motorcoach. Please consider having your 2,3 or 4-night package begin the day & night before your first day of recreation. Consider the cost of an additional night festival package, to allow this scheduling**. Or consider choosing to checkout of your lodging the morning of the awards, recreate at the resort that day, and depart Winter Park after the awards & street dance at 9:00 pm. This could allow your arrival in Winter Park a day earlier; with the same number of nights you budgeted for.**

We understand our music groups have travel parameters with the number of missed school days and may not be able to depart their school or hometown to arrive in Winter Park as suggested above**. Please be mindful that groups scheduled to arrive late evening, or early morning in Winter Park, especially on Thursday mornings, may be affected with slightly unfavorable equipment rental and beginner lesson scheduling. We may only be able to schedule your group's skiing/boarding for the last half of the first day, to accommodate all groups. We will do our best to schedule all groups the best we can, using the arrival date and time you list below. Having your and other music groups' info this far in advance helps, so we can schedule before any non-festival groups!**

With the above information being suggested, please indicate below which nights of the week your group plans to stay overnight in Winter Park, and day and times you expect to arrive and depart in Winter Park.

Please inform the festival if anything you list here were to later change for your group, because of transportation provider or other calendar influences.

Call the festival (866-625-6821) if we can help or suggest your best planning!

Nights of the week you expect to stay overnight in Winter Park, or have lodging available.

2-night package
- ☐ Wed-Thurs
- ☐ Thurs-Fri
- ☐ Fri-Sat

3-night package
- ☐ Wed-Thurs-Fri
- ☐ Thurs- Fri- Sat
- ☐ Fri- Sat- Sun

4-night package
- ☐ Wed-Thurs-Fri-Sat
- ☐ Thurs-Fri- Sat-Sun
- ☐ Fri- Sat- Sun-Mon

Arrival day and time into Winter Park

Date: _____ ____, 2027
month day

Time: ____:_____ am pm

Departure day and time from Winter Park

Date: _____ ____, 2027
month day

Time: ____:_____ am pm

Human Resources Report to the Board of Education

October 12, 2026

Administration recommends approval of the following actions:

APPOINTMENTS

Name	Location	Position	Effective
BOOTON, MARY MARGARET	HILLTOP LEARNING CENTER	PSYCHOLOGIST	09/16/2026
CHICK, KATIE ELYSE	VALLEY PARK ELEMENTARY	SCHOOL NURSE	10/06/2026

Human Resources Report to the Board of Education

October 12, 2026

Administration recommends approval of the following actions:

RESIGNATIONS

Name	Location	Position	Effective
BROWN, AKEMA CHANEE	MISSION TRAIL ELEMENTARY	SPED TEACHER-INTENSIVE RESC	10/31/2026
DAVILA TORRES, SOFIA D	HILLTOP LEARNING CENTER	SPED TEACHER-EARLY CHILDHOOD	10/23/2026
GOOCH, KRISTAL LYNN	VALLEY PARK ELEMENTARY	SCHOOL NURSE	10/01/2026

Human Resources Report to the Board of Education

October 12, 2026

Administration recommends approval of the following actions:

SUPPLEMENTALS

Name	Location	Position	Effective
ALEXANDER, CARISSA N	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
ALLEN, BRIDGET ELAINE	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-BOYS SWIMMING	11/16/2026
ALLEN, BRIDGET ELAINE	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-GIRLS SWIMMING	03/01/2027
AMIHERE, CHRISTINE LOUISE	WOLF SPRINGS MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2026
ANDERSON, HAILEY ANNABELLE	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-WRESTLING GIRLS	11/16/2026
ARBUCCI, LAUREN ASHLEY	BLUE VALLEY WEST HIGH SCHOOL	SUPERVISOR-LUNCHROOM	08/07/2026
BANKA, CASSANDRA MARIE	BLUE VALLEY WEST HIGH SCHOOL	SUPERVISOR-LUNCHROOM	08/07/2026
BIEN, ADAM RICHARD	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
BISHOP, BRANDON E	BLUE VALLEY SOUTHWEST HS	ASST COACH-DEBATE	08/16/2026
BOOK, ANDREW JOHN	PLEASANT RIDGE MIDDLE SCHOOL	DIRECTOR-JAZZ BAND	08/07/2026
BRIGGS, KEEGAN NICOLLE	BLUE VALLEY NORTH HIGH SCHOOL	HEAD SPONSOR-DECA	08/07/2026
BUFFINGTON, COURTNEY KRISTIN	BLUE VALLEY HIGH SCHOOL	ADDL TEACHING RESPONSIBILITIES	08/07/2026
BUFFINGTON, COURTNEY KRISTIN	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
CHRISTENSEN, MATTHEW CARY	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
COLLINS, CAMERON SLADE	WOLF SPRINGS MIDDLE SCHOOL	SPONSOR-STUDENT COUNCIL	08/07/2026
COPELAND, SAMUEL LEON	HARMONY MIDDLE SCHOOL	DIRECTOR-ENRICHMENT ORCHESTRA	08/07/2026
CORDES, SHANNON LEE ANDREW	BLUE VALLEY NORTH HIGH SCHOOL	ASST COACH-BOYS BASKETBALL	11/16/2026
DARK, ANN C	BLUE VALLEY WEST HIGH SCHOOL	ASST SPONSOR-DECA	08/07/2026
DARK, ANN C	BLUE VALLEY WEST HIGH SCHOOL	HEAD SPONSOR-DECA	08/07/2026
DOWNEY, BRITTANY LYNN	WOLF SPRINGS MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2026
DUNN, EMILY MCNEIL	OVERLAND TRAIL MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2026
DURNAL, AMANDA CHRISTINE	BLUE VALLEY HIGH SCHOOL	ADDL TEACHING RESPONSIBILITIES	08/07/2026
EVANS, JULIA ANN	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
FALIN, GILEAD OAK	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-DEBATE	10/02/2026
FINE, ERIN PATRICIA	BLUE VALLEY SOUTHWEST HS	HEAD SPONSOR-DECA	08/07/2026
FISH, EMILY SUE	LEAWOOD ELEMENTARY	DIRECTOR-CHOIR	08/07/2026
FORD, JENNIFER LYNN	WOLF SPRINGS MIDDLE SCHOOL	ADDL TEACHING RESPONSIBILITIES	08/07/2026
FORD, JENNIFER LYNN	STILWELL ELEMENTARY	ADDL TEACHING RESPONSIBILITIES	08/07/2026
FROST, HOLLY JOELLE	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-UNIFIED BOWLING	08/16/2026
GARVER, ASHLEY T	BLUE VALLEY WEST HIGH SCHOOL	ASST SPONSOR-DECA	08/07/2026
GARVER, ASHLEY T	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
GORMLEY, ALEXIS NICOLE	EDUCATIONAL SUPPORT CENTER	FIRST YEAR MENTOR STIP-PSYCH	08/07/2026
GRAHAM, JANET LYNN	CENTER FOR ADV PROF STUDIES	HEAD SPONSOR-DECA	08/07/2026
HABERLY, CHRISTYN LINDSAY	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
HALEY, JOHN ISAAC	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
HASSELBRING, KELSEY LOUISE	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
HATFIELD, MEGAN KRISTENE	HARMONY MIDDLE SCHOOL	HEAD COACH-WRESTLING BOYS	11/16/2026
HATFIELD, MEGAN KRISTENE	HARMONY MIDDLE SCHOOL	HEAD COACH-WRESTLING GIRLS	11/16/2026
HERR, RYLEE LYNN	PLEASANT RIDGE MIDDLE SCHOOL	ASST DIRECTOR-FALL PLAY	10/02/2026
HILBERT, MICHAEL P	BLUE VALLEY NORTH HIGH SCHOOL	HEAD SPONSOR-BPA	08/07/2026
HOEVEN, MARIE ANN	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
HOING, JENNA MARIE	BLUE VALLEY NORTHWEST HS	ADDL TEACHING PLAN-YEAR	08/07/2026
ISBELL, TRISTAN PATRICK	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
IZZO, ERIN E	BLUE VALLEY NORTHWEST HS	ASST SPONSOR-DECA	08/07/2026

Human Resources Report to the Board of Education

October 12, 2026

Administration recommends approval of the following actions:

IZZO, ERIN E	BLUE VALLEY NORTHWEST HS	ASST SPONSOR-FBLA	08/07/2026
KAIN, MARCUS MATTHEW	BLUE VALLEY SOUTHWEST HS	HEAD SPONSOR-BPA	08/07/2026
KELLER, STEPHANIE SUSAN	BLUE VALLEY NORTHWEST HS	COORDINATOR-GRADE LEVEL	08/07/2026
KING, KIMBERLY DAWN	COTTONWOOD POINT ELEMENTARY	DIRECTOR-CHOIR	08/07/2026
KREHBIEL, LINDSAY RENEE	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
KREWSON, SICILEY P	BLUE VALLEY SOUTHWEST HS	ASST SPONSOR-DECA	08/07/2026
LEVY, BENJAMIN JOSEPH	BLUE VALLEY NORTH HIGH SCHOOL	ASST SPONSOR-DECA	08/07/2026
LINDSEY, GRACE SOLENA	LAKEWOOD MIDDLE SCHOOL	SPONSOR-NEWSPAPER	08/07/2026
LOMEN, TWYLA LEE	BLUE VALLEY MIDDLE SCHOOL	SUPERVISOR-1/2 HR LUNCHROOM	08/07/2026
LOWE, BROOKS RANDALL	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-WRESTLING BOYS	11/16/2026
LYNN, JENNIFER ELIZABETH	LAKEWOOD ELEMENTARY	DIRECTOR-CHOIR	08/07/2026
MAASEN, ANGELA JEAN	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
MACDONNELL, NICHOLAS	BLUE VALLEY WEST HIGH SCHOOL	ADDL TEACHING SUPV-YEAR	08/07/2026
MANGA, MOSES KENT	BLUE VALLEY HIGH SCHOOL	ADDL TEACHING RESPONSIBILITIES	08/07/2026
MARTIN, MADELINE CATHLEEN	BLUE VALLEY SOUTHWEST HS	ASST COACH-BOYS SWIMMING	11/16/2026
MARTIN, VALERIE LYNN	BLUE VALLEY HIGH SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2026
MCGIBBONEY II, ORLANDO DAVID	BLUE VALLEY WEST HIGH SCHOOL	ASST COACH-BOYS BASKETBALL	11/16/2026
MILLER, ASHLEY LINDSEY	STANLEY ELEMENTARY	DIRECTOR-CHOIR	08/07/2026
MITCHEM, HILARY ANN	WOLF SPRINGS MIDDLE SCHOOL	SPONSOR-STUDENT COUNCIL	08/07/2026
MONSON, ANDREW JAMES	PLEASANT RIDGE MIDDLE SCHOOL	DIRECTOR-JAZZ BAND	08/07/2026
NEWELL, LUCAS A	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
NICOL, JOSEPH MICHAEL	BLUE VALLEY HIGH SCHOOL	ASST COACH-DEBATE	09/22/2026
O'KEEFE, NICHOLAS RYAN	BLUE VALLEY SOUTHWEST HS	ASST SPONSOR-BPA	08/07/2026
PARKER, HOLLYANNA LAUREN	BLUE VALLEY NORTH HIGH SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2026
PERES, KATHY L	BLUE VALLEY HIGH SCHOOL	HEAD SPONSOR-BPA	08/07/2026
PERES, KATHY L	BLUE VALLEY HIGH SCHOOL	HEAD SPONSOR-DECA	08/07/2026
PHILLIPS, TATUM NICOLE	BLUE VALLEY MIDDLE SCHOOL	SPONSOR-DRILL/DANCE TEAM	08/07/2026
POSKIN, BROOKE A	BLUE VALLEY HIGH SCHOOL	ADDL TEACHING RESPONSIBILITIES	08/07/2026
POSKIN, BROOKE A	BLUE VALLEY HIGH SCHOOL	ASST SPONSOR-BPA	08/07/2026
POSKIN, BROOKE A	BLUE VALLEY HIGH SCHOOL	ASST SPONSOR-DECA	08/07/2026
REDLIN, MAKAELA ANN	DISTRICT WIDE	PDC REPRESENTATIVE	08/07/2026
ROOD, JOHN J	BLUE VALLEY SOUTHWEST HS	ASST SPONSOR-HOSA	08/07/2026
ROSSIER, DOUGLAS MICHEL	BLUE VALLEY WEST HIGH SCHOOL	ASST SPONSOR-DECA	08/07/2026
ROSSIER, DOUGLAS MICHEL	BLUE VALLEY WEST HIGH SCHOOL	HEAD SPONSOR-DECA	08/07/2026
RUTHERFORD, PAMELA ROSE	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
SAGI, ASHLEY L	WOLF SPRINGS MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2026
SAGI, ASHLEY L	WOLF SPRINGS MIDDLE SCHOOL	SPONSOR-YEARBOOK	08/07/2026
SAMPLE, TOBIN JOSEPH	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
SHARTZER, ABIGAIL MARIE	BLUE VALLEY WEST HIGH SCHOOL	SUPERVISOR-LUNCHROOM	08/07/2026
SIEPERDA, TAYLOR ELAINE	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
SPERRY, RYAN T	BLUE VALLEY SOUTHWEST HS	SPONSOR-SCHOLARS BOWL	08/07/2026
STEVENSON, JAMIE M	BLUE VALLEY MIDDLE SCHOOL	SUPERVISOR-1/2 HR LUNCHROOM	08/07/2026
SWANSON, PATRICK	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
TAYLOR, KENNETH DALE	BLUE VALLEY NORTH HIGH SCHOOL	ASST SPONSOR-DECA	08/07/2026
TERRELL JR, FORREST ALLEN	BLUE VALLEY HIGH SCHOOL	ADDL TEACHING RESPONSIBILITIES	08/07/2026
TERRELL JR, FORREST ALLEN	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
TOLMAN, SARAH CHRISTINE	BLUE VALLEY WEST HIGH SCHOOL	SUPERVISOR-LUNCHROOM	08/07/2026
TRADER, MEGHAN S	BLUE VALLEY NORTHWEST HS	HEAD SPONSOR-DECA	08/07/2026

Human Resources Report to the Board of Education

October 12, 2026

Administration recommends approval of the following actions:

TRADER, MEGHAN S	BLUE VALLEY NORTHWEST HS	HEAD SPONSOR-FBLA	08/07/2026
WAGONER, JOEL DAVID	OVERLAND TRAIL MIDDLE SCHOOL	ASST DIRECTOR-FALL MUSICAL	08/16/2026
WASINGER, RICK W	BLUE VALLEY NORTH HIGH SCHOOL	ASST SPONSOR-BPA	08/07/2026
WATSON, CASEY JOHN	OVERLAND TRAIL MIDDLE SCHOOL	HEAD COACH-WRESTLING BOYS	11/16/2026
WHETZEL, AARON EDWARD	VIRTUAL ED	VIRTUAL EDUCATION-FALL	08/07/2026
WILLIAMS, CAMERON JED	BLUE VALLEY HIGH SCHOOL	ASST COACH-DEBATE	09/16/2026
WITTERS, ZACHARY PETE	BLUE VALLEY NORTH HIGH SCHOOL	ASST COACH-BOYS BASKETBALL	11/16/2026

SPECIAL FUND TRANSFERS

FOR THE MONTH OF August 2026

		General Fund	Supp. General	Cont. Reserve
013	At Risk	$ -	$ -	$ -
014	Bilingual Education	$ -	$ -	$ -
015	Virtual Education	$ -	$ -	$ -
026	Professional Development	$ -	$ -	$ -
028	Parents as Teachers	$ -	$ 80,000.00	$ -
030	Special Education	$ -	$ -	$ -
034	Career & Postsec. Ed.	$ -	$ 47,000.00	$ -
022	Extra Ordinary Schools	$ -	$ -	$ -
053	Contingency Reserve	$ -	$ -	$ -
055	Textbook & Student Mat.	$ -	$ -	$ -
047	Special Reserve Work Comp	$ -	$ -	$ -
048	Special Reserve Health	$ -	$ -	$ -
051	KPERS	$ -	$ -	$ -
024	Food Service	$ 1,086.15	$ -	$ -
	Total	$ 1,086.15	$ 127,000.00	$ -

GRAND TOTAL $ 128,086.15

Blue Valley USD #229
Claims for 10/15/26

Vendor ID	Vendor Name	
066037	MCCOWN GORDON CONSTRUCTION LLC	2,971,301.73
068762	PETERMANN STSA LLC	656,003.59
074433	STRAUB CONSTRUCTION COMPANY IN	628,114.66
073757	US FOODS INC	428,670.16
069609	ALL POINT TRANSPORTATION LLC	209,668.56
075189	BCI SOLUTIONS GROUP	208,528.22
064307	CIRCADIA	187,482.29
068763	PETERMANN STS LLC	175,336.72
072496	SECURLY INC	161,623.34
067074	GOODWIN PRO TURF INC	156,000.00
063926	PLUMBING BY FISHER INC	146,897.96
074854	CORE ELECTRIC	140,217.70
072542	PINNACLE STAFFING GROUP	130,012.89
074984	ZEN EDUCATE	125,609.68
060686	CDW-GOVERNMENT INC	115,770.99
073304	SMART PRO TECHNOLOGIES LLC	98,845.02
069343	TEACHER'S CURRICULUM INSTITUTE	87,995.00
050179	BSN SPORTS	87,117.64
074866	LOGICALIS INC	69,382.30
072481	C & C PRODUCE	59,986.78
073910	SIGNATURE LANDSCAPE LLC	58,974.00
000238	KENTON BROTHERS INC	55,409.44
071483	HILAND DAIRY FOODS COMPANY LLC	50,457.03
073938	CORPORATE CLEANING GROUP INC	50,402.00
052728	DELL COMPUTER CORP	50,065.00
007946	HOLLIS & MILLER ARCHITECTS INC	47,569.98
068823	SUMMIT BEHAVIORAL SERVICES	44,458.00
074237	SYNDEO STAFFING KANSAS CITY LL	43,870.16
066280	REINDERS INC	39,910.25
074945	MID WEST 3D SOLUTIONS LLC	39,721.00

Blue Valley USD #229
Claims for 10/15/26

Vendor ID	Vendor Name	
073776	HUT AMERICAN GROUP LLC	39,563.75
050407	K & W UNDERGROUND INC	39,347.34
001239	CENGAGE LEARNING	39,060.20
073175	ACCRUENT LLC	32,870.00
064310	ACCUTEC SERVICES INC	32,802.00
073862	IMAGINE LEARNING LLC	30,500.00
066408	DLR GROUP INC A KANSAS CORPORA	28,093.10
064570	AVID CENTER	27,300.00
063937	INTERPRETING SOLUTIONS LLC	27,282.00
071558	SYNETIC TECHNOLOGIES	27,110.00
073590	JOHNSON CONTROLS FIRE PROTECTI	26,998.04
013450	KANSAS CITY AUDIO VISUAL INC	26,520.00
075198	SUNBELT STAFFING LLC	26,446.20
002540	STANION WHOLESALE ELECTRIC CO	25,980.00
073228	BRADY INDUSTRIES OF KANSAS LLC	25,530.87
063632	MAXIM HEALTHCARE SERVICES INC	25,399.24
073401	SOLIANT STAFFING LLC	25,037.72
074927	BRIGHTHOUSE ACADEMY LLC, THE	24,750.00
062403	CLAYTON PAPER & DISTRIBUTION I	24,396.30
073746	FOLLETT CONTENT SOLUTIONS LLC	21,468.02
072434	WASTE MANAGEMENT OF KANSAS INC	20,224.80
064467	B&H PHOTO VIDEO	19,399.73
074182	DR DEBS CENTER FOR CHILD AND F	19,304.00
012020	A TO Z THEATRICAL SUPPLY AND S	18,800.00
010225	GRAINGER	18,372.02
073960	WEBER TECHNOLOGY CONSULTANTS L	18,142.16
074605	ZIPCO CONTRACTING INC	17,632.64
075066	INTEGRATED CONTROLS	17,432.84
073448	SCHOOL SPECIALTY LLC	17,185.56
073863	VERMEER GREAT PLAINS INC	17,000.00

Blue Valley USD #229
Claims for 10/15/26

Vendor ID	Vendor Name	
073055	XANTE CORPORATION	16,679.00
073536	FAST SIGNS-90601	15,994.29
072574	TECHCYCLE SOLUTIONS LLC	15,854.90
001039	APPLE INC	15,679.50
067784	FAVORITE HEALTHCARE STAFFING L	15,373.44
006800	DEMCO INC	14,985.45
065188	OMEGA DOOR & HARDWARE DIV OF M	13,350.57
074807	HUWAR CONSTRUCTION AND DEVELOP	13,314.70
059516	KAW ROOFING AND SHEET METAL IN	12,079.71
074500	AMERGIS HEALTHCARE STAFFING IN	11,749.04
067767	QUANTUM HEALTH PROFESSIONALS I	11,096.00
074603	SOCIAL ASSURANCE LLC	11,091.50
073768	BRIGHTSTAR CARE OVERLAND PARK/	10,705.50
061361	UNITED REFRIGERATION INC	10,546.68
073495	LETCHER'S ECI LLC	10,460.00
059724	WEATHER OR NOT INC	10,411.00
074573	A&E TREE LLC	10,405.00
066981	CRISIS PREVENTION INSTITUTE IN	10,196.00
059725	COMMERCIAL AQUATIC SERVICES I	10,031.44
074724	ADVENTHEALTH SPORTS PARK AT BL	10,000.00
074892	IML SECURITY SUPPLY	9,773.67
051394	OVERHEAD DOOR	9,735.00
055818	AMERICAN TIME & SIGNAL CO	9,530.97
074836	OLATHE FLEET SOLUTIONS LLC	9,232.36
072705	STANGER INDUSTRIES INC	8,917.72
075167	QUALITY PLUMBING INC	8,786.56
074561	WIL FISCHER CO OF KS	8,435.78
068716	VEX ROBOTICS	8,235.29
074587	PEPSICO BEVERAGE SALES LLC	8,004.57
065919	MEDCO SUPPLY	7,928.20

Blue Valley USD #229
Claims for 10/15/26

Vendor ID	Vendor Name	
074213	KC AIRWORKS LLC	7,885.00
074567	HELM SERVICE	7,847.42
066010	ROMA BAKERY	7,498.87
056352	VALIDITY SCREENING SOLUTIONS	7,468.00
019950	PUR-O-ZONE INC	7,365.51
050850	XEROX CORPORATION	7,278.80
066551	STAR SIGNS LLC	7,250.00
072504	VERITIV OPERATING COMPANY	7,244.44
012198	CITY OF OVERLAND PARK	7,200.00
059562	HONEY WAGON	6,860.00
073178	HON COMPANY	6,843.92
058696	PIONEER ATHLETICS	6,843.45
069524	USIC LOCATING SERVICES INC	6,458.67
067072	GENERAL PARTS LLC	6,313.51
069558	ELECTRONIC SYSTEMS INTEGRATION	6,294.07
074403	MARKLEY STRATEGIES LLC	6,083.33
069089	WALDINGER CORPORATION, THE	5,921.03
059030	SPENCER FANE BRITT AND BROWNE	5,865.38
001465	BRACKER'S GOOD EARTH CLAYS INC	5,859.96
073790	PARTS TOWN LLC	5,543.38
074894	PROCARE THERAPY	5,427.20
066424	SITEONE LANDSCAPE SUPPLY LLC	5,373.62
070386	PRINCETON REVIEW, THE	5,346.00
006972	BLICK ART MATERIALS LLC	5,257.95
073665	PITSCO EDUCATION LLC	5,081.55
069990	APEX ENVIRONMENTAL CONSULTANTS	4,804.70
062122	MIDWAY FORD TRUCK CENTER INC	4,593.23
074679	OLD SCHOOL HORNS LLC	4,591.60
055728	POLAR ELECTRO INC	4,500.00
067000	DEPCO LLC	4,262.20

Blue Valley USD #229
Claims for 10/15/26

Vendor ID	Vendor Name	
059064	BROSKI FENCE CO LLC	4,030.00
001964	ANIXTER INC - KANSAS CITY	3,925.00
064580	STYERS EQUIPMENT COMPANY	3,754.76
062501	ABLE HANDS INTERPRETING SERVIC	3,588.40
075122	XM AUTOMOTIVE LLC	3,504.27
062677	IXL LEARNING INC	3,500.00
027190	WENGER CORPORATION	3,394.01
073330	KANSAS CITY WINNELSON	3,365.19
074851	CESO COMMUNICATIONS LLC	3,360.00
072889	BORDER STATES ELECTRIC SUPPLY	3,306.76
074893	AIRBORNE MECHANICAL SERVICES L	3,263.00
057213	RIDDELL ALL AMERICAN SPORTS	3,089.20
074623	KM PRINTING & PROMOTIONS LLC	3,087.80
071843	FOLEY EQUIPMENT COMPANY	3,087.16
063779	REGENTS FLOORING	3,070.00
069691	JOHNSON COUNTY EQUIPMENT & PAR	3,047.00
061797	SMITTY'S LAWN AND GARDEN EQUIP	3,019.95
075191	CONNECTING WITH COLETTE DBA ST	2,850.00
066466	PRECISION CRAFT INC	2,791.00
073608	SUPREME GREEN LANDWORKS LLC	2,731.16
004775	CHARLES D JONES CO INC	2,691.40
065862	KANSAS BUREAU OF INVESTIGATION	2,679.00
073734	SETON IDENTIFICATION PRODUCTS	2,534.97
000341	J W PEPPER	2,512.38
028116	LENNOX INDUSTRIES INC	2,352.12
054191	MEYER MUSIC COMPANY	2,336.89
059640	HENDERSON ENGINEERS INC	2,320.00
070004	OLATHE STRIPING	2,300.00
071891	KAPITAN BAND INSTRUMENT REPAIR	2,276.00
003000	BOUND TO STAY BOUND BOOKS INC	2,252.59

Blue Valley USD #229
Claims for 10/15/26

Vendor ID	Vendor Name	
066889	MUSCO SPORTS LIGHTING LLC	2,180.00
073115	SANTA FE TOW SERVICE INC	2,160.00
073650	FIX A FIELD LLC	2,100.00
073935	DELTAMATH SOLUTIONS INC	2,040.00
000915	BLUE VALLEY FOOD SERVICE DEPT	1,985.44
072017	BUILDING CONTROLS AND SERVICES	1,979.81
058705	VAN WALL EQUIPMENT INC	1,971.79
074932	LEADING EDGE GROUP LLC	1,950.00
066675	GOPHER SPORT	1,704.64
070096	KANSAS CARENOW URGENT CARE LLC	1,645.00
057798	COLLEGE BOARD, THE	1,600.00
066750	SMALLWOOD LOCK SUPPLY INC	1,575.67
066562	CINTAS CORPORATION NO 2	1,574.54
073259	CONTROL DEPOT INC	1,543.87
000634	SOUTHPAW ENTERPRISES INC	1,543.56
067703	SCHOLASTIC INC	1,526.08
071179	LINDE GAS & EQUIPMENT INC	1,511.86
075118	VURGE	1,507.95
074700	SWEETWATER SOUND LLC	1,506.46
070193	PROPIO LANGUAGE SERVICES	1,492.03
068743	MC ELECTRIC	1,491.25
074818	JADE ALARM CO	1,442.50
069845	CENTURY MARKETING INC	1,347.00
068524	PHOTO WAREHOUSE	1,333.05
056954	ADORAMA INC	1,327.98
075147	MIDWEST ALARM SERVICES	1,302.34
054274	ELECTRONICS SUPPLY CO INC	1,232.40
068915	SCHAEFFER MANUFACTURING CO	1,215.75
072361	SONOVA USA INC	1,192.25
063141	MIDWEST EQUIPMENT COMPANY INC	1,149.75

Blue Valley USD #229
Claims for 10/15/26

Vendor ID	Vendor Name	
002105	TRIANGLE SALES INC	1,136.00
051837	MIDWEST TECHNOLOGY PRODUCTS	1,122.00
075248	CROSSROADS CHARTER SCHOOLS	1,120.00
072536	BRINGING THERAPY HOME LLC	1,112.50
069525	MECHANICAL SALES MIDWEST INC	1,099.20
067197	THE AMERICAN BOTTLING CO INC	1,097.01
073167	FREEDOM INTERIOR SOLUTIONS LLC	1,077.20
073570	KRONOS SAASHR INC	1,065.45
056910	FASTENAL COMPANY	1,064.05
001808	JOHNSTONE SUPPLY	1,049.20
072182	ASSISTED STUDENT TRANSPORTATIO	1,033.20
060383	CFM DISTRIBUTORS INC	1,017.94
075196	MOLLY HAWKINS WHOLESALE	1,010.30
066654	MACKIN BOOK COMPANY	1,009.73
064100	THE RED FORCE FIRE AND SECURIT	974.67
066856	CRYSTAL CLEAN LLC	963.70
073519	CET COLOR INC	953.30
052214	LEXIA VOYAGER SOPRIS INC	922.95
027200	WEST MUSIC COMPANY INC	882.10
062990	HOUGHTON MIFFLIN HARCOURT PUBL	812.00
071523	DELTA INNOVATIVE SERVICES INC.	807.50
074641	REV ROBOTICS LLC	768.07
009030	FLINN SCIENTIFIC INC	752.88
073773	E EDWARDS WORK WEAR	745.85
073613	MEDICALESHOP INC	734.67
004350	CAROLINA BIOLOGICAL SUPPLY CO	706.57
019790	PRO ED	651.20
075063	ARMSTRONG COMPANY KC LLC THE	650.74
071703	ANDYMARK INC	626.13
073361	NIFTY PROMOTIONS LLC	608.69

Blue Valley USD #229
Claims for 10/15/26

Vendor ID	Vendor Name	
073089	CONTINUED.COM LLC	594.00
066911	AMERICAN BAND ACCESSORIES	586.95
072728	HOBART SERVICE	548.93
074737	DONNA & VIOLA'S SHIRTS ETC LLC	531.00
012146	INDUSTRIAL SALES COMPANY	529.53
071527	GRIMCO INC	516.28
074470	VERNIER SCIENCE EDUCATION	516.11
064992	COMMUNITY PRODUCTS LLC	510.00
072458	KANSAS STATE SCHOOL FOR BLIND	500.00
021700	SCHOOL HEALTH CORPORATION	468.52
073468	CCC SERVICES LLC	450.00
066726	KONE INC	449.74
074476	DAIKIN TMI LLC	447.22
053897	MULTI HEALTH SYSTEMS INC	428.49
068418	TODAY'S CLASSROOM LLC	421.57
062814	DECKER INC	401.05
056760	LIVERY STABLE AUTOMOTIVE INC,	400.64
055781	MAXI AIDS	370.30
064481	UNITED RENTALS (NORTH AMERICA)	360.38
071856	WESTLAKE HARDWARE INC	350.97
071270	FRITZ PAINTING & DRYWALL LLC	350.00
055028	NATIONAL SPEECH AND DEBATE ASS	349.00
067628	GUITAR CENTER	341.36
073934	DOC FIZZIX PRODUCTS	335.80
068946	CONCEPT PRODUCTS	319.80
065866	LAKESHORE LEARNING MATERIALS	300.95
075203	SMASH MY TRASH KC	300.00
022460	ADA BADMINTON & TENNIS	288.50
073630	MODULARHOSE.COM	282.87
055543	DISCOUNT MAGAZINE	258.93

Blue Valley USD #229
Claims for 10/15/26

Vendor ID	Vendor Name	
070282	GT DISTRIBUTORS INC	256.99
061182	P B HOIDALE CO INC	255.00
072997	HD SUPPLY INC	247.00
002583	SHERWIN-WILLIAMS	193.98
068850	REJIS COMMISSION	177.70
065745	ELECTRONIX EXPRESS	155.80
073939	CARQUEST AUTO PARTS	149.62
065624	ABSOLUTE AWARDS INC	130.00
059421	SCHOOL NURSE SUPPLY INC	128.25
065791	MACGILL & CO	124.20
071379	LANGUAGE TESTING INTERNATIONAL	113.50
072376	GRIZZLY INDUSTRIAL	104.94
074272	WEBSTER, SVETLANA	100.00
001591	SUPER DUPER PUBLICATIONS	99.95
073550	KAMETA, MARCIE	93.75
072560	THEATREFOLK LTD	87.95
063474	WILSON LANGUAGE TRAINING	71.00
057906	O'REILLY AUTO PARTS	66.27
074530	KANG, JIHYUN	62.50
058138	PRICE CHOPPER - QUEENS	44.70
068436	SOCIAL THINKING	37.54
071660	PALEN MUSIC CENTER INC	24.75
002460	FREESTYLE PHOTOGRAPHIC SUPPLIE	13.99
074511	ANCESCHI ANTUNES DA COSTA, NAT	12.50
	GRAND TOTAL	**8,790,085.80**

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
ACH	KS - Bond & Interest payment to state	38,554,887.52
ACH	PY - Fed WH - ACH	4,030,089.43
ACH	PY - BCBSKC - Cost Plus Settlement - ACH	3,181,720.66
ACH	PY - KPERS - ACH	1,039,177.22
ACH	Utilities - Evergy - ACH	906,972.80
ACH	PY - KS WH - ACH	820,372.96
ACH	ACH - BVRC - Ad Valorem Transfer	753,958.21
ACH	PY - BCBSKC - (Admin/Pooling Fees) - ACH	646,752.27
ACH	PY - Transamerica/Diversified Investments - ACH	575,628.83
ACH	Commerce -Pcards - ACH	310,230.53
ACH	PY - HSA Payable - UMB - ACH	165,598.44
ACH	PY - Delta Dental Premiums - ACH	101,517.10
ACH	Utilities - WaterOne - ACH	83,975.14
ACH	PY - Standard Ins Co. (LIFE/STD) - ACH	79,682.05
ACH	PY - Tri-Star Systems - MRP/DEP - ACH	76,453.31
ACH	T McGee -P&C - ACH	52,517.28
061931	CARTER ENERGY CORP	31,759.16
ACH	PY - KPERS WAR - ACH	26,974.71
ACH	PY - Delta Dental Buy-Up - ACH	25,581.14
ACH	PY - Surency (Vision Ins) - ACH	25,120.08
ACH	PY - BVEA Dues - ACH	21,592.70
ACH	PY - Standard Ins Co. (AI / HI / CI) - ACH	20,915.64
ACH	T McGee - Wrk Comp - ACH	19,498.66
075175	DIESEL DIRECT CENTRAL LLC	18,469.22
068743	MC ELECTRIC	17,702.61
074875	AT&T ENTERPRISES LLC	16,681.27
ACH	KS State Sales Tax - ACH	15,545.03
055540	BLUE VALLEY EDUCATIONAL FOUNDA	12,650.82
025800	UNITED SCHOOL ADMINISTRATORS O	11,500.00
ACH	ACH - BVW PTO	10,908.62

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
071660	PALEN MUSIC CENTER INC	9,306.19
069133	VERIZON WIRELESS	8,408.87
ACH	ACH - BVH PTO	8,245.00
070890	HAZ-MAT RESPONSE INC	7,693.90
ACH	PY - Allstate - ACH	6,618.32
ACH	Utilities - Kansas Gas Service - ACH	6,365.41
ACH	ACH - BVN Booster	6,306.66
070801	BURDISS LETTER SHOP SERVICES C	6,252.92
ACH	PY - ARAG - ACH	5,446.20
ACH	PY - KCPAY -Kansas Child Support - ACH	4,606.78
ACH	PY - BVEF - ACH	4,118.00
ACH	ACH - PSM PTO	4,093.40
ACH	ACH - BVNW PTO	3,734.50
069534	WESTERN STATES ENVELOPE CO.	3,607.45
066857	JOHN A DEHAN JR	3,300.00
ACH	ACH - BVSW PTO	2,813.00
058136	GRIFFIN, WILLIAM H	2,750.00
ACH	PY - Executive Life Solutions -ACH	2,588.75
013910	KSHSAA	2,572.00
068532	INFORMATION NETWORK OF KANSAS	2,425.34
ACH	PY - FSPC CHILDSUPP -MO	2,378.46
002730	BLUE VALLEY HIGH SCHOOL	2,362.17
ACH	ACH - HMS PTO	2,294.05
ACH	ACH - HES PTO	2,235.85
068657	EASTERN KANSAS LEAGUE	2,100.99
ACH	PY - City of KCMO Earnings Tax - ACH	2,087.79
ACH	ACH - LMS PTO	2,025.36
074956	VARSITY SPIRIT LLC	2,000.00
075221	HAUSE, STEPHANIE	1,800.00
ACH	ACH - OMS PTO	1,794.50

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
071419	RACKCOACH	1,750.00
ACH	ACH - OHE PTO	1,721.75
060401	RICHARD V FINK, TRUSTEE	1,685.00
068399	SHAWNEE MISSION EAST HIGH SCHO	1,500.00
074876	UNIVERSAL CHEERLEADERS ASSOCIA	1,500.00
P10766	HODGES, JULIE	1,420.10
ACH	ACH - IVE PTA	1,416.20
ACH	PY -Tri-Star Systems Admin Fee - ACH	1,407.60
067191	KAHRS LAW OFFICES PA	1,393.30
ACH	ACH - SRE PTO	1,387.10
067797	COMMERCIAL LAW GROUP PA	1,362.06
ACH	ACH - LES PTO	1,290.10
073914	PICKUP PATROL LLC	1,221.75
ACH	ACH - HRT PTO	1,120.35
073795	JOHNSON, JACQUELINE	1,003.41
ACH	ACH - LKE PTO	994.25
071385	MIDLAND PAPER	927.75
068487	BVM PTO	892.40
ACH	ACH - VPE PTO	887.55
ACH	Utilities - City of Olathe Billpay - ACH	865.42
062704	BLUE VALLEY WEST	842.75
067700	LAWRENCE FREE STATE HIGH SCHOO	840.00
ACH	ACH - OTE PTO	756.60
ACH	ACH - OTM PTO	746.90
ACH	ACH - WSM PTO	712.95
073209	LITERACY RESOURCES LLC	712.00
ACH	PY - Expert Pay (California garnishments)	656.00
067702	ST THOMAS AQUINAS HIGH SCHOOL	640.00
068861	OLATHE NORTH	600.00
067226	LEES SUMMIT SCHOOL DISTRICT	500.00

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
ACH	ACH - LKM PTO	485.00
ACH	ACH - AGE PTO	475.30
ACH	ACH - BRE PTO	460.75
072662	W H GRIFFIN TRUSTEE	460.00
074578	FRIENDS OF THE GOLDEN REGIMENT	450.00
P14072	HEINAUER, STEPHEN	422.67
P14070	SCHRAGE, GREG	405.35
013477	SKEENS, WILLIAM ALLEN	402.80
075151	LAWYER, JEFFREY	400.49
054959	BLUE VALLEY NORTHWEST HIGH	371.95
068820	TURNER USD 202	348.00
073479	W.V.C.ED	342.13
016683	MARTIN, ALAN PATRICK	340.02
018921	LONERGAN, MARY COLLEEN	335.16
019568	VEDDER, ROSS DANIEL	327.03
BVSW	BLUE VALLEY SOUTHWEST HIGH SCH	326.10
019698	WALKER, AUBRIE NORINE	315.72
074516	OPS-KC ASPIRIA LLC	306.00
019375	CHAFIN, SONJA MARIE	296.50
013767	DECANIO, ANNETTE	296.50
022810	FERNANDEZ ALARCON, EDUARDO JOS	296.50
068822	WASHBURN RURAL HIGH	275.00
022317	MOORE, JOSHUA D'ANGELO	272.99
071997	INNOVATIVE CHOREOGRAPHY LLC	270.00
022189	HOGAN, NICOLE K	267.03
065931	PITNEY BOWES BANK INC (RESERVE	258.87
021789	SNEED, TIFFANY DAWN	256.42
X03593	PAPILLION LAVISTA PUBLIC SCHOO	250.00
022327	GILL, MONICA	249.74
006091	HENZLIK, KIRSTEN LEE	244.23

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
ACH	ACH - ABM PTO	242.50
014667	SPENCER, BRICE MORGAN	237.20
020186	CUEVAS, MONICA	236.66
000496	PUNSWICK, ERIC J	236.50
074135	JUNIOR ACHIEVEMENT OF GREATER	233.00
P13284	KO, ANGELA	228.00
P14073	HEINAUER, ISAAC	226.51
023741	DOW, CLAYCE ROLAND	217.28
053879	WICHITA STATE UNIVERSITY	215.00
007963	GILLAM, JASON T	215.00
015340	LA LONDE, BRUCE GREGORY	215.00
074877	VARSITY SPIRIT FASHIONS & SUPP	209.50
000202	BLUE VALLEY NORTH HIGH SCHOOL	206.71
020681	GRAHAM, ALISHA GAIL	204.90
003359	GIESEKE, NANCY ANNETTE	203.83
ACH	ACH - HLC PTA	203.70
020523	RAHMEIER, KELLY D	202.24
013512	FLUIS, JARED C	202.05
075228	OMAHA PUBLIC SCHOOLS	200.00
012003	HAGSTROM, HEATHER MARIE	190.61
021267	ERPELDING, JUDY ELLEN	186.96
022041	TAYLOR, MARTHA L	184.15
054829	STERICYCLE	181.49
014620	BURTON, STUART LYLE	181.08
067028	EAGLES LANDING GOLF COURSE	180.00
068498	SHAWNEE MISSION NORTHWEST	175.00
003424	FREUND, RODNEY H	173.43
P14071	BELLQUIST, CHAD	173.31
073198	ADVOCACY IN MOTION INC	165.00
063013	CULLIGAN OF GREATER KANSAS CIT	162.50

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
011305	DREYER, MIKAYLA WEBER	162.26
020480	KELLERMAN, KRISTIN ANNE	160.00
009492	MAY, SUSAN MARIE	159.60
023022	STAINES, RYAN MICHAEL	151.62
063179	KANSAS DEPARTMENT OF EDUCATION	150.00
018400	OLATHE USD #233	150.00
060152	SHAWNEE HEIGHTS USD NO 450	150.00
018234	KRIEGSHAUSER, LAURA A	147.59
019387	GILLIAN, HILARIE GRACE	146.07
001156	PETERMAN, ANDREA S	144.82
067159	SUNFLOWER HILLS GOLF COURSE	144.00
015188	BLAKELY, JOANN	143.72
006874	DILLAVOU, JENNIFER	138.70
P14079	ERICKSON, NANCY	135.00
022198	CUNDIFF, MADISON KAY	135.00
013460	THOMPSON, KIMBERLY BRIANNE	135.00
071179	LINDE GAS & EQUIPMENT INC	133.74
022697	BILLINGER, BRANDON JAMES	131.78
002044	NORRIS, JUSTIN M	130.43
018877	QUEZADA-REYES, ABRAHAM	129.81
P13478	DEGNAN, ANGELA	128.44
000493	O'CONNOR, JUDITH ANN	127.45
19923	WRIGHT, JILL KATHRYN	125.70
19654	MONTGOMERY, MORGAN LYNN	123.12
4131	BROWN, MARY KATHERINE	123.07
21499	MICHAELS, EVAN	121.60
68852	LEAVENWORTH USD #453	120.00
4143	WRIGHT, LISA ANN	118.86
73929	WOODRIVER ENERGY LLC	114.33
18620	MUSAU, ROSHONDA MARIE	111.26

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
15833	MITCHELL, CHANIE DAWN	110.81
3224	DOLLINS, SARAH RENEE	110.50
22250	WEDEMEIER, SHANNON COLLEEN	110.28
22051	FRACKOWIAK, LOGAN KENNEDY	109.14
23862	CARLSON, DAVID L	108.07
P14077	KULESA, TONY	107.62
2331	SUMNER, MONICA RAE	106.70
1500	LYON, ROBIN L	106.63
11347	KUNZE, CYNTHIA LYNN	105.79
21384	SCHEUFLER, ASHLEY LYNN	105.49
18300	HERFF JONES INC	105.00
15753	JOHNSON, TOMMY L	104.04
16929	WESTCOTT, JOHNATHON THOMAS	103.13
15730	O'DONNELL, MOLLIE ANNE	101.69
71247	FRIENDS OF THE VALLEY DEBATE	100.00
67112	NOTRE DAME DE SION SCHOOLS OF	100.00
67278	WICHITA COLLEGIATE SCHOOL INC	100.00
14261	TURRENTINE, MARK WILLIAM	99.86
18320	OBOLD-GEARY, REBECCA RUTH	99.56
16717	KOCHANOWSKI, TRICIA MARIE	99.03
21439	LIND, LISA J	98.80
22757	KURE, NICHOLAS ANTHONY	96.82
16460	MERINO, SONJA LYNN	96.52
50228	JOHNSON COUNTY PARKS & RECREAT	96.00
14826	HILDEN, EDWARD LEE	95.84
19689	MCLAUGHLIN, TANNER D	94.24
5251	GOTT, MICHAEL R	93.33
18434	BEALS, WILFORD E	93.25
12073	ELY, MELISSA ANN	93.10
12542	DEARTH, JACQUELINE MARIE	92.72

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
11340	MARTINEK, MICHELE LYNN	90.31
18756	BELL, CHRISTOFER CHARLES	89.50
2403	MEYERS, MICHAEL J	89.50
17315	SATRIANO, JAMES ALAN	89.07
18868	CHAVEZ, EMMA CAITLYN	88.98
P11986	WHITE, JONNA	86.76
16213	HOLKER, HOLLY ANNE	85.80
13336	YOUNGER, KRISTEN M	84.97
10012	DEFOREST, ASHLEY ROSE	82.84
1802	SCAVUZZO, AMY	82.54
22314	DOTSON, WILLIAM LUKE	81.23
21494	TEMPLE, MARISSA NOEL	79.95
13641	GRAY, KRISTI LYNN	77.82
18419	GRAHAM, THERESA	77.14
17793	LARSON, DIMITRI LAWRENCE	76.69
6761	JIROVEC, DONNA MARIE	76.34
3184	PETERS, NICOLE LEIGH	75.24
069276	BROOKRIDGE GOLF	75.00
063867	KSDE	75.00
073917	STAGG HILL GOLF CLUB INC	75.00
021412	LYCHE, ABIGAIL G	73.50
068550	OLATHE EAST HIGH SCHOOL	72.00
017500	SVILARICH, STEPHANIE LINN	71.52
022351	ROTH, BLAKE ANTHONY	70.83
008464	HARMS, JENNIFER LYNN	67.72
010169	CARNEY, REBEKAH LEEANN	67.64
011107	BEVIL, BETH ANN	66.50
007969	FORD, JENNIFER LYNN	66.35
005097	RITTER, CANDACE J	66.12
013348	CLARK, MELISSA RENEE	65.78

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
022954	RYAN, JAMES PATRICK	64.22
005355	RABBITT, JOCELYN RENEE	63.16
009295	ARBUCCI, MICHAEL	62.17
021932	WHITE, NANCY R	61.86
019195	GRAU, AMBER LYNN	61.56
022184	RELIFORD, DARRYL W	61.48
008128	RAMSTAD, DEREK JOHN	61.18
014458	BOX, BRIAN SAMUEL	60.80
014377	FINK, CHRISTINA RACHELE	59.36
015909	KNIGHT, DONNA M	58.67
067599	BVSW - ONLINE FEES	58.20
010266	JAMES, DONNA LYNN	57.91
016433	WILES, ALLISON RAE	57.84
014154	ASHER, TARA PAIGE	57.30
013461	FREEMAN, CHRISTINE MARIE	56.50
014948	SEAMAN, TIFFANY STAR	56.32
009382	CRANE, ALISON DALE	54.72
019058	MURO, DIANE CYNTHIA	54.04
010685	VOOR VART, LEANN RENAE	52.59
P14069	BAKER, GEORGE	52.48
014992	KROUSE, CASEY ANNE	50.77
016447	SLICKMAN, KASSIDY ALAINE	50.54
055409	KANSAS FOUNDATION FOR EXCELLEN	50.00
070240	OLATHE SOUTH HIGH SCHOOL	50.00
023567	HINEMEYER, MEGHAN ELIZABETH	49.78
021004	PARKER, HALEY NICOLE	48.94
054188	HARMONY MIDDLE SCHOOL	48.55
003358	STRAIN, BENJAMIN JAMES	47.73
020236	DE LEIRIS, SARAH CATHERINE	47.65
018280	GIBSON, ANN MARIE	47.58

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
022219	SHORTES, NOLAN RYAN	47.12
020181	HARRISON, BETHANY LYNN	46.82
018850	PARRA, ELENIS	46.66
002800	BLUE VALLEY MIDDLE SCHOOL	46.29
016476	GILLESPIE, MELISSA LYNNE	45.22
015353	MCDAVID, KATHLEEN HELEN	45.06
ABM	AUBRY BEND MIDDLE SCHOOL	45.02
020800	BANKS, THORNE BISBEE	44.46
002151	HELLER, PAMELA J	44.16
013181	GRAHAM, JANET LYNN	43.17
022316	HENRY, MICHELLE DAWN	42.41
003969	HONORS, EILEEN MCGAHAN	42.41
011286	BOLTON, CRISTY YVONNE	40.96
050435	OVERLAND TRAIL MIDDLE SCHOOL	40.03
067705	MILL VALLEY HIGH SCHOOL	40.00
002012	STATEN, DONALD E	39.52
020059	HELGESON, MELINDA C	39.14
018254	SLADE, LAUREN CAROLINE	38.15
023723	CHURCHILL, HANNA LEANNE	36.94
011992	SIMPSON, LORIE SUZZANNE	36.86
020748	TRIBALDO HENAO, KARENT	36.02
022799	ASHCRAFT, DEBRA MORINE	35.72
023989	DIXON, ROBERT SCOTT	35.11
010844	HILL, CHRISTINE MARIE	34.50
004213	ZINK, COLLEEN MICHELLE	33.97
064434	MTE ONLINE FEES	33.95
016550	CHURCHILL, KELLY ELIZABETH	33.74
009695	CHOPP, ELIZABETH ROSEN	33.14
023877	MAHER, EMILY JOY	32.98
022034	HOGLUND, KIMBERLY JO	32.83

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
017719	KAUSAR, BILQEES	32.83
023554	PALMATIER, VICTORIA MARIE	32.83
023850	MATTSON, DOUGLAS DUANE	32.76
013642	HENRY, MELODY JOY	32.54
023954	LAWSON, LESLIE RENEE	32.22
023830	MASON, ALEXANDRA JESSICA	31.92
022807	SHAWGER, AMBRIA MAE	31.92
017676	DERRINGER, DEBORAH ANN	31.46
022142	KELLER, MEGAN LEIGH	29.64
023922	REISER, LAURI MICHELLE	29.56
064443	STAN ONLINE FEES	29.10
024027	BARNETT, PEACEFUL JOANNA	28.80
016543	WATERS, EMILY AUTUMN	28.73
004821	SMITHYMAN, WILLIAM EDWARD	27.66
008030	JONES, GENA L	27.21
023948	RELLIER, MIRANDA	27.06
003285	SULLIVAN, ATHENA VENEICE	26.45
023864	BRANDT, SUSAN REBECCA	26.41
021525	BELLANTE, MELISSA MAE	25.84
010935	MARTIN, THOMAS J	25.08
022202	PARKER, LANDON MADALIN	24.47
021914	SALAZAR, GENESIS E	24.40
018585	VANSAUN, AMEE ANN	23.48
015067	MARQUESS, STEPHANIE NICOLE	23.10
018923	GORMLEY, ALEXIS NICOLE	22.57
021434	HELLWIG, MATTIE B	22.57
018246	MOLDE, MELISSA C	22.46
023189	GARCIA-FLORES, KIMBERLY	21.81
022525	PLOOF, KRYSTAL LYNN	21.51
021790	MEI, ZENG	21.36

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
019420	VALENZUELA, MARIA M	20.97
023709	HARTE, CHRISTINA MARIE	20.60
016242	MACK, LAURA CHAMBERS	20.22
003284	SMITH, JENNIFER REBECCA	19.87
006713	MOORE, FRANKIE	19.61
023878	SUTTON, SUZANNE MARIE	19.30
003076	BROOKS, MATTHEW J	18.24
018703	STOCK, CARA LAURINE	18.24
013225	BAILEY, CHARLES A	17.79
006814	RANGEL, MONICA	17.48
010760	WENG, XIAN	17.11
023041	MEYER, JASON E	17.03
022604	FANGMAN, TRISTAN LEIGH	16.57
019717	GARRUSS, ANASTASIA R	16.57
019871	SCHAMBACH, AUDREY MARIE	16.57
017347	CAIN, SHERI DAWN	15.81
019593	MUNSON, STEPHANIE KATE	15.81
023219	FOSTER, ALEXIS ANN	15.50
015690	LEE, ALLYSON NICOLE	15.50
022690	CRAWFORD, ROSALINDA RUIZ	14.59
010707	WEBB, NATALIE A	14.59
023142	HASSAN, SAJA OMRAN	14.44
001666	HODGES, ROBIN KATHLEEN	13.98
019681	BENSCHEIDT, LAURA LOUISE	13.68
015761	NOLTEMEYER, SARA C	13.38
009349	SIMER, KATHERINE FRANCES	13.07
021399	STEGMAN, MACKENZIE E	13.00
015150	GUO, SU	12.84
002653	ROUSE, AMY K	12.77
023766	BENNETT, MALLORY JANE	12.46

Blue Valley USD #229
Disbursements for September 2026

Vendor ID	Vendor Name	
013281	COHEN, ERIC ALLEN	12.46
021862	FARRINGTON, DANA MICHELE	11.86
018134	MEISINGER, PEYTON JEAN	11.70
018400	CHOI, HYANG O	11.48
023193	KOSPELICH, ROBIN ANNE	11.40
009582	VALVERDE, BOBBI JO	10.56
005592	CHRISTIAN, PATRICIA M	10.18
019723	TROWBRIDGE, WHITNEY LEIGH	10.18
023162	BRADY, ALEXIS	9.73
013022	LI, JUNJIAN	9.12
012171	BEICHLEY, KACI REBECCA	8.66
022002	PARRISH, KARLA PATRICIA	8.51
005546	DREYER, MARGO BETH	8.44
021923	HALL, KAYLA LYNN	8.44
014482	DE LA CRUZ, SILVINA	8.21
022017	GOVANI, POOJA KUNAL	8.21
019817	HAMMETT, HALEY MARIE	7.75
021492	WHIGHAM, SHELLY MARIE	7.52
014872	RONDON, MARY FRANCES	7.37
019754	RODDY, SARAH ANNE	7.15
060423	BLUE VALLEY ACADEMY	6.95
006005	BOLTON, JULIA M	6.84
023651	CORPUS, HEATHER LYNN	6.69
016358	SUNDQUIST, MAX GARRETT	6.31
013936	BANDY, CHRISTINA LYNN	6.08
020855	YU, NGAI NAM GAGA	5.93
003980	CHYKA, MICHEAL BRUCE	4.10
005656	PRELOGAR, MADELINE M	2.13
019793	HUNDLEY, KATHRYN L	0.76
	GRAND TOTAL	**51,839,676.81**

IIA Performance-Based Credits

A student may earn credits towards high school graduation by demonstrating mastery of the course outcomes through a performance instrument. The standards for designing and passing the performance instrument shall be set sufficiently high to ensure credits earned by such means shall be equivalent to those offered in the framework of the Carnegie unit.

A written request to "test out" of a class must be submitted and will be considered on a case-by-case basis.

The request is to be evaluated within 30 school days by a review committee composed of: a building administrator, a school counselor, a faculty member appointed by the principal, and the students' parent(s) or guardian(s).

If the request is approved, the course instructor will have 30 school days to design a performance instrument that reflects mastery of all course outcomes. Commercially available instruments may be used if they cover all course objectives. A performance instrument shall be approved by the principal. The principal, in consultation with the instructor, will determine the setting and the timelines for the administration of the instrument, as well as the criteria for successful completion of those tasks.

The student has 10 school days in which those designated tasks developed by the teacher and approved by the administration must be performed.

Credit for such classes shall be awarded with the method of grading determined by adminstration ~~only on a pass/fail basis~~. Students will be allowed only one opportunity to "test out" of any particular class. It will not be the responsibility of the school or the instructor to provide instructional and/or review time for the student. However, the outcomes, as noted in the district curriculum guide, and class syllabus will be made available.

Graduation Credit Through Integrated Coursework

The board may allow graduation credit for integrated academic or career and technical education course work. The teacher awarding academic credit shall be fully licensed and may work collaboratively with another instructor to develop a course plan for instruction. The teacher shall monitor the student's progress and level of achievement. The plan will be reviewed periodically to maintain rigor and relevance.

Credit Through Alternative Educational Opportunities

Students enrolled in grades nine through twelve may earn course credits through alternative educational opportunities with sponsoring entities. For the purposes of this policy, terms have the following meanings.

- "Alternative educational opportunity" means instruction that primarily occurs outside the classroom with a sponsoring entity.

- "Sponsoring entity" means a business, not-for-profit organization, nonprofit organization, trade association, teacher, or administrator that partners with a school district to provide an alternative educational opportunity to students.

Eligibility Requirements for Sponsoring Entities

The board may accept a proposal from a sponsoring entity if the alternative educational opportunity provided by the sponsoring entity provides an additional learning opportunity for students through a work-based, pre-apprenticeship, apprenticeship, internship, industry certification, or community program; and either the proposal is approved by the state board of education as an alternative educational opportunity, or it complies with the requirements of this policy regarding such opportunities.

Requirements for the Provision of Alternative Educational Opportunities

Each approved alternative educational opportunity with a sponsoring entity shall be managed and directed by a licensed teacher employed by the school district. The teacher may work collaboratively with the principal, the sponsoring entity, or another teacher to develop a course plan for instruction with learning outcomes identified. The teacher shall monitor the student's progress and level of achievement based on this plan. The plan will be reviewed periodically and adjusted as needed to promote a quality learning experience. The principal shall provide a report annually, or as requested, to the superintendent evaluating the additional educational opportunity provided to participating students and making recommendations to the superintendent on continuation, termination, or modification of the opportunity.

Processes for Submitting a Proposal for an Additional Educational Opportunity

Sponsoring entities wishing to partner with the district to provide additional educational opportunities to students, shall submit a proposal to the superintendent outlining the contact information and credentials of the person(s) that would be working directly with the student participants in this experience; educational goals for the partnership; any time, place, manner, and number of participant restrictions regarding how the learning opportunity would be provided; proposed learning outcomes for participating students; and any details regarding prerequisite coursework, certification, or experience a candidate for this experience should possess prior to entering the program.

Criteria for Evaluating Such Proposals

Prior to making a recommendation to the board on whether the district should partner with or continue to partner with a sponsoring entity, the superintendent shall review the proposed alternative educational opportunity in comparison with the board approved curriculum and goals, consulting other staff members as necessary in that process. Before recommending action to continue such partnership from year-to-year, the superintendent may seek and shall review any available reports on the opportunity provided by the principal in accordance with this policy.

The board should consider the recommendation of the superintendent in determining whether to partner with or continue partnership with a sponsoring entity. In order for the board to

partner with a sponsoring entity and to maintain such partnership, the sponsoring entity must first meet the eligibility requirements as outlined in this policy.

Additional considerations weighing into the decision to partner with a sponsoring entity may include, but may not be limited to: whether the learning experience meets the curricular, rigor, and relevance needs of the student and/or the district; qualifications, experience, reputation, and responsibility of the sponsoring entity and/or individuals that would be working directly with students; related costs for the district, regarding the provision of transportation, equipment, human resources to monitor the experience, etc.; space and time constraints if the experience will be provided in district facilities; student and staff safety; the need for and/or availability of insurance coverage, as applicable; effect on other district course offerings and activities; and student interest. As the welfare of students is of paramount importance to the board, the district reserves the right to complete background checks on any individuals working directly with students on behalf of the sponsoring entity and to base decisions on entering or exiting such a partnership, in whole or in part, on the results thereof.

Determining the Course Credit that May Be Earned Through These Opportunities

The superintendent may develop procedures for review of the experience and the award of credit in accordance with board approved curriculum. The superintendent may award credit for the experience as deemed appropriate for district elective offerings based on meeting local standards for those offerings. In order for any alternative educational experience to be approved for credit in a state-required course, such experience must meet all applicable statutory, regulatory, and Kansas State Board of Education approved standards for award of such credit.

State Reporting Requirements

The superintendent or the superintendent's designee shall make reports to the Kansas State Department of Education as required thereby. Such reports will include information regarding the alternative educational opportunities offered at each school, the names of sponsoring entities, the number of students participating in such opportunities, and credits earned.

BV BOE Approved: 5/11/26

EARLY GRADUATION CANDIDATES

Board of Education | October 12, 2026

Each each year there are students who apply for early graduation. The new Board of Education policy JCFA now requires Board approval of these students' applications. Below are the students, their reason for seeking early graduation and their post-secondary plan.

BLUE VALLEY NORTHWEST

Student's Name: Taylor Nutt ID# 10166235
Anticipated Graduation: May, 2027 (1 year early)
Reason for Early Graduation: New to Blue Valley this year and had a plan to graduate early at her last school. Will have all credits completed by May.
Post-Secondary Plan: Start classes at post-secondary institution.

BLUE VALLEY SCHOOLS

BOARD OF EDUCATION

ACADEMICS & ACTIVITIES ADIVISORY COMMITTEE

MINUTES

September 17, 2026 • 7:30-9:00 a.m.

Blue Valley District Office

FACILITATOR(S): Kelly June & Matt Ortman

COMMITTEE MEMBERSHIP: Lauren Dreher, Brittany Verrette, Brooke Davids, Philon Barr-Manning, Sean Burrell, Adrienne Newlin, Amy Hill, Scott Wright, Stefanie Anderson, Setareh Applebaum, Chaithanya Etikala, Matt Wachel, Dr. Sonya Evans, Patrick Hurley, Jodie Dietz, Devin Splittorff, Aryah Vyas, Lucia Noll, Brock Johnson, Owen Filing, Anna Scheibel, Nova Rule, Kyler Rose, Livia Viall, Houston Duckworth, Hannah Lacroix

Strategic Plan Connection(s):
Advancing Academic Excellence & Exceptional Student Experiences

- Implement enhancements to programming that expand student access in high-interest, high-demand pathways that emphasize career readiness and co- and extra-curricular opportunities.
- Implement district screen time guidelines that promote purposeful, balanced and developmentally appropriate technology use.
- Publish and maintain a community-facing webpage that communicates Blue Valley's approach to screen time, technology use data, instructional resources and commitment to balanced digital and analog learning.
- Evaluate and enhance the district's digital citizenship curriculum to include artificial intelligence(AI), AI literacy and responsible AI use.
- Provide professional learning that builds staff capacity to use AI to improve efficiency, support instructional planning and design AI-aware learning

experiences.
- Convene a teacher AI advisory team to develop recommendations for the ethical, effective and human-centered integration of AI into teaching and learning.

FLAG FOOTBALL & NEW ATHLETIC PASS FEES

An update was provided on the new girls flag football opportunity. Strong student interest resulted in approximately 80 students across the five high schools forming four teams. Funding is currently supported through Kansas City Chiefs grants, community fundraising, SCHEELS, USA Football, and gate receipts. The committee discussed the program's long-term sustainability and clarified that it is not intended to be a pilot program. The Blue Valley tournament is October 3, with a state competition planned for October. Additional promotion of games through social media was suggested.

An update was provided on changes to the athletic pass. The pass now provides students access to all Blue Valley athletic events, including away events, rather than only home events. The change supports student participation and extra-duty costs and is projected to generate approximately $100,000 in additional revenue this year. The possibility of including activities in the pass remains a future discussion; the attending students currently prefer keeping activities separate.

SCREEN TIME

An update was provided on the district's K–12 screen time guidelines, which will be implemented this fall, along with a new family-facing webpage highlighting district-approved, vetted digital tools. The committee discussed how to communicate the information to families in smaller, more accessible pieces, particularly for elementary families. Students shared that they are using computers less and completing more work on paper, while also noting some challenges resulting from the electronic device restrictions. The potential budget impact of increased paper use was discussed. Feedback was also shared on the Digital Literacy & Well-Being resources, and the committee will have an opportunity to review the new webpage.

ARTIFICIAL INTELLIGENCE

The committee discussed how AI intersects with teaching and learning. All teachers will receive AI professional learning this fall. Discussion centered on preparing students to use emerging technology appropriately while maintaining opportunities for authentic

learning, problem-solving, and productive mistakes. Students and community members noted that AI is increasingly common in professional settings, while parents expressed interest in embracing the technology in moderation. The discussion also highlighted the need to clearly define what learning students are expected to demonstrate independently and what role AI may appropriately play.

COMMITTEE MEETING SUMMARY & TALKING POINTS

The committee received updates on girls flag football, the athletic pass, screen time, and artificial intelligence. Strong student interest in girls flag football resulted in four teams across the high schools. The committee discussed current funding and the need to identify sustainable funding to continue the opportunity long term. The athletic pass has expanded to include all Blue Valley athletic events and is projected to generate approximately $100,000 in additional revenue, while activities remain separate from the pass for now.

The committee also discussed the district's K–12 screen time guidelines, which will be implemented this fall, and an upcoming family webpage highlighting approved digital tools. Members discussed how to communicate this information effectively to families and shared student feedback about device restrictions and increased use of paper-based activities.

Finally, the committee discussed AI and its role in teaching and learning. Teachers will receive AI professional learning this fall, supported by a teacher advisory team. Discussion focused on preparing students to use emerging technology appropriately while maintaining opportunities for authentic learning, problem-solving, and independent demonstration of learning.

NEXT MEETING

The next meeting will be held on October 15, 2026. The meeting adjourned at 8:55.

BLUE VALLEY SCHOOLS

Community and Communications

MINUTES

September 28, 2026
4:00 PM
BOE Room

Welcome and committee purpose

Committee members introduced themselves and reviewed the purpose of the Community and Communications Board Advisory Committee and its connection to the Blue Valley Strategic Plan.

Blue Valley Strategic Plan

Committee members reviewed the district's mission, strategic priorities, foundational commitments and strategies. Members participated in small-group discussion and shared feedback about implementation, communication and community understanding of the plan. Discussion included the importance of quality staff, student support, clear communication and understanding how priorities translate into specific actions and measures of success.

Budget update

Chief Financial Officer Jeremy McFadden provided an overview of the district's budget, including declining enrollment, restricted funding sources, special education funding, cash reserves and bond funding. Committee members discussed the financial impact of declining enrollment and special education underfunding, as well as the importance of helping the community understand school finance.

Electric-assisted and motorized bikes, scooters and student safety

Director of Safety and Security Dan Carney provided information about electric-assisted and motorized bikes and scooters, including safety concerns, applicable regulations and the district's student permit process. Committee members discussed education,

enforcement and opportunities to reinforce safe use with students and families.

Next meeting

The next meeting will be held Oct. 26, 2026, at 4 p.m. Topics will include academics, AI work, ParentSquare and the Blue Valley Educational Foundation.

NEXT MEETING

Next meeting will be held on October 26, 2026

BOE Summary

The Community and Communications Board Advisory Committee held its first meeting of the year on Sept. 28. Members reviewed the Blue Valley Strategic Plan and provided feedback on priorities, implementation and community communication. The committee also received a budget update focused on declining enrollment, special education funding and restricted funds. The meeting concluded with a discussion about electric bikes and scooters, including student safety, regulations and the district's permit process. The next meeting will be held on October 26, 2026.

BLUE VALLEY SCHOOLS

FINANCE AND OPERATIONS BOARD ADVISORY COMMITTEE

MINUTES

October 8, 2026 @ 7:30 AM

DISTRICT OFFICE COMMONS

FACILITATOR(S):

Jake Slobodnik, Chief Operations Officer and
Jeremy McFadden, Chief Financial Officer

COMMITTEE MEMBERSHIP:

Patrons: Tom Robinett, Jason Rawlings, Stefan Jacewitz, Louis Pisani, Tiffany McCalla, Megan Senatore, Kelly Arvin Harrison, Cassie Banka, Sara Holmes, Lauren Garcia, Elizabeth Webb, Stephanie Heckart, Matthew Misch, Daniel Mayer, Stephanie James
Board Members: David Benson, Clay Norkey, Sonya Evans
Staff: Jake Slobodnik, Jeremy McFadden, Dr. Gillan Chapman, Dr. Eric Punswick, Jason Gillam, Kaci Brutto, Carrie Myers, Kelly June, Shelly Nielsen, Tyler Alexander, Angie Vest

Strategic Plan Connection(s):

Empowering exemplary educators and staff – by informing decisions around compensation, staffing and operational support that promote a positive and thriving workplace.

Fostering supportive and healthy school communities – by ensuring facilities and operations contribute to safe and well-maintained environments for students and staff.

TOPIC 1

Dr. Jessica Meisenheimer, Chief of Support Services, and Dr. Ashley Enz, Executive Director of Special Education, presented special education programming and discussed its impact on students in Blue Valley.

TOPIC 2

Jason Gillam, Director of Business Operations, presented the purchasing memo.

COMMITTEE MEETING SUMMARY & TALKING POINTS

Committee members discussed special education data, programming, and services, and provided feedback for the Board of Education.

NEXT MEETING

The next meeting will be held on November 5. The meeting adjourned at 8:45 AM.

October 2026 Celebrations Update

DISTRICT

Blue Valley Schools

Niche Best Schools Rankings



CULTIVATING LIFELONG LEARNERS PREPARED TO NAVIGATE THEIR FUTURE WITH PURPOSE.

DISTRICT

Megan Hawks, Aspen Grove Elementary

Miles Riley, Blue Valley CAPS





Kansas Teacher of the Year

CULTIVATING LIFELONG LEARNERS PREPARED TO NAVIGATE THEIR FUTURE WITH PURPOSE.

DISTRICT

Hadley Schafer, Leawood Elementary

Kate Gabel, Blue Valley Northwest

Kansas Horizon Award





CULTIVATING LIFELONG LEARNERS PREPARED TO NAVIGATE THEIR FUTURE WITH PURPOSE.

DISTRICT

Michele Martinek, Morse Elementary &

Timber Creek Elementary

John Holloway, Blue Valley North

Kansas Master Teacher





DISTRICT

Blue Valley

High Schools







Marching

Band Festival







CULTIVATING LIFELONG LEARNERS PREPARED TO NAVIGATE THEIR FUTURE WITH PURPOSE.

STAFF

Jason Dolezal

Blue Valley High

Classroom Grant



CULTIVATING LIFELONG LEARNERS PREPARED TO NAVIGATE THEIR FUTURE WITH PURPOSE.

ACTIVITIES & ATHLETICS

Eli Mick, Blue Valley Southwest

Colsen Odgers & Finn Persaud,

Blue Valley West

High School Scholar All-Americans

ACTIVITIES & ATHLETICS

Peyton Kubik

Blue Valley West

NORCECA Women's U23

Pan American Cup



NORCECA/USA Volleyball

ACTIVITIES & ATHLETICS

Blake Mudd

Blue Valley North

High School Coach

of the Week



Chiefs Next Generation

CULTIVATING LIFELONG LEARNERS PREPARED TO NAVIGATE THEIR FUTURE WITH PURPOSE.

October 2026 Celebrations Update

March 2027 Election Timeline – Blue Valley Schools

Date	Activity	BOE Touchpoint	Responsibility
October 12, 2026	• Board reviews proposed timelines for election and bond issuance.	BOE Meeting	Gilmore Bell / Stifel / District
November 9, 2026	• Board approves a resolution to hold mail ballot election on March 2, 2027.	BOE Meeting	Gilmore Bell / District
November 10, 2026	• District formally requests that Johnson County Election Commissioner conducts mail ballot election by sending executed resolution (90+ days before election).		Gilmore Bell / District
December 2026	• Johnson County Election Commissioner sends mail ballot election plan to Secretary of State's Office for approval (at least 9 weeks before election).		JOCO Election Office
December 2026	• Begin public informational presentations of the proposed Bond 2027 Plan.		District
January 2027	• Approval from Secretary of State to hold mail ballot election.		Secretary of State
January 2027	• Continue public informational presentations of the proposed Bond 2027 Plan.		District
January 2027	• Finalize Notice of Election with County input; Johnson County Election Commissioner executes Notice.		Gilmore Bell / District / JOCO Election Office
Week of January 25, 2027	• Publish 1st Notice of Election (>21 days before election).		Gilmore Bell / District
January 31, 2027	• Last day to register to vote to automatically receive mail ballot.		JOCO Election Office
Week of February 1, 2027	• Publish 2nd Notice of Election (7 days after first publication).		Gilmore Bell / District
February 8, 2027	• Deadline to post Notice of Election on County website (>21 days before election).		JOCO Election Office
February 9, 2027	• Voter registration books close. • Last day to apply for advance ballot.		JOCO Election Office
February 9, 2027	• Ballots delivered to electors by US Mail.		JOCO Election Office
March 2, 2027	• Election Day. Deadline for delivery of ballots (Noon).		JOCO Election Office
March 8, 2027	• Final canvass (the Monday following a Tuesday election, or can be moved by county election officer to date no later than 13 days after election).		JOCO Election Office

Unified School District No. 229
Johnson County, Kansas (Blue Valley)
General Obligation School Bonds, Series 2027-A

Preliminary Calendar of Events

Date		Activity	Responsible Party
April	1	Finalize financing plan	I/BC/MA
	12	**Board reviews financing plan and schedule**	--
	16	Draft resolution authorizing sale of Bonds ("Sale Resolution") distributed	BC
		Draft notice of sale ("NOS") and Summary NOS distributed	BC
		Begin preliminary official statement ("POS") data collection	BC
	28	Schedule rating calls with Moody's and Standard & Poor's	I/BC/MA
	29	Comments due on draft Sale Resolution	I/BC/MA
	30	Final Sale Resolution forwarded to District	BC
May	7	Draft POS distributed for comment	MA/BC
		Information forwarded to rating agencies	MA
	10	**Board adopts Sale Resolution**	I
	11	CUSIP numbers applied for	MA
	19	Comments due on Summary NOS	I/BC/MA
	20	Summary NOS forwarded to KS Register and local paper	BC
		First round of POS comments due	I/MA/BC
	21	Draft Bond Resolution distributed	BC
		Revised POS distributed for comments	MA/BC
	26	Pre-rating meeting (on or before this date)	I/MA/BC
	27	Publication of Summary NOS	--
	28	Rating conference calls (on or before this date)	I/MA/BC
June	3	Comments due of draft Bond Resolution	I/BC/MA
		Comments due on NOS	I/BC/MA
	4	NOS forwarded to Bloomberg and The Bond Buyer	MA
		Near final Bond Resolution forwarded to District	BC
		Final Comments due on POS	I/BC/MA
	7	Receive ratings	I/MA
		POS distributed to potential bidders	BC/MA
	14	**Bond Sale**	I/BC/MA
		Final terms incorporated into Bond Resolution	BC/MA
		Final Bond Resolution forwarded to District	BC
		Board passes Bond Resolution	I
	15	Transcript assembly begins	BC
	18	Transcript completed and forwarded to Attorney General	BC
	25	Bond printing complete - Bonds forwarded to State Treasurer	BC
		Bond registration instructions to State Treasurer	--
	30	Closing arrangements distributed in writing	MA
July	2	Transcript approved	--
		Bonds registered and forwarded to DTC	--
	7	**Closing and delivery of funds**	I/BC/MA

April

S	M	T	W	R	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May

S	M	T	W	R	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June

S	M	T	W	R	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July

S	M	T	W	R	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

I = Issuer, USD #229
BC = Bond Counsel, Gilmore & Bell
MA = Municipal Advisor = Stifel Public Finance

Column

OFFICIAL AD PROOF

This is the proof of your ad scheduled to run in **Johnson County Post** on the dates indicated below. If changes are needed, please contact us prior to deadline at **(913) 439-6509**.

Notice ID: Bsd06nYKZvLmwWsxDzJv **| Proof Updated: Sep. 24, 2026 at 02:58pm CDT**
Notice Name: Notice of RFQ

This is not an invoice. Below is an estimated price, and it is subject to change. You will receive an invoice with the final price upon invoice creation by the publisher.

FILER	FILING FOR
ANNA SWEENEY	Johnson County Post
amsweeney03@bluevalleyk12.org	
(913) 239-4020	

Columns Wide:	1	**Ad Class:**	Legals
Total Column Inches:	2		
Number of Lines:	12		

10/12/2026: Legal and Public Notice Notice	20.00
Pagination fee	5.00
Subtotal	$25.00
Tax	$0.00
Processing Fee	$3.75
Total	**$28.75**

Notice of RFQ

Pursuant to K.S.A. 72-1155, Blue Valley School District USD 229 intends to issue an RFQ for an alternative construction delivery method Construction Manager at Risk, on or around October 28, 2026, for construction work associated with the 2027 Bond Referendum.
10/12/2026

Blue Valley School District

2027 Bond Project List

	New Construction/Building Expansions	**$56,500,000**
HS	Career and Technical Education	$56,500,000
	Remodel/Facility Upgrades	**$7,700,000**
DIST	Special Education - Additions/Renovations/Learning Environments	$6,000,000
HS	HS Science Classroom Renovations - Blue Valley High School	$1,700,000
	Facilities & Operations - Asset Preservation	**$78,200,000**
DIST	Building Systems Infastructure - Mechanical, Electrical, Plumbing	$25,500,000
DIST	SwiDAC - Windows, Paint, Concrete	$500,000
DIST	Pavement	$12,000,000
DIST	Hilltop Parking & Drive Lane	$2,000,000
DIST	Building Envelope - Roofing	$15,000,000
DIST	Interior Paint	$3,100,000
DIST	Flooring Repairs/Replacements	$6,000,000
MS / HS	Restroom Renovations	$8,500,000
DIST	Tennis Courts & Tracks	$2,000,000
HS	Football Turf Replacement	$3,000,000
HS	Fitness Equipment	$600,000
	Safety & Security - Asset Preservation	**$11,400,000**
DIST	Life Safety Upgrades	$3,250,000
DIST	Security Upgrades	$1,000,000
DIST	Emergency Communications	$5,000,000
DIST	Access Control	$950,000
ES	Door Hardware Replacement (Non-Classrooms)	$1,200,000
	Technology	**$44,700,000**
DIST	Classroom Technology	$25,000,000
DIST	IT Systems	$5,900,000
DIST	Intercom Systems	$7,770,000
DIST	Critical Systems	$1,115,000
DIST	Building IT Infrastructure	$3,980,000
DIST	Assistive Technology for Special Education	$935,000
		$198,500,000

The Board must consider the following five factors when deciding whether to approve a project using the CM at Risk process:

1. The likelihood that the alternative project delivery method will serve the public interest by providing substantial savings of time or money over the traditional design-bid-build delivery process.
2. The ability to overlap design and construction phases is required to meet the needs of the end user.
3. The use of an accelerated schedule is required to make repairs resulting from an emergency situation.
4. The project presents significant phasing or technical complexities, or both, requiring use of an integrated team of designers and constructors to solve project challenges during the design or preconstruction phase.
5. The use of an alternative project delivery method will not encourage favoritism in awarding the public contract or substantially diminish competition for the public contract.

AGENDA ITEM SUMMARY

Agenda Item:

Blue Cross and Blue Shield Group Medical Plan

Person Submitting Item:

Dr. Eric Punswick

Background and Summary:

Renewal for 2027 Blue Cross Blue Shield Group Medical Plan.
The rate increase is 3.66%.

Budget Source:

Special Reserve Healthcare

Strategic Plan Alignment:

Empowering Exemplary Educators & Staff

Recommendation:

Approve

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	Human Resources	Requested By:	Dr. Eric Punswick

Purpose: (please explain in detail why we need the items or services requested)

Renewal for 2027 Blue Cross Blue Shield Group Medical Plan.
Rate increase of 3.66%.

Fund:	Special Reserve Healthcare	Account Number:	048-8914
Funding Year:	2026/2027	Location(s) items or services are for:	District Wide Benefits
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract
☑ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **1/1/2027**	End Date: **12/31/2027**
Company: **Blue Cross and Blue Shield of KC**	Street Address: **1400 Baltimore Ave**
Contact Name: **Kimberly Walker**	City: **Kansas City**
Telephone: **(816) 360-1051**	State: **MO**
Email: **Kim.Walker@BlueKC.com**	Zip Code: **64105**
Cost: **$ 42,527,895.00 Estimated**	
Prior Year Cost: **$41,027,552 Estimated**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** *Dr. Eric Punswick* **Date** **9/30/2026**

Kansas City

Confirmation of Coverage	
Group Name:	Unified School District No. 229, Johnson County, State of Kansas
Offer Name:	Renewal
Group Number:	14274000
State:	Kansas
Effective Date:	01/01/2027
Important Notes:	RX Rewards being added at no cost to group

Offer-Related Information

A. General Information	
Contract Term:	12 Months
Subsequent Renewal Terms:	12 Months
Renewal Notification:	180 Days
Annual Enrollment Period Start:	83 Days prior to Group Anniversary Date
Annual Enrollment Period End:	59 Days after Group Anniversary Date
Waiting Period:	Group Assigns
Eligibility Rule:	Group Assigns
Termination Rule:	Group Assigns
Leave of Absence Term:	Not applicable
Dependent Limiting Age:	26 Years
Dependent Limiting Age Termination:	EOY following birthday
Is Employer subject to ERISA?:	No
Are Section 125 Enrollment Changes Allowed?:	Yes
Dedicated Customer Service:	No
Blue Connect Contact Number (local):	816-395-2244
Blue Connect Contact Number (toll free):	1-888-890-4661
HSA Bank Selection:	UMB HSA Eligibility File Feed sent - No
Reinstatement Fee:	$500
B. Medical Programs and Services	
AHY (subscribers/spouse with medical):	AHY Platinum (1000+)

AHY Standard Buyup (employees with no medical):	No
Wellness Stipend:	$0
Healthy Companion:	Yes
Virtual Care:	Yes
Livongo Program:	Yes
Avalon:	Yes
APEA:	Yes
Rx Savings Solution:	Yes
Rx Rewards Incentive Program:	Yes
Rx Carve-in Credits:	Yes $59.00 - PMPM
C. Blue KC Vision Coverage	
Blue Vue Base:	No
Blue Vue 10/100:	No
Blue Vue 10/130:	No
Blue Vue 10/150:	No
Blue Vue 10/200:	No
Blue Vue 0/130:	No
Blue Vue 0/150:	No
Blue Vue 0/200:	No
Blue Vue Non-Standard:	No
D. USAble Coverage	
Term Life:	No
AD&D:	No
E. Principal Coverage	
Group Term Life:	No
Voluntary Life:	No
Long Term Disability (LTD):	No
Short Term Disability (STD):	No
Critical Illness:	No
Accident:	No
Dental:	No
Vision:	No

Offer Summary and Signatures

Plans included in this Offer:

For details about the plans included in this offer, please see the attached Plan information.

PPO Blue Select Plus Plan (CI22)
PPO Preferred Care Blue Plan (CI1X)
BlueSelect Plus - EPO Plan (CI1Z)

Plans included in this Offer:

For details about the plans included in this offer, please see the attached Plan information.

Preferred-Care Blue - BlueSaver Plan (CI1Y)
BlueSelect Plus - SPIRA EPO Plan (CI20)
BlueSelect Plus - SPIRA BlueSaver - PPO Plan (CI21)

Confirmed by: Unified School District No. 229,
Johnson County, State of Kansas

Signature

Title

Date

Accepted by Blue Cross and
Blue Shield of Kansas City:

Signature

Title

Date

Confirmed by: Clerk, Board of Education
Approved as to Form:

Signature

Title

Date

Confirmed by: Attorney, Board of Education

Signature

Title

Date

This page intentionally left blank

Kansas City

Plan Information	
Group Name:	Unified School District No. 229, Johnson County, State of Kansas
Plan Name:	PPO Blue Select Plus Plan
Group Number:	14274000
State:	Kansas
Effective Date:	01/01/2027
Important Notes:	
For Internal Use Only:	Package: 0607070537 XREF: CI22 Medical: 0607200525 Rx: 0607490201
1. General Plan Information	
Benefit Period	Calendar Year
Funding	Cost Plus
Grandfathered Status	Non-Grandfathered
Product Family	PPO
Consumer-Driven Health Plan (CDHP)	N/A
Spira Care Plan?	No
Religious Employer?	N/A
Classification of Eligible Employees	In accordance with group HR policy
Eligibility	
Minimum Participation Rate	Not Applicable
Enrollment Change Threshold	Not Applicable
Minimum Employee Only Contribution	Not Applicable
Minimum Overall Contribution	Not Applicable
COBRA Billing	Employer
Are Domestic Partners Covered?	No
Are Spouses Covered?	Yes
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Clinical Solutions	
Oncology Utilization Management	Yes
Oncology Care Management	Yes
Musculoskeletal (MSK) Utilization Management	Yes
Cardiac Utilization Management	Yes

Blue Connect	Blue Connect Tier Level : Advanced Support Blue Connect PEPM Rate $2 Active Employees? : Yes Retirees Eligible? : Yes COBRA Employees Eligible? : Yes	
2. Network		
Local Medical Network	BlueSelect Plus Services rendered at Out-of-Network providers are subject to Out-of-Network allowables as stated in your contract, and balance billing may occur.	
Out-of-Area Medical Network	BlueCard PPO/EPO	
Total Care	Total Care is a national program comprised of locally tailored Blue Cross and Blue Shield value-based programs, including Patient-Centered Medical Homes, Accountable Care Organization or similar programs designed to demonstrate results in improving patients' health while managing costs. Members in some plans will have a lower copay if they receive care from a provider in the Total Care program.	
Pharmacy	See Pharmacy (Sections 5 & 6)	
3. Cost Sharing		
Medical Deductible - Calendar Year, Embedded All INN & OON Cross Accum	**In-Network**	**Out-of-Network**
Individual	$1,625	$1,625
Family	$4,300	$4,300
Pharmacy Deductible	Separate Deductible (see Pharmacy Section)	
Medical Coinsurance	**In-Network**	**Out-of-Network**
Member Pays	20%	50%
Plan Pays	80%	50%
Out-of-Pocket Limit - Calendar Year, Embedded All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	**In-Network**	**Out-of-Network**
Individual	$7,500	$15,000
Family	$18,750	$36,750
Pharmacy Out-of-Pocket Limit	Combined with Medical	
Annual First Dollar Coverage	Does not apply	Does not apply
Annual Maximum	Does not apply	Does not apply
Lifetime Maximum	Does not apply	Does not apply
4. Benefits		
Professional Services	**In-Network**	**Out-of-Network**
Primary Care Physician Office Visit - An internist, family practitioner, general practitioner, or pediatrician.	$40 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Total Care Primary Care Physician Office Visit	$20 Copay/Visit, no Deductible	Not applicable

Specialist Physician Office Visit - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	$80 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Urgent Care Office Visit	$80 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Total Care Urgent Care Office Visit	Does not apply	Not applicable
Blue KC Virtual Care - Office Visit Virtual care provided by Blue KC virtual care partner(s).	$80 Copay/Visit, no Deductible	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual care provided by Blue KC virtual care partner(s).	20% Coinsurance after Deductible	Not applicable
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care	$40 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health	$20 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Designated Health Clinic	Does not apply	Not applicable
Other Benefits (in alphabetical order)	**In-Network**	**Out-of-Network**
ABA Services	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Abortion	Not covered	Not covered
Acupuncture	Not covered	Not covered
Allergy Testing	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Allergy Treatment	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Ambulance - Air	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Ambulance - Ground Ground Ambulance Allowable Option: 150% of Medicare	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Assisted Reproductive Services	Not covered	Not covered
Autism-Related Services No Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Bariatric Services	Not covered	Not covered
Blue Distinction Specialty Care Facility Services No Limits	Not Applicable	Not Applicable
Chiropractic Office Visit	$80 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Dental Anesthesia Maximum age limit of 5 Years	Missouri/Kansas Default	Missouri/Kansas Default

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Diabetic Equipment and Supplies Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Diabetic Footwear	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Diabetic Pump	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
Diabetic Self Management Education/Training (DSMT)	No member cost share	50% Coinsurance after Deductible
Durable Medical Equipment (DME) Prior Authorization Policy Applies No Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Elective Male Sterilization	No member cost share	50% Coinsurance after Deductible
Emergency Services Copay Waiver Rule: Copay Waived if Admitted	$250 Copay/Visit, then Deductible, then 20% Coinsurance	$250 Copay/Visit, then In-Network Deductible, then 20% Coinsurance
Food and Food Products for PKU Maximum benefit of $5,000/Calendar Year for In-Network and Out-of-Network	Covered	Covered
Foot Orthotics	Not covered	Not covered
Gender Dysphoria-Related Services Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Services: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Hearing Aids	Not covered	Not covered
High Tech Radiology (MRI, MRA, PET, CT) Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Health Care Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Hospice	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Immunizations - Not Routine Preventive	Not covered	Not covered
Infertility and Impotency Diagnosis & Treatment Infertility and impotency treatment: No limits Medical Dollar limitations include pharmacy: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Inpatient Hospice Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Physician Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Labs Performed in Office / Independent Lab	No member cost share	50% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Maternity Dependent Daughters Maternity Covered?: No	Covered	Covered
Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Inpatient Physician Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Office Visit	$20 Copay/Visit, no Deductible	50% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Nutritional Counseling No Limits Nutritional Counseling Services Covered: Includes all Dx	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Organ Transplant Services Prior Authorization Policy Applies	Subject to Applicable Cost Shares **Blue Distinction Specialty Care Facility Services:** Not applicable	Subject to Applicable Cost Shares
Organ Transplant Travel Expenses	Not covered	Not covered
Other Services Performed in Office	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Physician Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Surgery Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Cardiac Therapy No Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Cognitive Therapy	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Facility Combined with Hearing Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Provider's Office Combined with Speech Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Facility Combined with Occupational Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Provider's Office Combined with Physical Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Outpatient Therapy - Physical Therapy in a Facility Combined with Physical Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Provider's Office Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Pulmonary Therapy No Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Skeletal Manipulation Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Facility Combined with Speech Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Provider's Office Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Private Duty Nursing Combined with Home Health Care Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Routine Preventive Care Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	50% Coinsurance after Deductible
Skilled Nursing Facility (SNF) Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Sports Physicals by a Physician	Not covered	Not covered
Vision Exam-Routine	Not covered	Not covered
Vision Hardware	Not covered	Not covered
Weight Management - Wondr Health	No member cost share	Not Applicable
Wigs	Not covered	Not covered
X-Rays and Radiology INN X-Rays and Radiology Included in Office Visit Copay: No	20% Coinsurance after Deductible	50% Coinsurance after Deductible
5. General Pharmacy Information		
Pharmacy Network(s)	**Network 1:** RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on MyBlueKC.com	Premium Formulary	

Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services. All INN & OON Cross Accum	**In-Network** Individual :$200 Family: $400	**Out-of-Network** Individual :$200 Family: $400
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	**In-Network** Combined with Medical Out-of-Pocket	**Out-of-Network** Combined with Medical Out-of-Pocket
Infertility/Impotency Drugs	No limit Combined Medical/Pharmacy limit	
Biosimilar Product Penalty	Applies	
Maintenance Medication Program	Not applicable	
Generics Program	Generics Preferred DAW Rules	
Copay Credit Accumulator Adjustment (CCAA): Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	No	
Variable Copay Solution (VCS): When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.	No	
High-Cost Drug Discount Program: The program can help you secure financial assistance which may substantially reduce or completely cover your out-of-pocket costs for your qualifying medication(s). Only your true-out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	Yes	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. **Email:** info@rxsavingsllc.com **PH:** 1-800-268-4476	

6. Plan Benefits – Pharmacy		
	In-Network	**Out-of-Network**
Retail Pharmacy (Short-term supply: Up to 34 Days) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $12 Copay/Fill	Deductible, then $12 Copay/Fill, then 50% Coinsurance

Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $60 Copay/Fill	Deductible, then $60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $80 Copay/Fill	Deductible, then $80 Copay/Fill, then 50% Coinsurance
Retail Pharmacy (Long-term supply: Between 35-102 Days) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $30 Copay/Fill	Deductible, then $30 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $150 Copay/Fill	Deductible, then $150 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $200 Copay/Fill	Deductible, then $200 Copay/Fill, then 50% Coinsurance
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days) **Drug Tier 1:** Generic	Deductible, then $24 Copay/Fill	Deductible, then $24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred	Deductible, then $120 Copay/Fill	Deductible, then $120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred	Deductible, then $160 Copay/Fill	Deductible, then $160 Copay/Fill, then 50% Coinsurance
Infertility Drugs Retail (Short-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $12 Copay/Fill, then 50% Coinsurance	Deductible, then $12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $60 Copay/Fill, then 50% Coinsurance	Deductible, then $60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $80 Copay/Fill, then 50% Coinsurance	Deductible, then $80 Copay/Fill, then 50% Coinsurance
Infertility Drugs Retail (Long-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $30 Copay/Fill, then 50% Coinsurance	Deductible, then $30 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $150 Copay/Fill, then 50% Coinsurance	Deductible, then $150 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $200 Copay/Fill, then 50% Coinsurance	Deductible, then $200 Copay/Fill, then 50% Coinsurance
Infertility Drugs Mail Order Pharmacy **Drug Tier 1:** Generic / Generic Specialty	Deductible, then $24 Copay/Fill, then 50% Coinsurance	Deductible, then $24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	Deductible, then $120 Copay/Fill, then 50% Coinsurance	Deductible, then $120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then $160 Copay/Fill, then 50% Coinsurance	Deductible, then $160 Copay/Fill, then 50% Coinsurance
Impotency Drugs Retail (Short-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $12 Copay/Fill, then 50% Coinsurance	Deductible, then $12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $60 Copay/Fill, then 50% Coinsurance	Deductible, then $60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $80 Copay/Fill, then 50% Coinsurance	Deductible, then $80 Copay/Fill, then 50% Coinsurance

Impotency Drugs Retail (Long-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $30 Copay/Fill, then 50% Coinsurance	Deductible, then $30 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $150 Copay/Fill, then 50% Coinsurance	Deductible, then $150 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $200 Copay/Fill, then 50% Coinsurance	Deductible, then $200 Copay/Fill, then 50% Coinsurance
Impotency Drugs Mail Order Pharmacy **Drug Tier 1:** Generic / Generic Specialty	Deductible, then $24 Copay/Fill, then 50% Coinsurance	Deductible, then $24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	Deductible, then $120 Copay/Fill, then 50% Coinsurance	Deductible, then $120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then $160 Copay/Fill, then 50% Coinsurance	Deductible, then $160 Copay/Fill, then 50% Coinsurance
Weight Loss Drugs	Not covered	Not covered
Abortion Drugs	Not covered	Not covered

This page intentionally left blank

Kansas City

Plan Information	
Group Name:	Unified School District No. 229, Johnson County, State of Kansas
Plan Name:	PPO Preferred Care Blue Plan
Group Number:	14274000
State:	Kansas
Effective Date:	01/01/2027
Important Notes:	
For Internal Use Only:	Package: 0606560003 XREF: CI1X Medical: 0607440075 Rx: 0607360590
1. General Plan Information	
Benefit Period	Calendar Year
Funding	Cost Plus
Grandfathered Status	Non-Grandfathered
Product Family	PPO
Consumer-Driven Health Plan (CDHP)	N/A
Spira Care Plan?	No
Religious Employer?	N/A
Classification of Eligible Employees	In accordance with group HR policy
Eligibility	
Minimum Participation Rate	Not Applicable
Enrollment Change Threshold	Not Applicable
Minimum Employee Only Contribution	Not Applicable
Minimum Overall Contribution	Not Applicable
COBRA Billing	Employer
Are Domestic Partners Covered?	No
Are Spouses Covered?	Yes
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Clinical Solutions	
Oncology Utilization Management	Yes
Oncology Care Management	Yes
Musculoskeletal (MSK) Utilization Management	Yes
Cardiac Utilization Management	Yes

Blue Connect	Blue Connect Tier Level : Advanced Support Blue Connect PEPM Rate $2 Active Employees? : Yes Retirees Eligible? : Yes COBRA Employees Eligible? : Yes	
2. Network		
Local Medical Network	Preferred-Care Blue Services rendered at Out-of-Network providers are subject to Out-of-Network allowables as stated in your contract, and balance billing may occur.	
Out-of-Area Medical Network	BlueCard PPO/EPO	
Total Care	Total Care is a national program comprised of locally tailored Blue Cross and Blue Shield value-based programs, including Patient-Centered Medical Homes, Accountable Care Organization or similar programs designed to demonstrate results in improving patients' health while managing costs. Members in some plans will have a lower copay if they receive care from a provider in the Total Care program.	
Pharmacy	See Pharmacy (Sections 5 & 6)	
3. Cost Sharing		
Medical Deductible - Calendar Year, Embedded All INN & OON Cross Accum	**In-Network**	**Out-of-Network**
Individual	$1,625	$1,625
Family	$4,300	$4,300
Pharmacy Deductible	Separate Deductible (see Pharmacy Section)	
Medical Coinsurance	**In-Network**	**Out-of-Network**
Member Pays	20%	40%
Plan Pays	80%	60%
Out-of-Pocket Limit - Calendar Year, Embedded All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	**In-Network**	**Out-of-Network**
Individual	$7,500	$15,000
Family	$18,750	$36,750
Pharmacy Out-of-Pocket Limit	Combined with Medical	
Annual First Dollar Coverage	Does not apply	Does not apply
Annual Maximum	Does not apply	Does not apply
Lifetime Maximum	Does not apply	Does not apply
4. Benefits		
Professional Services	**In-Network**	**Out-of-Network**
Primary Care Physician Office Visit - An internist, family practitioner, general practitioner, or pediatrician.	$40 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Total Care Primary Care Physician Office Visit	$20 Copay/Visit, no Deductible	Not applicable

Specialist Physician Office Visit - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	$80 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Urgent Care Office Visit	$80 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Total Care Urgent Care Office Visit	Does not apply	Not applicable
Blue KC Virtual Care - Office Visit Virtual care provided by Blue KC virtual care partner(s).	$80 Copay/Visit, no Deductible	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual care provided by Blue KC virtual care partner(s).	20% Coinsurance after Deductible	Not applicable
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care	$40 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health	$20 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Designated Health Clinic	Does not apply	Not applicable
Other Benefits (in alphabetical order)	**In-Network**	**Out-of-Network**
ABA Services	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Abortion	Not covered	Not covered
Acupuncture	Not covered	Not covered
Allergy Testing	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Allergy Treatment	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Ambulance - Air	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Ambulance - Ground Ground Ambulance Allowable Option: 150% of Medicare	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Assisted Reproductive Services	Not covered	Not covered
Autism-Related Services No Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Bariatric Services	Not covered	Not covered
Blue Distinction Specialty Care Facility Services No Limits	Not Applicable	Not Applicable
Chiropractic Office Visit	$80 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Dental Anesthesia Maximum age limit of 5 Years	Missouri/Kansas Default	Missouri/Kansas Default

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Diabetic Equipment and Supplies Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Diabetic Footwear	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Diabetic Pump	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
Diabetic Self Management Education/Training (DSMT)	No member cost share	40% Coinsurance after Deductible
Durable Medical Equipment (DME) Prior Authorization Policy Applies No Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Elective Male Sterilization	No member cost share	40% Coinsurance after Deductible
Emergency Services Copay Waiver Rule: Copay Waived if Admitted	$250 Copay/Visit, then Deductible, then 20% Coinsurance	$250 Copay/Visit, then In-Network Deductible, then 20% Coinsurance
Food and Food Products for PKU Maximum benefit of $5,000/Calendar Year for In-Network and Out-of-Network	Covered	Covered
Foot Orthotics	Not covered	Not covered
Gender Dysphoria-Related Services Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Services: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Hearing Aids	Not covered	Not covered
High Tech Radiology (MRI, MRA, PET, CT) Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Health Care Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Hospice	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Immunizations - Not Routine Preventive	Not covered	Not covered
Infertility and Impotency Diagnosis & Treatment Infertility and impotency treatment: No limits Medical Dollar limitations include pharmacy: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Inpatient Hospice Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Physician Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Labs Performed in Office / Independent Lab	No member cost share	40% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Maternity Dependent Daughters Maternity Covered?: No	Covered	Covered
Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Inpatient Physician Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Office Visit	$20 Copay/Visit, no Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Nutritional Counseling No Limits Nutritional Counseling Services Covered: Includes all Dx	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Organ Transplant Services Prior Authorization Policy Applies	Subject to Applicable Cost Shares **Blue Distinction Specialty Care Facility Services:** Not applicable	Subject to Applicable Cost Shares
Organ Transplant Travel Expenses	Not covered	Not covered
Other Services Performed in Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Physician Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Surgery Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Cardiac Therapy No Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Cognitive Therapy	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Facility Combined with Hearing Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Provider's Office Combined with Speech Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Facility Combined with Occupational Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Provider's Office Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Outpatient Therapy - Physical Therapy in a Facility Combined with Physical Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Provider's Office Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Pulmonary Therapy No Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Skeletal Manipulation Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Facility Combined with Speech Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Provider's Office Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Private Duty Nursing Combined with Home Health Care Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Routine Preventive Care Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	40% Coinsurance after Deductible
Skilled Nursing Facility (SNF) Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Sports Physicals by a Physician	Not covered	Not covered
Vision Exam-Routine	Not covered	Not covered
Vision Hardware	Not covered	Not covered
Weight Management - Wondr Health	No member cost share	Not Applicable
Wigs	Not covered	Not covered
X-Rays and Radiology INN X-Rays and Radiology Included in Office Visit Copay: No	20% Coinsurance after Deductible	40% Coinsurance after Deductible
5. General Pharmacy Information		
Pharmacy Network(s)	**Network 1:** RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on MyBlueKC.com	Premium Formulary	

Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services. All INN & OON Cross Accum	**In-Network** Individual :$200 Family: $400	**Out-of-Network** Individual :$200 Family: $400
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	**In-Network** Combined with Medical Out-of-Pocket	**Out-of-Network** Combined with Medical Out-of-Pocket
Infertility/Impotency Drugs	No limit Combined Medical/Pharmacy limit	
Biosimilar Product Penalty	Applies	
Maintenance Medication Program	Not applicable	
Generics Program	Generics Preferred DAW Rules	
Copay Credit Accumulator Adjustment (CCAA): Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	No	
Variable Copay Solution (VCS): When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.	No	
High-Cost Drug Discount Program: The program can help you secure financial assistance which may substantially reduce or completely cover your out-of-pocket costs for your qualifying medication(s). Only your true-out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	Yes	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. **Email:** info@rxsavingsllc.com **PH:** 1-800-268-4476	

6. Plan Benefits – Pharmacy		
	In-Network	**Out-of-Network**
Retail Pharmacy (Short-term supply: Up to 34 Days) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $12 Copay/Fill	Deductible, then $12 Copay/Fill, then 50% Coinsurance

Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $60 Copay/Fill	Deductible, then $60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $80 Copay/Fill	Deductible, then $80 Copay/Fill, then 50% Coinsurance
Retail Pharmacy (Long-term supply: Between 35-102 Days) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $30 Copay/Fill	Deductible, then $30 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $150 Copay/Fill	Deductible, then $150 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $200 Copay/Fill	Deductible, then $200 Copay/Fill, then 50% Coinsurance
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days) **Drug Tier 1:** Generic	Deductible, then $24 Copay/Fill	Deductible, then $24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred	Deductible, then $120 Copay/Fill	Deductible, then $120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred	Deductible, then $160 Copay/Fill	Deductible, then $160 Copay/Fill, then 50% Coinsurance
Infertility Drugs Retail (Short-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $12 Copay/Fill, then 50% Coinsurance	Deductible, then $12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $60 Copay/Fill, then 50% Coinsurance	Deductible, then $60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $80 Copay/Fill, then 50% Coinsurance	Deductible, then $80 Copay/Fill, then 50% Coinsurance
Infertility Drugs Retail (Long-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $30 Copay/Fill, then 50% Coinsurance	Deductible, then $30 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $150 Copay/Fill, then 50% Coinsurance	Deductible, then $150 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $200 Copay/Fill, then 50% Coinsurance	Deductible, then $200 Copay/Fill, then 50% Coinsurance
Infertility Drugs Mail Order Pharmacy **Drug Tier 1:** Generic / Generic Specialty	Deductible, then $24 Copay/Fill, then 50% Coinsurance	Deductible, then $24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	Deductible, then $120 Copay/Fill, then 50% Coinsurance	Deductible, then $120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then $160 Copay/Fill, then 50% Coinsurance	Deductible, then $160 Copay/Fill, then 50% Coinsurance
Impotency Drugs Retail (Short-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $12 Copay/Fill, then 50% Coinsurance	Deductible, then $12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $60 Copay/Fill, then 50% Coinsurance	Deductible, then $60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $80 Copay/Fill, then 50% Coinsurance	Deductible, then $80 Copay/Fill, then 50% Coinsurance

Impotency Drugs Retail (Long-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $30 Copay/Fill, then 50% Coinsurance	Deductible, then $30 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $150 Copay/Fill, then 50% Coinsurance	Deductible, then $150 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $200 Copay/Fill, then 50% Coinsurance	Deductible, then $200 Copay/Fill, then 50% Coinsurance
Impotency Drugs Mail Order Pharmacy **Drug Tier 1:** Generic / Generic Specialty	Deductible, then $24 Copay/Fill, then 50% Coinsurance	Deductible, then $24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	Deductible, then $120 Copay/Fill, then 50% Coinsurance	Deductible, then $120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then $160 Copay/Fill, then 50% Coinsurance	Deductible, then $160 Copay/Fill, then 50% Coinsurance
Weight Loss Drugs	Not covered	Not covered
Abortion Drugs	Not covered	Not covered

This page intentionally left blank

Kansas City

Plan Information	
Group Name:	Unified School District No. 229, Johnson County, State of Kansas
Plan Name:	BlueSelect Plus - EPO Plan
Group Number:	14274000
State:	Kansas
Effective Date:	01/01/2027
Important Notes:	
For Internal Use Only:	Package: 0607000816 XREF: CI1Z Medical: 0607280527 Rx: 0607390387
1. General Plan Information	
Benefit Period	Calendar Year
Funding	Cost Plus
Grandfathered Status	Non-Grandfathered
Product Family	EPO
Consumer-Driven Health Plan (CDHP)	N/A
Spira Care Plan?	No
Religious Employer?	N/A
Classification of Eligible Employees	In accordance with group HR policy
Eligibility	
Minimum Participation Rate	Not Applicable
Enrollment Change Threshold	Not Applicable
Minimum Employee Only Contribution	Not Applicable
Minimum Overall Contribution	Not Applicable
COBRA Billing	Employer
Are Domestic Partners Covered?	No
Are Spouses Covered?	Yes
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Clinical Solutions	
Oncology Utilization Management	Yes
Oncology Care Management	Yes
Musculoskeletal (MSK) Utilization Management	Yes
Cardiac Utilization Management	Yes

Blue Connect	Blue Connect Tier Level : Advanced Support Blue Connect PEPM Rate $2 Active Employees? : Yes Retirees Eligible? : Yes COBRA Employees Eligible? : Yes	
2. Network		
Local Medical Network	BlueSelect Plus	
Out-of-Area Medical Network	BlueCard PPO/EPO	
Total Care	Total Care is a national program comprised of locally tailored Blue Cross and Blue Shield value-based programs, including Patient-Centered Medical Homes, Accountable Care Organization or similar programs designed to demonstrate results in improving patients' health while managing costs. Members in some plans will have a lower copay if they receive care from a provider in the Total Care program.	
Pharmacy	See Pharmacy (Sections 5 & 6)	
3. Cost Sharing		
Medical Deductible - Calendar Year, Embedded	**In-Network**	**Out-of-Network**
Individual	$0	Does not apply
Family	$0	Does not apply
Pharmacy Deductible	Separate Deductible (see Pharmacy Section)	
Medical Coinsurance	**In-Network**	**Out-of-Network**
Member Pays	Not applicable	Does not apply
Plan Pays	100%	Does not apply
Out-of-Pocket Limit - Calendar Year, Embedded The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	**In-Network**	**Out-of-Network**
Individual	$4,000	Does not apply
Family	$10,000	Does not apply
Pharmacy Out-of-Pocket Limit	Combined with Medical	
Annual First Dollar Coverage	Does not apply	Does not apply
Annual Maximum	Does not apply	Does not apply
Lifetime Maximum	Does not apply	Does not apply
4. Benefits		
Professional Services	**In-Network**	**Out-of-Network**
Primary Care Physician Office Visit - An internist, family practitioner, general practitioner, or pediatrician.	$35 Copay/Visit	Not covered
Total Care Primary Care Physician Office Visit	$15 Copay/Visit	Not applicable
Specialist Physician Office Visit - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	$70 Copay/Visit	Not covered
Urgent Care Office Visit	$70 Copay/Visit	$70 Copay/Visit

Total Care Urgent Care Office Visit	Does not apply	Not applicable
Blue KC Virtual Care - Office Visit Virtual care provided by Blue KC virtual care partner(s).	$70 Copay/Visit	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual care provided by Blue KC virtual care partner(s).	$15 Copay/Visit	Not applicable
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care	$35 Copay/Visit	Not covered
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health	$15 Copay/Visit	Not covered
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy	$15 Copay/Visit	Not covered
Designated Health Clinic	Does not apply	Not applicable
Other Benefits (in alphabetical order)	**In-Network**	**Out-of-Network**
ABA Services	Subject to Applicable Cost Shares	Not covered
Abortion	Not covered	Not covered
Acupuncture	Not covered	Not covered
Allergy Testing	$100 Copay/Visit	Not covered
Allergy Treatment	No member cost share	Not covered
Ambulance - Air	No member cost share	No member cost share
Ambulance - Ground Ground Ambulance Allowable Option: 150% of Medicare	No member cost share	No member cost share
Assisted Reproductive Services	Not covered	Not covered
Autism-Related Services No Limits	Subject to Applicable Cost Shares	Not covered
Bariatric Services	Not covered	Not covered
Blue Distinction Specialty Care Facility Services No Limits	Not Applicable	Not covered
Chiropractic Office Visit	$70 Copay/Visit	Not covered
Dental Anesthesia Maximum age limit of 5 Years	Missouri/Kansas Default	Not covered
Diabetic Equipment and Supplies Prior Authorization Policy Applies In-Network	No member cost share	Not covered
Diabetic Footwear	No member cost share	Not covered
Diabetic Pump	Covered as Durable Medical Equipment (DME)	Not covered
Diabetic Self Management Education/Training (DSMT)	No member cost share	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Durable Medical Equipment (DME) Prior Authorization Policy Applies In-Network No Limits	No member cost share	Not covered
Elective Male Sterilization	No member cost share	Not covered
Emergency Services Copay Waiver Rule: Copay Waived if Admitted	$250 Copay/Visit	$250 Copay/Visit
Food and Food Products for PKU Maximum benefit of $5,000/Calendar Year for In-Network	Covered	Not covered
Foot Orthotics	Not covered	Not covered
Gender Dysphoria-Related Services Prior Authorization Policy Applies In-Network Gender Dysphoria Cost Shares Apply to Cosmetic Services: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Not covered
Hearing Aids	Not covered	Not covered
High Tech Radiology (MRI, MRA, PET, CT) Prior Authorization Policy Applies In-Network High Tech Radiology ER Copay Waiver Rule (when ER Copay also applies): High Tech Radiology Copay Waived	$250 Copay/Provider per Day	Not covered
Home Health Care Prior Authorization Policy Applies In-Network Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	$35 Copay/Visit	Not covered
Home Hospice	No member cost share	Not covered
Immunizations - Not Routine Preventive	Not covered	Not covered
Infertility and Impotency Diagnosis & Treatment Infertility and impotency treatment: No limits Medical Dollar limitations include pharmacy: Yes	Subject to Applicable Cost Shares	Not covered
Inpatient Hospice Prior Authorization Policy Applies In-Network Maximum benefit of 14 Day(s)/Lifetime for In-Network Copay Applies to Annual Inpatient/ Outpatient Copay Max?: Yes	$300 Copay/Day Limited to $3,000 Copay Max per Calendar Year	Not covered
Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies In-Network	$600 Copay/Day Limited to Inpatient/Outpatient $3,000 Copay Max per Calendar Year	Not covered
Inpatient Physician Services	No member cost share	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Labs Performed in Office / Independent Lab	No member cost share	Not covered
Maternity Dependent Daughters Maternity Covered?: No	Covered	Not covered
Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies In-Network Copay Applies to Annual Inpatient/ Outpatient Copay Max?: Yes	$600 Copay/Day Limited to $3,000 Copay Max per Calendar Year	Not covered
Mental Health and Substance Abuse Services - Inpatient Physician Services	No member cost share	Not covered
Mental Health and Substance Abuse Services - Office Visit	$15 Copay/Visit	Not covered
Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility	No member cost share	Not covered
Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office Only one INN copayment will apply if an Office Visit and a MH/SA Therapy Service are performed by a single provider on the same day?: Yes	$15 Copay/Visit	Not covered
Nutritional Counseling No Limits Nutritional Counseling Services Covered: Includes all Dx	Subject to Applicable Cost Shares	Not covered
Organ Transplant Services Prior Authorization Policy Applies In-Network	Subject to Applicable Cost Shares **Blue Distinction Specialty Care Facility Services:** Not applicable	Not covered
Organ Transplant Travel Expenses	Not covered	Not covered
Other Services Performed in Office	No member cost share	Not covered
Outpatient Physician Services	No member cost share	Not covered
Outpatient Surgery Prior Authorization Policy Applies In-Network Copay Applies to Annual Inpatient/ Outpatient Copay Max?: Yes	$600 Copay/Day Limited to $3,000 Copay Max per Calendar Year	Not covered
Outpatient Therapy - Cardiac Therapy No Limits	No member cost share	Not covered
Outpatient Therapy - Cognitive Therapy	No member cost share	Not covered
Outpatient Therapy - Hearing Therapy in a Facility Combined with Hearing Therapy in a Provider's Office Limits	No member cost share	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Outpatient Therapy - Hearing Therapy in a Provider's Office Combined with Speech Therapy Limits	No member cost share	Not covered
Outpatient Therapy - Occupational Therapy in a Facility Combined with Occupational Therapy in a Provider's Office Limits	No member cost share	Not covered
Outpatient Therapy - Occupational Therapy in a Provider's Office Combined with Physical Therapy Limits Only one INN copayment will apply if an Office Visit and a Occupational Therapy Service are performed by a single provider on the same day?: Yes	$35 Copay/Visit	Not covered
Outpatient Therapy - Physical Therapy in a Facility Combined with Physical Therapy in a Provider's Office Limits	No member cost share	Not covered
Outpatient Therapy - Physical Therapy in a Provider's Office Maximum benefit of 60 Visit(s)/Calendar Year for In-Network Only one INN copayment will apply if an Office Visit and a Physical Therapy Service are performed by a single provider on the same day?: Yes	$35 Copay/Visit	Not covered
Outpatient Therapy - Pulmonary Therapy No Limits	No member cost share	Not covered
Outpatient Therapy - Skeletal Manipulation Combined with Physical Therapy Limits Only one INN copayment will apply if an Office Visit and a Skeletal Manipulation Therapy Service are performed by a single provider on the same day?: Yes	$20 Copay/Visit	Not covered
Outpatient Therapy - Speech Therapy in a Facility Combined with Speech Therapy in a Provider's Office Limits	No member cost share	Not covered
Outpatient Therapy - Speech Therapy in a Provider's Office Maximum benefit of 20 Visit(s)/Calendar Year for In-Network Only one INN copayment will apply if an Office Visit and a Speech Therapy Service are performed by a single provider on the same day?: Yes	$35 Copay/Visit	Not covered
Private Duty Nursing Combined with Home Health Care Limits	No member cost share	Not covered
Routine Preventive Care Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Skilled Nursing Facility (SNF) Prior Authorization Policy Applies In-Network Maximum benefit of 30 Day(s)/Calendar Year for In-Network	$70 Copay/Day Limited to $350 Copay Max per Calendar Year	Not covered
Sports Physicals by a Physician	Not covered	Not covered
Vision Exam-Routine Maximum benefit of 1 Exam/Calendar Year for In-Network	$10 Copay/Visit	Not covered
Vision Hardware	Not covered	Not covered
Weight Management - Wondr Health	No member cost share	Not covered
Wigs	Not covered	Not covered
X-Rays and Radiology INN X-Rays and Radiology Included in Office Visit Copay: No	No member cost share	Not covered

5. General Pharmacy Information		
Pharmacy Network(s)	**Network 1:** RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on MyBlueKC.com	Premium Formulary	
Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	**In-Network** Individual :$200 Family: $400	**Out-of-Network** Does not apply
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	**In-Network** Combined with Medical Out-of-Pocket	**Out-of-Network** Does not apply

Infertility/Impotency Drugs	No limit Combined Medical/Pharmacy limit
Biosimilar Product Penalty	Applies
Maintenance Medication Program	Not applicable
Generics Program	Generics Preferred DAW Rules
Copay Credit Accumulator Adjustment (CCAA): Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	No
Variable Copay Solution (VCS): When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.	No
High-Cost Drug Discount Program: The program can help you secure financial assistance which may substantially reduce or completely cover your out-of-pocket costs for your qualifying medication(s). Only your true-out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	Yes
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. **Email:** info@rxsavingsllc.com **PH:** 1-800-268-4476

6. Plan Benefits – Pharmacy		
	In-Network	**Out-of-Network**
Retail Pharmacy (Short-term supply: Up to 34 Days) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $12 Copay/Fill	Not covered
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $60 Copay/Fill	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $80 Copay/Fill	Not covered
Retail Pharmacy (Long-term supply: Between 35-102 Days) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $30 Copay/Fill	Not covered
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $150 Copay/Fill	Not covered

Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $200 Copay/Fill	Not covered
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days) **Drug Tier 1:** Generic	Deductible, then $24 Copay/Fill	Not covered
Drug Tier 2: Preferred	Deductible, then $120 Copay/Fill	Not covered
Drug Tier 3: Non-Preferred	Deductible, then $160 Copay/Fill	Not covered
Infertility Drugs Retail (Short-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $12 Copay/Fill, then 50% Coinsurance	Not covered
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $60 Copay/Fill, then 50% Coinsurance	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $80 Copay/Fill, then 50% Coinsurance	Not covered
Infertility Drugs Retail (Long-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $30 Copay/Fill, then 50% Coinsurance	Not covered
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $150 Copay/Fill, then 50% Coinsurance	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $200 Copay/Fill, then 50% Coinsurance	Not covered
Infertility Drugs Mail Order Pharmacy **Drug Tier 1:** Generic / Generic Specialty	Deductible, then $24 Copay/Fill, then 50% Coinsurance	Not covered
Drug Tier 2: Preferred / Preferred Specialty	Deductible, then $120 Copay/Fill, then 50% Coinsurance	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then $160 Copay/Fill, then 50% Coinsurance	Not covered
Impotency Drugs Retail (Short-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $12 Copay/Fill, then 50% Coinsurance	Not covered
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $60 Copay/Fill, then 50% Coinsurance	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $80 Copay/Fill, then 50% Coinsurance	Not covered
Impotency Drugs Retail (Long-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then $30 Copay/Fill, then 50% Coinsurance	Not covered
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then $150 Copay/Fill, then 50% Coinsurance	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then $200 Copay/Fill, then 50% Coinsurance	Not covered

Impotency Drugs Mail Order Pharmacy **Drug Tier 1:** Generic / Generic Specialty	Deductible, then $24 Copay/Fill, then 50% Coinsurance	Not covered
Drug Tier 2: Preferred / Preferred Specialty	Deductible, then $120 Copay/Fill, then 50% Coinsurance	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then $160 Copay/Fill, then 50% Coinsurance	Not covered
Weight Loss Drugs	Not covered	Not covered
Abortion Drugs	Not covered	Not covered

This page intentionally left blank

Kansas City

Plan Information	
Group Name:	Unified School District No. 229, Johnson County, State of Kansas
Plan Name:	Preferred-Care Blue - BlueSaver Plan
Group Number:	14274000
State:	Kansas
Effective Date:	01/01/2027
Important Notes:	
For Internal Use Only:	Package: 0606580582 XREF: CI1Y Medical: 0607310746 Rx: 0607410325
1. General Plan Information	
Benefit Period	Calendar Year
Funding	Cost Plus
Grandfathered Status	Non-Grandfathered
Product Family	PPO
Consumer-Driven Health Plan (CDHP)	HSA
Spira Care Plan?	No
Religious Employer?	N/A
Classification of Eligible Employees	In accordance with group HR policy
Eligibility	
Minimum Participation Rate	Not Applicable
Enrollment Change Threshold	Not Applicable
Minimum Employee Only Contribution	Not Applicable
Minimum Overall Contribution	Not Applicable
COBRA Billing	Employer
Are Domestic Partners Covered?	No
Are Spouses Covered?	Yes
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes
Clinical Solutions	
Oncology Utilization Management	Yes
Oncology Care Management	Yes
Musculoskeletal (MSK) Utilization Management	Yes
Cardiac Utilization Management	Yes

Blue Connect	Blue Connect Tier Level : Advanced Support Blue Connect PEPM Rate $2 Active Employees? : Yes Retirees Eligible? : Yes COBRA Employees Eligible? : Yes	
2. Network		
Local Medical Network	Preferred-Care Blue Services rendered at Out-of-Network providers are subject to Out-of-Network allowables as stated in your contract, and balance billing may occur.	
Out-of-Area Medical Network	BlueCard PPO/EPO	
Total Care	Total Care is a national program comprised of locally tailored Blue Cross and Blue Shield value-based programs, including Patient-Centered Medical Homes, Accountable Care Organization or similar programs designed to demonstrate results in improving patients' health while managing costs. Members in some plans will have a lower copay if they receive care from a provider in the Total Care program.	
Pharmacy	See Pharmacy (Sections 5 & 6)	
3. Cost Sharing		
Medical Deductible - Calendar Year, Embedded All INN & OON Cross Accum	**In-Network**	**Out-of-Network**
Individual	$3,525	$3,525
Family	$8,250	$8,250
Pharmacy Deductible	Combined with Medical	
Medical Coinsurance	**In-Network**	**Out-of-Network**
Member Pays	20%	40%
Plan Pays	80%	60%
Out-of-Pocket Limit - Calendar Year, Embedded All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	**In-Network**	**Out-of-Network**
Individual	$5,000	$6,800
Family	$12,500	$16,500
Pharmacy Out-of-Pocket Limit	Combined with Medical	
Annual First Dollar Coverage	Does not apply	Does not apply
Annual Maximum	Does not apply	Does not apply
Lifetime Maximum	Does not apply	Does not apply
4. Benefits		
Professional Services	**In-Network**	**Out-of-Network**
Primary Care Physician Office Visit - An internist, family practitioner, general practitioner, or pediatrician.	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Total Care Primary Care Physician Office Visit	20% Coinsurance after Deductible	Not applicable

Specialist Physician Office Visit - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Urgent Care Office Visit	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Total Care Urgent Care Office Visit	Does not apply	Not applicable
Blue KC Virtual Care - Office Visit Virtual care provided by Blue KC virtual care partner(s).	20% Coinsurance after Deductible	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual care provided by Blue KC virtual care partner(s).	20% Coinsurance after Deductible	Not applicable
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Designated Health Clinic	Does not apply	Not applicable
Other Benefits (in alphabetical order)	**In-Network**	**Out-of-Network**
ABA Services	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Abortion	Not covered	Not covered
Acupuncture	Not covered	Not covered
Allergy Testing	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Allergy Treatment	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Ambulance - Air	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Ambulance - Ground Ground Ambulance Allowable Option: 150% of Medicare	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Assisted Reproductive Services	Not covered	Not covered
Autism-Related Services No Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Bariatric Services	Not covered	Not covered
Blue Distinction Specialty Care Facility Services No Limits	Not Applicable	Not Applicable
Chiropractic Office Visit	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Dental Anesthesia Maximum age limit of 5 Years	Missouri/Kansas Default	Missouri/Kansas Default

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Diabetic Equipment and Supplies Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Diabetic Footwear	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Diabetic Pump	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
Diabetic Self Management Education/Training (DSMT)	No member cost share	40% Coinsurance after Deductible
Durable Medical Equipment (DME) Prior Authorization Policy Applies No Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Elective Male Sterilization	Deductible, then no charge	40% Coinsurance after Deductible
Emergency Services	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Food and Food Products for PKU Maximum benefit of $5,000/Calendar Year for In-Network and Out-of-Network	Covered	Covered
Foot Orthotics	Not covered	Not covered
Gender Dysphoria-Related Services Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Services: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Hearing Aids	Not covered	Not covered
High Tech Radiology (MRI, MRA, PET, CT) Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Health Care Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Home Hospice	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Immunizations - Not Routine Preventive	Not covered	Not covered
Infertility and Impotency Diagnosis & Treatment Infertility and impotency treatment: No limits Medical Dollar limitations include pharmacy: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Inpatient Hospice Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Inpatient Physician Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Labs Performed in Office / Independent Lab	20% Coinsurance after Deductible	40% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Maternity Dependent Daughters Maternity Covered?: No	Covered	Covered
Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Inpatient Physician Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Office Visit	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Nutritional Counseling No Limits Nutritional Counseling Services Covered: Includes all Dx	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Organ Transplant Services Prior Authorization Policy Applies	Subject to Applicable Cost Shares **Blue Distinction Specialty Care Facility Services:** Not applicable	Subject to Applicable Cost Shares
Organ Transplant Travel Expenses	Not covered	Not covered
Other Services Performed in Office	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Physician Services	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Surgery Prior Authorization Policy Applies	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Cardiac Therapy No Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Cognitive Therapy	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Facility Combined with Hearing Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Provider's Office Combined with Speech Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Facility Combined with Occupational Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Provider's Office Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Outpatient Therapy - Physical Therapy in a Facility Combined with Physical Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Provider's Office Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Pulmonary Therapy No Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Skeletal Manipulation Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Facility Combined with Speech Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Provider's Office Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Private Duty Nursing Combined with Home Health Care Limits	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Routine Preventive Care Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	40% Coinsurance after Deductible
Skilled Nursing Facility (SNF) Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	40% Coinsurance after Deductible
Sports Physicals by a Physician	Not covered	Not covered
Vision Exam-Routine	Not covered	Not covered
Vision Hardware	Not covered	Not covered
Weight Management - Wondr Health	No member cost share	Not Applicable
Wigs	Not covered	Not covered
X-Rays and Radiology	20% Coinsurance after Deductible	40% Coinsurance after Deductible
5. General Pharmacy Information		
Pharmacy Network(s)	**Network 1:** RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on MyBlueKC.com	Premium Formulary	

Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	**In-Network** Combined with Medical Deductible	**Out-of-Network** Combined with Medical Deductible
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	**In-Network** Combined with Medical Out-of-Pocket	**Out-of-Network** Combined with Medical Out-of-Pocket
Infertility/Impotency Drugs	No limit Combined Medical/Pharmacy limit	
Biosimilar Product Penalty	Applies	
Maintenance Medication Program	Not applicable	
Generics Program	Generics Preferred DAW Rules	
Copay Credit Accumulator Adjustment (CCAA): Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	Yes	
Variable Copay Solution (VCS): When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.	No	
High-Cost Drug Discount Program: The program can help you secure financial assistance which may substantially reduce or completely cover your out-of-pocket costs for your qualifying medication(s). Only your true-out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	No	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. **Email:** info@rxsavingsllc.com **PH:** 1-800-268-4476	

6. Plan Benefits – Pharmacy		
	In-Network	**Out-of-Network**
Retail Pharmacy (Short-term supply: Up to 34 Days) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $60 Copay/Fill, then 50% Coinsurance

Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $80 Copay/Fill, then 50% Coinsurance
Retail Pharmacy (Long-term supply: Between 35-102 Days) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $30 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $150 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $200 Copay/Fill, then 50% Coinsurance
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days) **Drug Tier 1:** Generic	Deductible, then 20% Coinsurance	Deductible, then $24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred	Deductible, then 20% Coinsurance	Deductible, then $120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred	Deductible, then 20% Coinsurance	Deductible, then $160 Copay/Fill, then 50% Coinsurance
Preventive Drugs **Retail (Short-Term) Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $12 Copay/Fill, then 50% Coinsurance
Retail (Short-Term) Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $60 Copay/Fill, then 50% Coinsurance
Retail (Short-Term) Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $80 Copay/Fill, then 50% Coinsurance
Retail (Long-Term) Drug Tier 1: Generic / Generic Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $30 Copay/Fill, then 50% Coinsurance
Retail (Long-Term) Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $150 Copay/Fill, then 50% Coinsurance
Retail (Long-Term) Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $200 Copay/Fill, then 50% Coinsurance
Mail Order Drug Tier 1: Generic / Generic Specialty	Deductible, then 20% Coinsurance	Deductible, then $24 Copay/Fill, then 50% Coinsurance
Mail Order Drug Tier 2: Preferred / Preferred Specialty	Deductible, then 20% Coinsurance	Deductible, then $120 Copay/Fill, then 50% Coinsurance
Mail Order Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then 20% Coinsurance	Deductible, then $160 Copay/Fill, then 50% Coinsurance
Infertility Drugs Retail (Short-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $80 Copay/Fill, then 50% Coinsurance
Infertility Drugs Retail (Long-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $30 Copay/Fill, then 50% Coinsurance

Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $150 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $200 Copay/Fill, then 50% Coinsurance
Infertility Drugs Mail Order Pharmacy **Drug Tier 1:** Generic / Generic Specialty	Deductible, then 50% Coinsurance	Deductible, then $24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then $120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then $160 Copay/Fill, then 50% Coinsurance
Impotency Drugs Retail (Short-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $12 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $60 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $80 Copay/Fill, then 50% Coinsurance
Impotency Drugs Retail (Long-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $30 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $150 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $200 Copay/Fill, then 50% Coinsurance
Impotency Drugs Mail Order Pharmacy **Drug Tier 1:** Generic / Generic Specialty	Deductible, then 50% Coinsurance	Deductible, then $24 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then $120 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then $160 Copay/Fill, then 50% Coinsurance
Weight Loss Drugs	Not covered	Not covered
Abortion Drugs	Not covered	Not covered

This page intentionally left blank

Kansas City

Plan Information	
Group Name:	Unified School District No. 229, Johnson County, State of Kansas
Plan Name:	BlueSelect Plus - SPIRA EPO Plan
Group Number:	14274000
State:	Kansas
Effective Date:	01/01/2027
Important Notes:	
For Internal Use Only:	Package: 0607030051 XREF: CI20 Medical: 0607140946 Rx: 0607180462
1. General Plan Information	
Benefit Period	Calendar Year
Funding	Cost Plus
Grandfathered Status	Non-Grandfathered
Product Family	EPO
Consumer-Driven Health Plan (CDHP)	N/A
Spira Care Plan?	Yes No charge for services received from a designated Spira Care Center Provider. Treatment of work-related injury or illness is not covered under your Blue Cross and Blue Shield of Kansas City health benefit plan. Treatment of work-related injuries and illnesses is typically provided through your workers' compensation program. The Spira Care clinics are not participating providers under workers' compensation programs. Please reference your workers' compensation policies and procedures to direct your employees appropriately for work-related injuries.
Religious Employer?	N/A
Classification of Eligible Employees	In accordance with group HR policy
Eligibility	
Minimum Participation Rate	Not Applicable
Enrollment Change Threshold	Not Applicable
Minimum Employee Only Contribution	Not Applicable
Minimum Overall Contribution	Not Applicable
COBRA Billing	Employer
Are Domestic Partners Covered?	No
Are Spouses Covered?	Yes
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes

Clinical Solutions		
Oncology Utilization Management	Yes	
Oncology Care Management	Yes	
Musculoskeletal (MSK) Utilization Management	Yes	
Cardiac Utilization Management	Yes	
Blue Connect	Blue Connect Tier Level : Advanced Support Blue Connect PEPM Rate $2 Active Employees? : Yes Retirees Eligible? : Yes COBRA Employees Eligible? : Yes	
2. Network		
Local Medical Network	BlueSelect Plus	
Out-of-Area Medical Network	BlueCard PPO/EPO	
Pharmacy	See Pharmacy (Sections 5 & 6)	
3. Cost Sharing		
Medical Deductible - Calendar Year, Embedded	**In-Network**	**Out-of-Network**
Individual	$1,625	Does not apply
Family	$4,875	Does not apply
Pharmacy Deductible	Combined with Medical	
Medical Coinsurance	**In-Network**	**Out-of-Network**
Member Pays	Not applicable	Does not apply
Plan Pays	100%	Does not apply
Out-of-Pocket Limit - Calendar Year, Embedded The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	**In-Network**	**Out-of-Network**
Individual	$1,625	Does not apply
Family	$4,875	Does not apply
Pharmacy Out-of-Pocket Limit	Combined with Medical	
Annual First Dollar Coverage	Does not apply	Does not apply
Annual Maximum	Does not apply	Does not apply
Lifetime Maximum	Does not apply	Does not apply
4. Benefits		
Professional Services	**In-Network**	**Out-of-Network**
Primary Care Physician Office Visit - An internist, family practitioner, general practitioner, or pediatrician.	Deductible, then no charge	Not covered
Total Care Primary Care Physician Office Visit	Does not apply	Not applicable

Specialist Physician Office Visit - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	Deductible, then no charge	Not covered
Urgent Care Office Visit	Deductible, then no charge	In-Network Deductible, then no charge
Total Care Urgent Care Office Visit	Does not apply	Not applicable
Blue KC Virtual Care - Office Visit Virtual care provided by Blue KC virtual care partner(s).	No member cost share	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual care provided by Blue KC virtual care partner(s).	Deductible, then no charge	Not applicable
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care	Deductible, then no charge	Not covered
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health	Deductible, then no charge	Not covered
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy	Deductible, then no charge	Not covered
Designated Health Clinic	Does not apply	Not applicable
Other Benefits (in alphabetical order)	**In-Network**	**Out-of-Network**
ABA Services	Subject to Applicable Cost Shares	Not covered
Abortion	Not covered	Not covered
Acupuncture	Not covered	Not covered
Allergy Testing	Deductible, then no charge	Not covered
Allergy Treatment	Deductible, then no charge	Not covered
Ambulance - Air	Deductible, then no charge	In-Network Deductible, then no charge
Ambulance - Ground Ground Ambulance Allowable Option: 150% of Medicare	Deductible, then no charge	In-Network Deductible, then no charge
Assisted Reproductive Services	Not covered	Not covered
Autism-Related Services No Limits	Subject to Applicable Cost Shares	Not covered
Bariatric Services	Not covered	Not covered
Blue Distinction Specialty Care Facility Services No Limits	Not Applicable	Not covered
Chiropractic Office Visit	Deductible, then no charge	Not covered
Dental Anesthesia Maximum age limit of 5 Years	Missouri/Kansas Default	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Diabetic Equipment and Supplies Prior Authorization Policy Applies In-Network	Deductible, then no charge	Not covered
Diabetic Footwear	Deductible, then no charge	Not covered
Diabetic Pump	Covered as Durable Medical Equipment (DME)	Not covered
Diabetic Self Management Education/Training (DSMT)	No member cost share	Not covered
Durable Medical Equipment (DME) Prior Authorization Policy Applies In-Network No Limits	Deductible, then no charge	Not covered
Elective Male Sterilization	No member cost share	Not covered
Emergency Services	Deductible, then no charge	In-Network Deductible, then no charge
Food and Food Products for PKU Maximum benefit of $5,000/Calendar Year for In-Network	Covered	Not covered
Foot Orthotics	Not covered	Not covered
Gender Dysphoria-Related Services Prior Authorization Policy Applies In-Network Gender Dysphoria Cost Shares Apply to Cosmetic Services: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Not covered
Hearing Aids	Not covered	Not covered
High Tech Radiology (MRI, MRA, PET, CT) Prior Authorization Policy Applies In-Network	Deductible, then no charge	Not covered
Home Health Care Prior Authorization Policy Applies In-Network Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	Deductible, then no charge	Not covered
Home Hospice	Deductible, then no charge	Not covered
Immunizations - Not Routine Preventive	Not covered	Not covered
Infertility and Impotency Diagnosis & Treatment Infertility and impotency treatment: No limits Medical Dollar limitations include pharmacy: Yes	Subject to Applicable Cost Shares	Not covered
Inpatient Hospice Prior Authorization Policy Applies In-Network Maximum benefit of 14 Day(s)/Lifetime for In-Network	Deductible, then no charge	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies In-Network	Deductible, then no charge	Not covered
Inpatient Physician Services	Deductible, then no charge	Not covered
Labs Performed in Office / Independent Lab	Deductible, then no charge	Not covered
Maternity Dependent Daughters Maternity Covered?: No	Covered	Not covered
Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies In-Network	Deductible, then no charge	Not covered
Mental Health and Substance Abuse Services - Inpatient Physician Services	Deductible, then no charge	Not covered
Mental Health and Substance Abuse Services - Office Visit	Deductible, then no charge	Not covered
Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility	Deductible, then no charge	Not covered
Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office	Deductible, then no charge	Not covered
Nutritional Counseling No Limits Nutritional Counseling Services Covered: Includes all Dx	Subject to Applicable Cost Shares	Not covered
Organ Transplant Services Prior Authorization Policy Applies In-Network	Subject to Applicable Cost Shares **Blue Distinction Specialty Care Facility Services:** Not applicable	Not covered
Organ Transplant Travel Expenses	Not covered	Not covered
Other Services Performed in Office	Deductible, then no charge	Not covered
Outpatient Physician Services	Deductible, then no charge	Not covered
Outpatient Surgery Prior Authorization Policy Applies In-Network	Deductible, then no charge	Not covered
Outpatient Therapy - Cardiac Therapy No Limits	Deductible, then no charge	Not covered
Outpatient Therapy - Cognitive Therapy	Deductible, then no charge	Not covered
Outpatient Therapy - Hearing Therapy in a Facility Combined with Hearing Therapy in a Provider's Office Limits	Deductible, then no charge	Not covered
Outpatient Therapy - Hearing Therapy in a Provider's Office Combined with Speech Therapy Limits	Deductible, then no charge	Not covered

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Outpatient Therapy - Occupational Therapy in a Facility Combined with Occupational Therapy in a Provider's Office Limits	Deductible, then no charge	Not covered
Outpatient Therapy - Occupational Therapy in a Provider's Office Combined with Physical Therapy Limits	Deductible, then no charge	Not covered
Outpatient Therapy - Physical Therapy in a Facility Combined with Physical Therapy in a Provider's Office Limits	Deductible, then no charge	Not covered
Outpatient Therapy - Physical Therapy in a Provider's Office Maximum benefit of 60 Visit(s)/Calendar Year for In-Network	Deductible, then no charge	Not covered
Outpatient Therapy - Pulmonary Therapy No Limits	Deductible, then no charge	Not covered
Outpatient Therapy - Skeletal Manipulation Combined with Physical Therapy Limits	Deductible, then no charge	Not covered
Outpatient Therapy - Speech Therapy in a Facility Combined with Speech Therapy in a Provider's Office Limits	Deductible, then no charge	Not covered
Outpatient Therapy - Speech Therapy in a Provider's Office Maximum benefit of 20 Visit(s)/Calendar Year for In-Network	Deductible, then no charge	Not covered
Private Duty Nursing Combined with Home Health Care Limits	Deductible, then no charge	Not covered
Routine Preventive Care Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	Not covered
Skilled Nursing Facility (SNF) Prior Authorization Policy Applies In-Network Maximum benefit of 30 Day(s)/Calendar Year for In-Network	Deductible, then no charge	Not covered
Sports Physicals by a Physician	Not covered	Not covered
Vision Exam-Routine	Not covered	Not covered
Vision Hardware	Not covered	Not covered
Weight Management - Wondr Health	No member cost share	Not covered
Wigs	Not covered	Not covered
X-Rays and Radiology	Deductible, then no charge	Not covered

5. General Pharmacy Information		
Pharmacy Network(s)	**Network 1:** RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on MyBlueKC.com	Premium Formulary	
Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	**In-Network** Combined with Medical Deductible	**Out-of-Network** Does not Apply
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	**In-Network** Combined with Medical Out-of-Pocket	**Out-of-Network** Does not apply
Infertility/Impotency Drugs	No limit Combined Medical/Pharmacy limit	
Biosimilar Product Penalty	Applies	
Maintenance Medication Program	Not applicable	
Generics Program	Generics Preferred DAW Rules	
Copay Credit Accumulator Adjustment (CCAA): Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	No	
Variable Copay Solution (VCS): When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.	No	
High-Cost Drug Discount Program: The program can help you secure financial assistance which may substantially reduce or completely cover your out-of-pocket costs for your qualifying medication(s). Only your true-out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	Yes	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. **Email:** info@rxsavingsllc.com **PH:** 1-800-268-4476	

6. Plan Benefits – Pharmacy		
	In-Network	**Out-of-Network**
Retail Pharmacy (Short-term supply: Up to 34 Days) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** $15 Copay/Fill, no Deductible	Not covered
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** $50 Copay/Fill, no Deductible	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then no charge	Not covered
Retail Pharmacy (Long-term supply: Between 35-102 Days) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** $37.50 Copay/Fill, no Deductible	Not covered
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** $125 Copay/Fill, no Deductible	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then no charge	Not covered
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days) **Drug Tier 1:** Generic	$15 Copay/Fill, no Deductible	Not covered
Drug Tier 2: Preferred	$125 Copay/Fill, no Deductible	Not covered
Drug Tier 3: Non-Preferred	Deductible, then no charge	Not covered
Infertility Drugs Retail (Short-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** $15 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** $50 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then no charge	Not covered
Infertility Drugs Retail (Long-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** $37.50 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** $125 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then no charge	Not covered
Infertility Drugs Mail Order Pharmacy **Drug Tier 1:** Generic / Generic Specialty	$15 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
Drug Tier 2: Preferred / Preferred Specialty	$125 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then no charge	Not covered

Impotency Drugs Retail (Short-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** $15 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** $50 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then no charge	Not covered
Impotency Drugs Retail (Long-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** $37.50 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** $125 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then no charge	Not covered
Impotency Drugs Mail Order Pharmacy **Drug Tier 1:** Generic / Generic Specialty	$15 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
Drug Tier 2: Preferred / Preferred Specialty	$125 Copay/Fill, then 50% Coinsurance, no Deductible	Not covered
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then no charge	Not covered
Weight Loss Drugs	Not covered	Not covered
Abortion Drugs	Not covered	Not covered

This page intentionally left blank

Kansas City

Plan Information	
Group Name:	Unified School District No. 229, Johnson County, State of Kansas
Plan Name:	BlueSelect Plus - SPIRA BlueSaver - PPO Plan
Group Number:	14274000
State:	Kansas
Effective Date:	01/01/2027
Important Notes:	
For Internal Use Only:	Package: 0607050271 XREF: CI21 Medical: 0607090804 Rx: 0607250730
1. General Plan Information	
Benefit Period	Calendar Year
Funding	Cost Plus
Grandfathered Status	Non-Grandfathered
Product Family	PPO
Consumer-Driven Health Plan (CDHP)	HSA
Spira Care Plan?	Yes No charge (after deductible) for services received from a designated Spira Care Center Provider. Treatment of work-related injury or illness is not covered under your Blue Cross and Blue Shield of Kansas City health benefit plan. Treatment of work-related injuries and illnesses is typically provided through your workers' compensation program. The Spira Care clinics are not participating providers under workers' compensation programs. Please reference your workers' compensation policies and procedures to direct your employees appropriately for work-related injuries.
Religious Employer?	N/A
Classification of Eligible Employees	In accordance with group HR policy
Eligibility	
Minimum Participation Rate	Not Applicable
Enrollment Change Threshold	Not Applicable
Minimum Employee Only Contribution	Not Applicable
Minimum Overall Contribution	Not Applicable
COBRA Billing	Employer
Are Domestic Partners Covered?	No
Are Spouses Covered?	Yes
Are Same Sex Spouses Covered?	Yes
Insurance Coverage Creditable (Medicare Part D)	Yes

Clinical Solutions		
Oncology Utilization Management	Yes	
Oncology Care Management	Yes	
Musculoskeletal (MSK) Utilization Management	Yes	
Cardiac Utilization Management	Yes	
Blue Connect	Blue Connect Tier Level : Advanced Support Blue Connect PEPM Rate $2 Active Employees? : Yes Retirees Eligible? : Yes COBRA Employees Eligible? : Yes	
2. Network		
Local Medical Network	BlueSelect Plus Services rendered at Out-of-Network providers are subject to Out-of-Network allowables as stated in your contract, and balance billing may occur.	
Out-of-Area Medical Network	BlueCard PPO/EPO	
Pharmacy	See Pharmacy (Sections 5 & 6)	
3. Cost Sharing		
Medical Deductible - Calendar Year, Embedded All INN & OON Cross Accum	**In-Network**	**Out-of-Network**
Individual	$3,525	$7,050
Family	$7,050	$14,100
Pharmacy Deductible	Combined with Medical	
Medical Coinsurance	**In-Network**	**Out-of-Network**
Member Pays	20%	50%
Plan Pays	80%	50%
Out-of-Pocket Limit - Calendar Year, Embedded All INN & OON Cross Accum The Out-of-Pocket limit includes all Deductibles, Coinsurance, and Copayments a member pays during the Benefit Period.	**In-Network**	**Out-of-Network**
Individual	$5,000	$13,500
Family	$12,500	$27,000
Pharmacy Out-of-Pocket Limit	Combined with Medical	
Annual First Dollar Coverage	Does not apply	Does not apply
Annual Maximum	Does not apply	Does not apply
Lifetime Maximum	Does not apply	Does not apply
4. Benefits		
Professional Services	**In-Network**	**Out-of-Network**
Primary Care Physician Office Visit - An internist, family practitioner, general practitioner, or pediatrician.	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Total Care Primary Care Physician Office Visit	Does not apply	Not applicable

Specialist Physician Office Visit - Doctors of Medicine (MD), Doctors of Osteopathy (DO), except Primary Care Physicians, and other medical practitioners such as optometrists, psychologists and chiropractors.	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Urgent Care Office Visit	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Total Care Urgent Care Office Visit	Does not apply	Not applicable
Blue KC Virtual Care - Office Visit Virtual care provided by Blue KC virtual care partner(s).	20% Coinsurance after Deductible	Not applicable
Blue KC Virtual Care - Behavioral Health Therapy Virtual care provided by Blue KC virtual care partner(s).	20% Coinsurance after Deductible	Not applicable
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Primary Care	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Office Visit - Behavioral Health	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Telehealth - Telehealth Providers other than Blue KC Virtual Care - Behavioral Health Therapy	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Designated Health Clinic	Does not apply	Not applicable
Other Benefits (in alphabetical order)	**In-Network**	**Out-of-Network**
ABA Services	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Abortion	Not covered	Not covered
Acupuncture	Not covered	Not covered
Allergy Testing	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Allergy Treatment	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Ambulance - Air	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Ambulance - Ground Ground Ambulance Allowable Option: 150% of Medicare	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Assisted Reproductive Services	Not covered	Not covered
Autism-Related Services No Limits	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Bariatric Services	Not covered	Not covered
Blue Distinction Specialty Care Facility Services No Limits	Not Applicable	Not Applicable
Chiropractic Office Visit	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Dental Anesthesia Maximum age limit of 5 Years	Missouri/Kansas Default	Missouri/Kansas Default

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Diabetic Equipment and Supplies Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Diabetic Footwear	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Diabetic Pump	Covered as Durable Medical Equipment (DME)	Covered as Durable Medical Equipment (DME)
Diabetic Self Management Education/Training (DSMT)	No member cost share	50% Coinsurance after Deductible
Durable Medical Equipment (DME) Prior Authorization Policy Applies No Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Elective Male Sterilization	Deductible, then no charge	50% Coinsurance after Deductible
Emergency Services	20% Coinsurance after Deductible	20% Coinsurance after In-Network Deductible
Food and Food Products for PKU Maximum benefit of $5,000/Calendar Year for In-Network and Out-of-Network	Covered	Covered
Foot Orthotics	Not covered	Not covered
Gender Dysphoria-Related Services Prior Authorization Policy Applies Gender Dysphoria Cost Shares Apply to Cosmetic Services: No Gender Dysphoria Cost Shares Apply to Non-Surgical Services: Yes Gender Dysphoria Cost Shares Apply to Reassignment Surgery: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Hearing Aids	Not covered	Not covered
High Tech Radiology (MRI, MRA, PET, CT) Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Health Care Prior Authorization Policy Applies Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Home Hospice	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Immunizations - Not Routine Preventive	Not covered	Not covered
Infertility and Impotency Diagnosis & Treatment Infertility and impotency treatment: No limits Medical Dollar limitations include pharmacy: Yes	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Inpatient Hospice Prior Authorization Policy Applies Maximum benefit of 14 Day(s)/Lifetime for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Inpatient Physician Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Labs Performed in Office / Independent Lab	20% Coinsurance after Deductible	50% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Maternity Dependent Daughters Maternity Covered?: No	Covered	Covered
Mental Health and Substance Abuse Services - Inpatient Hospital Facility (including Physician Services billed by Facility) Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Inpatient Physician Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Office Visit	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Facility	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Mental Health and Substance Abuse Services - Outpatient Therapy in a Provider's Office	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Nutritional Counseling No Limits Nutritional Counseling Services Covered: Includes all Dx	Subject to Applicable Cost Shares	Subject to Applicable Cost Shares
Organ Transplant Services Prior Authorization Policy Applies	Subject to Applicable Cost Shares **Blue Distinction Specialty Care Facility Services:** Not applicable	Subject to Applicable Cost Shares
Organ Transplant Travel Expenses	Not covered	Not covered
Other Services Performed in Office	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Physician Services	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Surgery Prior Authorization Policy Applies	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Cardiac Therapy No Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Cognitive Therapy	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Facility Combined with Hearing Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Hearing Therapy in a Provider's Office Combined with Speech Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Facility Combined with Occupational Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Occupational Therapy in a Provider's Office Combined with Physical Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible

Other Benefits (in alphabetical order)	In-Network	Out-of-Network
Outpatient Therapy - Physical Therapy in a Facility Combined with Physical Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Physical Therapy in a Provider's Office Maximum benefit of 60 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Pulmonary Therapy No Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Skeletal Manipulation Prior Authorization Policy Applies Out-of-Network Combined with Physical Therapy Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Facility Combined with Speech Therapy in a Provider's Office Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Outpatient Therapy - Speech Therapy in a Provider's Office Maximum benefit of 20 Visit(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Private Duty Nursing Combined with Home Health Care Limits	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Routine Preventive Care Diabetes Prevention Program (DPP): Covered Preventive Schedule: PPACA+ (Women's Preventive)	No member cost share	50% Coinsurance after Deductible
Skilled Nursing Facility (SNF) Prior Authorization Policy Applies Maximum benefit of 30 Day(s)/Calendar Year for In-Network and Out-of-Network	20% Coinsurance after Deductible	50% Coinsurance after Deductible
Sports Physicals by a Physician	Not covered	Not covered
Vision Exam-Routine	Not covered	Not covered
Vision Hardware	Not covered	Not covered
Weight Management - Wondr Health	No member cost share	Not Applicable
Wigs	Not covered	Not covered
X-Rays and Radiology	20% Coinsurance after Deductible	50% Coinsurance after Deductible
5. General Pharmacy Information		
Pharmacy Network(s)	**Network 1:** RxPremier	
Prescription Drug List Learn more about the drugs covered by your plan, drug category/tier, prior authorization and step therapy by reviewing your prescription drug list on MyBlueKC.com	Premium Formulary	

Outpatient Prescription Drug Deductible You must pay all the costs up to the Deductible amount before this plan begins to pay for covered services.	**In-Network** Combined with Medical Deductible	**Out-of-Network** Combined with Medical Deductible
Outpatient Prescription Drug Out-of-Pocket Limits The Out-of-Pocket Limit is the most you could pay during the Calendar Year for your share of the cost of covered services.	**In-Network** Combined with Medical Out-of-Pocket	**Out-of-Network** Combined with Medical Out-of-Pocket
Infertility/Impotency Drugs	No limit Combined Medical/Pharmacy limit	
Biosimilar Product Penalty	Applies	
Maintenance Medication Program	Not applicable	
Generics Program	Generics Preferred DAW Rules	
Copay Credit Accumulator Adjustment (CCAA): Specialty drug copay card dollars will not be included in your deductible and/or out-of-pocket limits. Only your true out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	Yes	
Variable Copay Solution (VCS): When you use a drug copay card, Specialty prescription drugs may be subject to a new plan benefit cost share. This new cost share will not impact you or the price you pay.	No	
High-Cost Drug Discount Program: The program can help you secure financial assistance which may substantially reduce or completely cover your out-of-pocket costs for your qualifying medication(s). Only your true-out-of-pocket costs will be applied to your deductible and/or out-of-pocket totals.	No	
Rx Savings Solutions A team of pharmacists and pharmacy technician will help you make sure you're getting the best possible pricing for your medicines. Member support is available Monday – Friday, 7 a.m. to 7 p.m. CST.	Register online at MyBlueKC.com and stay up-to-date on cost saving opportunities. **Email:** info@rxsavingsllc.com **PH:** 1-800-268-4476	

6. Plan Benefits – Pharmacy

	In-Network	Out-of-Network
Retail Pharmacy (Short-term supply: Up to 34 Days) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $15 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $50 Copay/Fill, then 50% Coinsurance

Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
Retail Pharmacy (Long-term supply: Between 35-102 Days) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $37.50 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $125 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
Mail Order Pharmacy (Mail Order supply: Between 35-102 Days) **Drug Tier 1:** Generic	Deductible, then 20% Coinsurance	Deductible, then $15 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred	Deductible, then 20% Coinsurance	Deductible, then $125 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
Preventive Drugs **Retail (Short-Term) Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $15 Copay/Fill, then 50% Coinsurance
Retail (Short-Term) Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $50 Copay/Fill, then 50% Coinsurance
Retail (Short-Term) Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
Retail (Long-Term) Drug Tier 1: Generic / Generic Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $37.50 Copay/Fill, then 50% Coinsurance
Retail (Long-Term) Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then $125 Copay/Fill, then 50% Coinsurance
Retail (Long-Term) Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
Mail Order Drug Tier 1: Generic / Generic Specialty	Deductible, then 20% Coinsurance	Deductible, then $15 Copay/Fill, then 50% Coinsurance
Mail Order Drug Tier 2: Preferred / Preferred Specialty	Deductible, then 20% Coinsurance	Deductible, then $125 Copay/Fill, then 50% Coinsurance
Mail Order Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then 20% Coinsurance	Deductible, then 50% Coinsurance
Infertility Drugs Retail (Short-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $15 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $50 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Infertility Drugs Retail (Long-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $37.50 Copay/Fill, then 50% Coinsurance

Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $125 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Infertility Drugs Mail Order Pharmacy **Drug Tier 1:** Generic / Generic Specialty	Deductible, then 50% Coinsurance	Deductible, then $15 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then $125 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Impotency Drugs Retail (Short-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $15 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $50 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Impotency Drugs Retail (Long-term supply) **Drug Tier 1:** Generic / Generic Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $37.50 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then $125 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	**RxPremier:** Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Impotency Drugs Mail Order Pharmacy **Drug Tier 1:** Generic / Generic Specialty	Deductible, then 50% Coinsurance	Deductible, then $15 Copay/Fill, then 50% Coinsurance
Drug Tier 2: Preferred / Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then $125 Copay/Fill, then 50% Coinsurance
Drug Tier 3: Non-Preferred / Non-Preferred Specialty	Deductible, then 50% Coinsurance	Deductible, then 50% Coinsurance
Weight Loss Drugs	Not covered	Not covered
Abortion Drugs	Not covered	Not covered

This page intentionally left blank

Blue Cross and Blue Shield of Kansas City

COST-PLUS ADDENDUM

This Cost-Plus Addendum ("Addendum") amends and is incorporated into and made a part of the Group Contract(s) entered into by and between Blue Cross and Blue Shield of Kansas City, on behalf of itself and its subsidiary, Good Health HMO, Inc., d/b/a Blue-Care, if applicable (collectively, "BCBSKC") and Unified School District No. 229, Johnson County, State of Kansas ("Employer"). This Addendum shall be effective January 1, 2027 (the "Effective Date").

WHEREAS, the parties have entered into the Group Contract(s) numbered 14274000 and the associated Health and, if applicable, Dental Benefit Certificate(s) (collectively, the "Group Contract(s)"), pursuant to which BCBSKC has agreed to arrange for the provision of certain health care services and/or dental care to Employer's eligible Employees and their covered Dependents in accordance with the terms, conditions, limitations and exclusions specified in the Group Contract(s);

WHEREAS, the parties desire to implement an alternative funding arrangement for the Group Contract(s), as set forth herein; and

WHEREAS, this Addendum, while implementing an alternative funding arrangement, does not alter any terms or conditions of the benefits covered under the Group Contract(s).

NOW, THEREFORE, in consideration of the foregoing, the mutual promises and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

Article 1
Employer's Obligations

1.1 Funding under Group Contracts. Employer agrees that the funding for coverage under the Group Contract(s) shall be determined as set forth in this Addendum.

1.2 Fixed Premium. Employer shall pay BCBSKC, on a monthly basis, the Fixed Premium in accordance with Article 3.2.

1.3 Employer's Claims Obligations. In order to fulfill the Employer's total financial obligations under the terms of this Addendum, the Employer shall make payments to BCBSKC as set forth herein and in accordance with Article 3.1. For each month that this Addendum is in effect, Employer shall pay to BCBSKC an amount set forth in (a) and (b) below:

(a) the lesser of:

i. the Cumulative Paid Claims; or

ii. the Cumulative Monthly Claims Limit.

LESS

(b) the Cumulative Prior Payment Amount.

Example:

	January	February	March	April
Paid Claims	70	80	110	90
Cumulative Paid Claims	70	150	260	350
Monthly Claims Limit	100	100	100	100
Cumulative Monthly Claims Limit	100	200	300	400
Cumulative Prior Payment Amount	0	70	150	260
Actual Payment Owed	70	80	110	90

Notwithstanding the foregoing: (1) Paid Claims in excess of the Individual Pooling Limit for any Covered Person will not be counted as Paid Claims for the purposes of the calculation set forth above; and (2) the Cumulative Monthly Claims Limit for the full Contract Period shall not be less than the Minimum Annual Claims Limit set forth in Exhibit A (Cost Plus Provisions).

1.4 Statutory Assessments. To the extent BCBSKC is required to pay any Statutory Assessments, Employer will pay BCBSKC an amount equal to the Statutory Assessments based upon BCBSKC's determination of such amounts. BCBSKC shall bill the Employer the applicable portion of these Statutory Assessments on the Monthly Settlement Report, and the Employer shall pay such Statutory Assessments in accordance with Article 3.

1.5 Collateral. Upon BCBSKC's request, Employer shall procure a letter of credit (in such form as is reasonably acceptable to BCBSKC) from a financial institution reasonably acceptable to BCBSKC that evidences a commitment by the financial institution of funds payable to BCBSKC upon demand (without any further or additional action or authorization byEmployer). Employer shall maintain such letter of credit until the end of the Runout Period. Alternatively, upon BCBSKC's request, Employer shall deliver to BCBSKC an amount reasonably requested by BCBSKC as collateral ("Collateral") for Employer's obligations under this Agreement. In the event Employer fails to pay amounts due to BCBSKC hereunder, BCBSKC may use as much or all of the Collateral as is needed to satisfy Employer's obligations. Any unused Collateral will be returned to Employer at the end of the Runout Period.

Article 2
BCBSKC Rights and Obligations

2.1 Benefit Determinations. For the purpose of this Addendum, BCBSKC shall have the right to determine the amount of benefits under the Group Contract, if any, payable for any Covered Person. Employer delegates to BCBSKC discretionary authority to construe, interpret and apply the Group Contract for purposes of processing claims and appeals. BCBSKC, as claims fiduciary, has the full, final, binding and exclusive discretion to construe, interpret and apply the terms of the Plan as may be necessary in order to process claims and make determinations on appeal of claims. BCBSKC shall determine the extent of the benefits (if any) to which any Participant is entitled under the Group Contract. Decisions by BCBSKC shall be complete, final and binding on all parties. Such determination shall be on the same basis as would be applicable under the Group Contract(s) in the absence of this Addendum. In the event of legal action against BCBSKC, by or on behalf of a Covered Person for

benefits under the Group Contract(s) with respect to a denied claim, BCBSKC, at its own expense, shall undertake the defense of such action and shall pay any judgment rendered therein. BCBSKC shall have the right to settle any such action. The Employer shall reimburse BCBSKC for the portion of any such judgment or settlement which is for a Paid Claim under the Group Contract(s), and such Paid Claim shall be administered in accordance with the terms of this Addendum, including Articles 1 and 3.

Article 3
Payment Due Dates, Grace Periods and Payment Changes

3.1 Monthly Settlement. Monthly payments for Paid Claims, Access Fees, Statutory Assessments and related charges, as indicated on the Monthly Settlement Report, are due and payable by the Employer within 31 calendar days following delivery to Employer by BCBSKC of the Monthly Settlement Report. The Employer shall have no grace period for such monthly payment.

3.2 Fixed Premium. The Fixed Premium is due and payable by the Employer the first day of each month; provided, that any Statutory Assessments and Access Fees will be due and payable by Employer with the Monthly Settlement as set forth in Article 3.1. The Employer shall have a grace period of 31 calendar days for such monthly Fixed Premium.

3.3 Changes in Employer's Obligation. BCBSKC reserves the right to change any and all fees, charges and factors upon a 31 calendar day written notice prior to the end of a Contract Period, to be effective for the following Contract Period.

3.4 Late Payment Charge. BCBSKC reserves the right to charge a late payment fee of $0.00 in each instance in which Employer fails to timely pay any amount due to BCBSKC in accordance with this Article 3.

Article 4
Amendments

4.1 General. Except as provided in Article 3.3, BCBSKC may amend any other term or condition of this Addendum upon 60 calendar days written notice to conform to statutes of the state in which this Addendum is issued for delivery.

4.2 Notice. Notice of an amendment may be in the form of a new Addendum, a rider, or an amendment to this Addendum or otherwise as BCBSKC may elect.

Article 5
Termination

5.1 Term. The term of this Addendum shall begin on the Effective Date and shall continue until terminated as set forth in this Article 5.

5.2 Termination by Either Party. This Addendum may be terminated by BCBSKC or the Employer provided such party gives the other party written notice of its election to terminate the Addendum at least 30 calendar days prior to the end of the then current Contract Period. This Addendum and the underlying Group Contract(s) shall automatically terminate on the date of termination of the Group Contract(s).

(a) Early Termination. If Employer causes the termination of this Addendum prior to the expiration of the then current Contract Period, Employer acknowledges that such Early Termination will cause damages to BCBSKC and agrees to compensate BCBSKC for such damages by payment of an early termination fee ("Early Termination Fee"). Employer agrees that it shall pay, within thirty (30) days of any notice of Early Termination, the Early Termination Fee of 20% of the then current total aggregate monthly Fixed Cost Fees plus Access Fees multiplied by the number months remaining in the then current Contract Period as of the effective date of the Early Termination.

5.3 Termination Due to Material Default. Except as provided in Article 5.4 below, either party may terminate this Addendum for cause upon written notice if the other party materially defaults in the performance of a provision of this Addendum and such default continues for a period of 60 calendar days after written notice to the defaulting party from the aggrieved party stating the specific default.

5.4 Termination Due to Non-Payment. Notwithstanding anything to the contrary herein, if Employer fails to pay BCBSKC in accordance with Article 3, this Addendum and the underlying Group Contract(s) may be terminated by BCBSKC, effective retroactively to the last day of the month in which all amounts owed to BCBSKC for such month were paid by the Employer.

5.5 Runout.

(a) Runout Claims and Services. Upon termination of this Addendum, and except in the event of Employer's material breach of this Addendum (including Employer's non-payment), BCBSKC shall provide Runout Services for Runout Claims.

(b) Runout Services Fee and Claims Obligation. Monthly payments for Runout Claims and the Runout Services Fee are due and payable by Employer for each month during the Runout Period within 31 calendar days following delivery to Employer by BCBSKC of the Monthly Settlement Report. The Employer shall have no grace period for such payments. Unless Employer purchases Terminal Liability Coverage as set forth in Article 5.6 below, Employer shall have the total obligation for Runout Claims.

(c) Statutory Assessments for Runout Claims and/or Runout Services. To the extent that any Statutory Assessments apply to Employer's payment obligations under Article 5.5 and/or 5.6, as determined by BCBSKC in its sole and reasonable discretion, then Employer shall pay to BCBSKC an amount equal to such Statutory Assessments.

5.6 Terminal Liability Coverage. Employer may choose to purchase, at the time of execution of this Addendum, Terminal Liability Coverage; provided, that there is no Individual Pooling Limit with respect to Runout Claims. If Employer purchases Terminal Liability Coverage, the following shall apply:

(a) Terminal Liability Coverage Charges. Terminal Liability Coverage Charges will be included with the Pooling Charges and paid by the Employer in accordance with Article 3.2.

(b) Terminal Liability Factors. The Employer's obligation for Runout Claims is limited to the amounts set forth in the "Terminal Liability Factors" section of Exhibit B (Rate Exhibits) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations, based on the greater of:

1. enrollment during the last month of the final Contract Period; or

2. the average enrollment during the last three (3) months of the final Contract Period.

5.7 Late Payment. BCBSKC reserves the right to charge a late payment fee of $0.00 in each instance in which Employer fails to timely pay any amount due to BCBSKC in accordance with this Article 5.

Article 6
General Provisions

6.1 Modification of Group Contracts. The provisions of the Group Contract(s) are amended to the extent necessary to be consistent with the provisions set forth in this Addendum and to that extent the provisions of this Addendum shall govern notwithstanding anything in the Group Contract(s) to the contrary.

6.2 Waiver. Neither the failure nor any delay by either party to exercise any right, power or privilege hereunder shall operate as a waiver thereof, nor shall any single or partial exercise of any such right, power or privilege preclude any other or further exercise thereof, or the exercise of any other right, power or privilege. In the event that a party does waive any breach of any provision of this Addendum, such waiver shall not be deemed or construed as a continuing waiver of any breach of the same or different provision.

6.3 Assignment. BCBSKC shall have the right to assign or delegate its duties and obligations under this Addendum to its affiliated companies. Any other assignment of this Addendum or, of any rights contained in this Addendum, by either party, will be void and of no force or effect, unless agreed upon in writing by the parties.

6.4 BlueCard Fees. Employer understands and agrees: (a) to pay certain fees and compensation to BCBSKC which BCBSKC is obligated under BlueCard to pay to other Blue Cross and/or Blue Shield licensees ("Licensees"), to the Blue Cross and Blue Shield Association, or to the BlueCard vendors; and (b) that fees and compensation under BlueCard may be revised from time to time without Employer's prior approval in accordance with the standard procedures for revising fees and compensation under BlueCard. Some of these fees and compensation are charged each time a claim is processed through BlueCard and include, but are not limited to, access fees, administrative expense allowance fees, Central

Financial Agency Fees, and ITS Transaction Fees. Other fees include, but are not limited to, an 800 number fee and a fee for provider directories. All of the previously described fees, together, are "BlueCard Fees." Employer may contact BCBSKC if Employer would like an updated listing of the BlueCard fees. BlueCard fees are included in the Fixed Costs Fees and are guaranteed for the term of this Addendum.

6.5 BlueCard Recoveries. Under BlueCard, recoveries from a Licensee or from participating providers of a Licensee can arise in several ways, including, but not limited to, anti-fraud and abuse audits, provider/hospital audits, credit balance audits, utilization review refunds, and unsolicited refunds. In some cases, the Licensee will engage third parties to assist in discovery or collection of recovery amounts. The fees of such a third party are netted against the recovery. Recovery amounts, net of fees, if any, will be applied in accordance with applicable BlueCard policies, which generally require correction on a claim-by-claim or prospective basis. Unless otherwise agreed to by the Licensee, BCBSKC may request adjustments from the Licensee for full provider refunds due to the retroactive cancellation of membership only for one year after the Inter-Licensee financial settlement process date of the original claim. In some cases, recovery of claim payments associated with a retroactive cancellation may not be possible if the recovery conflicts with the Licensee's state law, provider contracts or jeopardizes its relationship with its providers.

6.6 BCBSKC Recoveries. BCBSKC may pursue recoveries of Paid Claims in accordance with its rules and procedures (including via the use of third parties acting on BCBSKC's behalf), which may arise in several ways, including but not limited to, anti-fraud and abuse audits, provider/hospital audits, utilization review refunds, and class action settlement, mass tort, or other litigation recoveries from health care providers and manufacturers of health care or other products or services. Any recovery will be credited to the Employer, subject to the terms of this Addendum, as described in 6.6.1; provided, that BCBSKC may charge the Employer a fee of up to 30% of the gross recovery including any third party fees and expenses for such recoveries, which will be netted against any such recovery. The recovery fee may exceed 30% if the applicable recovery vendor's fee exceeds that percentage. BCBSKC shall have the right to retain any net recovery not exceeding $500 if 3 years have elapsed since this Addendum terminated. Employer does not possess an independent right to pursue recoveries of Paid Claims.

6.6.1 In the event the BCBSKC obtains, directly or through a third party, recoveries that relate to Paid Claims, the following will apply:

a. Employer shall first reimburse BCBSKC directly a pro rata portion of such recovery;
b. Such portion shall not exceed the amount BCBSKC has paid under the Agreement;
c. Such portion will be net of BCBSKC's portion of recovery fees;
d. Allocation of the recovery fees will be based upon the amount related to such recovery that was paid by BCBSKC and Employer; and
e. Employer will retain or receive the remaining portion of such recovery net of its portion of recovery fees.

6.6.2 Any amounts recovered by BCBSKC shall not apply to and shall not be used to satisfy the Individual Pooling limit.

6.7 Medical Value Payments. Employer acknowledges that BCBSKC may have value-based payment arrangements with providers participating in certain health care delivery programs, including but not limited to patient-centered medical homes, accountable care organizations or episode-based

provider payments. These providers are known as "Total Care" providers. Pursuant to such health care delivery programs, Total Care providers may be eligible for alternative payments, in lieu of or in addition to, traditional fee-for-service reimbursement, including but not limited to, withholds, bonuses, incentive payments, provider credits and member management fees (collectively, "Medical Value Payments"). The amount of Medical Value Payments Total Care providers receive is specific to the Total Care program and/or provider and may or may not be directly related to Employer, any Covered Person, or any other group or individual. Employer acknowledges that Medical Value Payments payable to any one or more Total Care providers (a) will be included in Paid Claims, (b) may include compensation for services that are related to Covered Services, including, but not limited to, coordination of care, and (c) may include compensation in recognition of Total Care provider's achievement of stated performance objectives, including, but not limited to, quality of care, patient outcomes or cost.

6.8 BCBSKC Prescription Drug Program BCBSKC contracts with a pharmacy benefit manager ("PBM") for certain prescription drug administrative services, including prescription drug rebate administration and pharmacy network contracting services, unless prohibited by law.

Under the agreement, PBM obtains Pharmaceutical Rebates from drug manufacturers based on the utilization of certain prescription products by Covered Persons, and PBM retains the benefit of the rebate funds prior to disbursement. In addition, pharmaceutical manufacturers may pay administrative fees to PBM in connection with PBM's services of administering, invoicing, allocating, and/or collecting rebates, and the PBM retains the benefit of such amounts prior to disbursement. PBM may also receive other service fees or discounts from manufacturers as compensation for various services unrelated to rebates or rebate-associated administrative fees.

In addition, BCBSKC and PBM also contract with pharmacies to provide prescription products at discounted rates for Covered Persons. The discounted rates paid by PBM and BCBSKC to these pharmacies differ among pharmacies within a network, as well as between networks. BCBSKC's contract with the PBM may require that in the aggregate, BCBSKC pay a fixed discount rate. Unless prohibited by law, for pharmacies that contract with the PBM, the amount paid by BCBSKC to PBM under the BCBSKC contract with the PBM may vary from the various discount rates PBM pays to the pharmacies. Thus, where the BCBSKC rate exceeds the rate the PBM negotiated with a particular pharmacy, the PBM will realize a positive margin on the applicable prescription. The reverse may also be true, resulting in negative margin for the PBM. In addition, when the PBM receives payment from BCBSKC before payment to a pharmacy is due, the PBM retains the benefit of the use of these funds between these payments. BCBSKC is guaranteed a minimum level of discount whether through the PBM or where BCBSKC directly contracts with network pharmacies , which could result in the amount paid by Employer being more or less than the amount PBM and/or BCBSKC pay to pharmacies.

Employer acknowledges and agrees for itself and its Covered Persons that BCBSKC is not acting as a fiduciary with respect to rebate administration, pharmacy network management, or the prescription drug plan. Employer further acknowledges for itself and its Covered Persons that BCBSKC may receive Pharmaceutical Rebates from the PBM and may receive positive margin in connection with the pharmacy network, as well as other financial credits, administrative fees and/or other amounts from network pharmacies, drug manufacturers or the PBM (collectively "Financial Credits"). Employer acknowledges and agrees for itself and its Covered Persons that, except as specifically provided in section 6.8.1 for certain pharmacy carve-in credits, BCBSKC shall retain sole and exclusive right to all Financial Credits, which constitute BCBSKC property (and are not Plan assets), and BCBSKC may use

such Financial Credits in its sole and absolute discretion, including without limitation to help stabilize BCBSKC's overall rates and to offset expenses, and BCBSKC does not share Financial Credits with the Employer.

Without limitation to the foregoing, Employer acknowledges and agrees to the following ("Financial Credit Rules") for itself and its Covered Persons that: (1) Employer and/or Covered Persons shall have no right to receive, claim or possess any beneficial interest in any Financial Credits, except as specifically provided in section 6.8 ; (2) Applicable drug benefit copayments, coinsurance, outpatient prescription drug deductible, deductible and/or maximum allowable benefits (including without limitation Calendar Year Maximum and Lifetime Maximum benefits) shall in no way be adjusted or otherwise affected as a result of any Financial Credits, except as may be required by law; (3) Any deductible and/or coinsurance required for prescription drugs shall be based upon the allowable charge at the pharmacy, and shall not change as a result of any Financial Credits, except as may be required by law; and (4) Amounts paid to pharmacies or any prices charged at pharmacies shall in no way be adjusted or otherwise affected as a result of any Financial Credits.

6.8.1 Pharmacy Carve-In Credits. BCBSKC agrees to provide Employer with pharmacy carve in-credits as provided in this section. The carve-in credit shall be $59.00 per Covered Person per month, and shall be paid on a quarterly basis through a credit against amounts invoiced and due from Employer. The number of Covered Person shall be determined from the actual enrollment in the health plans with prescription drug coverage.

BCBSKC has the right, upon notice, to make an equitable adjustment to the carve-in credit amount in the event there is:

(a) a material change in the conditions or assumptions utilized in providing the carve-in credit;
(b) a material change in the size or demographics of the Employer's membership;
(c) Employer takes an action that has the effect of lowering the amount of Financial Credits available to BCBSKC; or
(d) A material change in law or the pharmacy benefit industry that adversely impacts BCBSKC's ability to obtain Financial Credits.

In order to be eligible for and receive the carve-in credits, Employer's Addendum must be in effect at the time payment of such carve-in credits are to be made.

Employer agrees to fully and accurately disclose and report pharmacy carve-in credits and any other discount, rebate, or other credit received by Employer or retained by BCBSKC and/or its PBM, as required by law.

6.9 Audit of BCBSKC. During the term of this Addendum, Employer may, without charge by BCBSKC, perform an audit once during a Contract Period for the sole purpose of auditing BCBSKC's performance of certain of its obligations under this Addendum. To the extent an audit occurs, BCBSKC agrees only to the following two audit methodologies: (a) testing up to a statistically valid random sample, based upon a 95% confidence level (plus or minus 3% precision) and 97% expected performance; or (b) testing a targeted sample, up to a number of sample items equivalent to that which would result from the above random sample approach. Whether the audit is performed during the term of the Agreement or following termination and regardless of the methodology used, referenced in (a) and (b) above, such samples may only include those claims that were processed by BCBSKC no more than six months prior to the effective date for which the Employer requested the sample. For example, if a sample is requested to be drawn effective as of June 30 of a given year, it could only include claims processed between June 30 and January 1 of the same year. Employer may not request a retroactive effective date for the sample.

Employer may engage a third party to perform any or all of the audit on its behalf upon BCBSKC's prior written consent, not to be unreasonably withheld. Any such third party may not be reimbursed by Employer on a contingency or other method based on identification or value of errors. If Employer engages a third party to perform all or any part of an audit, such third party shall, upon BCBSKC's request (and Employer shall cause such third party to), enter into a data extraction agreement with BCBSKC prior to, and as a condition of, conducting any function of the audit. Employer shall provide BCBSKC with at least thirty (30) business days' notice of its desire to conduct an audit, and the parties (including the third party engaged by Employer, as applicable) shall execute a Records Audit Agreement, which will set forth in detail the terms and conditions of the audit. Notwithstanding anything to the contrary in this Addendum or the Records Audit Agreement, in no event will provider reimbursement or other proprietary information under the control of BCBSKC be subject to audit unless BCBSKC, in its sole discretion, permits access to such information.

6.10 Entire Agreement. This Addendum and the Group Contract(s) constitute the entire Agreement between the parties concerning this subject matter and supersede all other agreements, representations or communications, oral or written, between the parties or their predecessors relating to the transactions contemplated by or which are the subject matter of this Addendum, and both parties understand and agree that prior agreements, practices or statements inconsistent with the language, terms and conditions of this Addendum are of no force or effect.

Article 7
Definitions

Access Fee The amount paid by Employer to BCBSKC for network management and access, determined as set forth in Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations in effect as of the first day of such month.

Case A Service request for prior authorization submitted by a Provider for one or more specified Covered Services to be performed as part of a single event of care for a Covered Person.

Contract Period The current contract term specified in the Group Contract(s) (which may be referred to in the Group Contract(s) as "Contract Year").

Coverage Class The level of coverage selected by an Employee as set forth in Exhibit B (Rate Exhibits) (e.g., "Individual", "Family", etc.).

Covered Person(s) Those individuals as defined in the Group Contract(s).

Covered Services Those services, supplies, equipment and care as defined in the Group Contract(s).

Cumulative Monthly Claims Limit The amount of Paid Claims for all Covered Persons' Covered Services for a Contract Period at which Employer has no further obligation, calculated as the sum of the Monthly Claims Limit for each month of the Contract Period to date.

Cumulative Paid Claims The sum of Paid Claims for each month of the Contract Period to date.

Cumulative Prior Payment Amount The sum of the amounts paid by Employer under Article 1.3 for each prior month (i.e., excluding the current month in question) of the Contract Period to date.

Discount The amount of the initial reduction from a provider's billed charges which a provider has agreed to accept as payment in full at the time of claim payment for covered services provided to Participants. "Discount" does not mean or include any affiliation fees, administration fees, network management fees, provider and Pharmaceutical Rebates, incentive arrangements, or any other reductions or credits a provider may periodically give BCBSKC or any other amount that a provider may pay BCBSKC for services such as administration, marking, managed care or quality improvement programs performed by BCBSKC for the provider. BCBSKC retains these amounts and they are not included in the Discount the BCBSKC makes available to Plan Sponsor.

Fiduciary as used in this Addendum means "fiduciary" as defined in ERISA at 29 U.S.C. 1002 (21)(A).

Fixed Cost Fees The amount of money to be paid by the Employer to BCBSKC for services under the Group Contract including such services as claims processing and investigation, utilization management, claims management, production and distribution of member identification cards, wellness services, web-based member services, brokerage fees, BlueCard fees and other general services provided by BCBSKC and third party services providers, unless otherwise identified in Exhibit B.For any month during the Contract Period, Fixed Cost Fees shall equal the amounts set forth in the Fixed Cost Fees section of Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations in effect as of the first day of such month.

Fixed Premium The Fixed Cost Fees, Pooling Charges, Access Fees and Statutory Assessments as set forth in Exhibit A (Cost-Plus Provisions) and/or Exhibit B (Rate Exhibits), as applicable; provided, that the Access Fees and any Statutory Assessments shall be billed with the Monthly Settlement Report.

Group Contract(s) Those Group Contract(s) identified in Exhibit A (Cost Plus Provisions).

High Cost Drug Discount Program A program through which drug manufacturers supplement a Covered Person's Cost-Sharing responsibilities for a particular drug.

High Cost Drug Discount Program Fees The fees associated with the High-Cost Drug Discount Program.

Individual Pooling Limit The amount at which any Paid Claims for a Covered Person's Covered Services in excess of such amount during a Contract Period are not counted as Paid Claims for purposes of determining Employer's claims obligations under Article 1.3 during such Contract Period. The Individual Pooling Limit does not include any capitated payments associated with any Paid Claims or Covered Services. Capitated payments include, but are not limited to, Medical Value and Value-Based and Spira Care Capitation Payments. Medical Value and Value-Based and Spira Care Capitation Payments are value-based payment arrangements with providers participating in certain health care delivery programs, including patient-centered medical homes, accountable care organizations or episode-based medical management. The Individual Pooling Limit does not include Spira Care Capitation Payments. The Individual Pooling Limit does not include Spira Care Capitation Adjustments.

Monthly Claims Limit For any month during the term of this Addendum, the amounts set forth in the Monthly Claims Limit section of Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations in effect as of the first day of such month.

Monthly Settlement Report The Employer claims, network access and other obligations as reported for a given month by BCBSKC. The Monthly Settlement Report may include Paid Claims, Access Fees and Statutory Assessments, and, during the Runout Period, Runout Services Fee, as applicable.

Paid Claims All payments made as of the date when a valid draft for payment for Covered Services has been issued to the person or persons authorized for such purpose by agreement of the Employer and BCBSKC during the Contract Period and the Runout Period for claims that were incurred while this Addendum was in effect, or for claims that were incurred under this Addendum between the parties for the previous Contract Period, if applicable; including Medical Value Payments and other provider charges, such as capitation (including Spira Care Capitation Payments), when applicable. For purposes of clarification, a claim shall be deemed to be paid when a valid draft for payment has been issued as noted above, even if issued in a later Contract Period from when the claim was incurred. Paid Claims are those amounts paid to a provider, which the provider has agreed to accept as payment in full at the time of claim payment for Covered Services provided to Covered Persons. Paid Claims are not reduced by any administration fees, network management fees, provider and Pharmaceutical Rebates, incentive arrangements, or any other reductions or credits a provider may periodically give BCBSKC, or any other amounts that a provider may pay BCBSKC for services such as administration, marketing, managed care or quality improvement programs performed by BCBSKC for the provider. BCBSKC retains these amounts and they do not reduce the amount of Paid Claims. All services are deemed to be incurred on the date the service was actually rendered.

Plan as used in this Addendum means plan as defined in ERISA at 29 U.S.C. 1002(3).

Pooling Charges The amount payable by the Employer to BCBSKC for limiting the Employer's claims obligation under the terms of the Cumulative Monthly Claims Limit and Individual Pooling Limit, and, if applicable, for Terminal Liability Coverage. For any month during the Contract Period, Pooling Charges shall equal the amounts set forth in the Pooling Charges section of Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations in effect as of the first day of such month.

Product Type The type of product(s) offered by Employer to Covered Persons, as set forth in Exhibit B (Rate Exhibits) (e.g., Blue Advantage, Blue Care, Dental, etc.).

Runout Claims Claims for Covered Services incurred by Covered Persons prior to the termination of this Addendum but paid by BCBSKC during the Runout Period. For purposes of clarification, Runout Claims do not include claims incurred after termination of this Addendum.

Runout Period The first twelve (12) months following termination of this Addendum.

Runout Services The services provided by BCBSKC for Runout Claims after termination of this Addendum.

Runout Services Fee The fee payable by Employer to BCBSKC for Runout Services, which is equal to the sum of: (a) ten percent (10%) of Runout Claims during the month; and (b) ten percent (10%) of the difference between billed charges and the Allowable Charge for all Runout Claims (i.e., 10% of network discounts) during the month.

Statutory Assessments Governmental entities assess a variety of fees, taxes, surcharges and/or assessments on employer-sponsored health coverage. These include, but are not limited to, state premium taxes, Affordable Care Act (ACA) assessments, as well as miscellaneous state or local assessments.

Terminal Liability Coverage Coverage for Runout Claims exceeding a specified maximum at termination of this Addendum.

Terminal Liability Coverage Charges The cost associated with the purchase of Terminal Liability Coverage.

Utilization Management Fees The fees associated with utilization management services.

Other Defined Terms Any other capitalized term used in this Addendum and not specifically defined herein, shall have the meaning ascribed to it in the Group Contract(s).

IN WITNESS WHEREOF, BCBSKC and Employer have caused this Addendum to be executed effective as of the Effective Date.

BY:_____
President, Board of Education

DATE _____

BY:_____

NAME:_____

TITLE:_____

DATE _____

Attested by:

BY:_____
Clerk, Board of Education

Approved as to Form:

BY:_____
Attorney, Board of Education

ATTACHMENTS:

Exhibit A – Cost Plus Provisions
Exhibit B – Rate Exhibits
Exhibit C – Spira Care Disclosure

Exhibit A
Cost Plus Provisions

1. This Addendum shall be applicable to:

   __X___Employer's Group Health Contract: Group Number(s) 14274000

2. The Individual Pooling Limit per Covered Person shall be $275,000

3. The Access Fee is due and payable with the Monthly Settlement Report and shall be:

   $14.78 per Employee

4. Minimum Annual Claims Limit:

   The greater of: (a) $34,789,943; or (b) 90% of the amounts set forth in the Monthly Claims Limit section of Exhibit B (Rate Exhibit) for each Coverage Class and Product Type combination, multiplied by the number of such Coverage Class and Product Type combinations for the first month of the Contract Period, times the number of months of the Contract Period as defined in Article 7.

Exhibit B
Rate Exhibits

Fixed Premium

1. The Fixed Cost Fees are as follows:

Employee	$22.93
Employee/Spouse	$43.39
Employee/Child(ren)	$38.82
Family	$59.38

2. Pooling Charges (including Terminal Liability Coverage Charges, if applicable) are as follows:

Employee	$120.74
Employee/Spouse	$228.49
Employee/Child(ren)	$204.41
Family	$312.66

3. Access Fees are as follows:

$14.78 Per Employee Per Month

4. Statutory Assessments are as follows:

A. The Patient-Centered Outcomes Research Institute Fee (aka Comparative Effectiveness Fee) is due and payable with the Monthly Settlement Report and shall be $3.39 per Covered Person (which equals $0.32 per Covered Person per month).

B. All other Statutory Assessments are due and payable with the Monthly Settlement Report and shall be $26.84 per Covered Person (which equals $2.24 per Covered Person per month).

5. High Cost Drug Discount Program Fees are as follows:

High-Cost Drug Discount Program Fees are 30% of the savings obtained by BCBSKC for Pharmacy claims.

6. Utilization Management Vendor Fees are as follows:

Muscular Skeletal and Cardiac Utilization Management Vendor Fees are as follows:

Orthopedic Muscular Skeletal Case	$550 per case
Spinal Muscular Skeletal Case	$1,250 per case
Surgical Cardiac Case	$1,750 per case
Cardiac Diagnosis Case	$130 per case

Exhibit B
Rate Exhibits

Rate Factors

1. Monthly Claims Limit Factors are as follows:

PPO Blue Select Plus Plan

Employee	$846.15
Employee/Spouse	$1,546.12
Employee/Child(ren)	$1,388.94
Family	$2,096.35

PPO Preferred Care Blue Plan

Employee	$993.15
Employee/Spouse	$1,879.74
Employee/Child(ren)	$1,681.79
Family	$2,572.18

BlueSelect Plus - EPO Plan

Employee	$1,143.61
Employee/Spouse	$2,164.48
Employee/Child(ren)	$1,936.63
Family	$2,962.06

Preferred-Care Blue - BlueSaver Plan

Employee	$942.74
Employee/Spouse	$1,698.61
Employee/Child(ren)	$1,525.31
Family	$2,305.17

BlueSelect Plus - SPIRA EPO Plan

Employee	$956.11
Employee/Spouse	$1,725.20
Employee/Child(ren)	$1,543.50
Family	$2,360.70

BlueSelect Plus - SPIRA BlueSaver - PPO Plan

Employee	$836.94
Employee/Spouse	$1,527.84
Employee/Child(ren)	$1,372.52
Family	$2,071.52

2. Terminal Liability Factors are as follows:

PPO Blue Select Plus Plan

Employee	$1,269.23
Employee/Spouse	$2,319.18
Employee/Child(ren)	$2,083.40
Family	$3,144.53

PPO Preferred Care Blue Plan

Employee	$1,489.73
Employee/Spouse	$2,819.62
Employee/Child(ren)	$2,522.68
Family	$3,858.27

BlueSelect Plus - EPO Plan

Employee	$1,715.41
Employee/Spouse	$3,246.72
Employee/Child(ren)	$2,904.94
Family	$4,443.10

Preferred-Care Blue - BlueSaver Plan

Employee	$1,414.11
Employee/Spouse	$2,547.92
Employee/Child(ren)	$2,287.96
Family	$3,457.76

BlueSelect Plus - SPIRA EPO Plan

Employee	$1,434.16
Employee/Spouse	$2,587.80
Employee/Child(ren)	$2,315.26
Family	$3,541.05

BlueSelect Plus - SPIRA PPO BlueSaver

Employee	$1,255.41
Employee/Spouse	$2,291.76
Employee/Child(ren)	$2,058.78
Family	$3,107.28

SPIRA CARE DISCLOSURE
ASO AND COST-PLUS GROUP CONTRACTS

You have chosen to participate in Blue Cross and Blue Shield of Kansas City's (Blue KC) Spira Care program. There are some special financial features of Spira Care that we describe here.

Introduction. Spira Care provides a financial incentive to participating healthcare providers to use their medical judgment in a fashion that provides cost effective, appropriate medical care. Spira Care healthcare providers may receive additional compensation if they operate in a fashion that shows a beneficial cost impact (as measured by standards described later in this disclosure).

Provider Partners. Initially, Spira Care will operate through an arrangement with third-party healthcare provider organizations (collectively, the "**Provider Partners**"). Members will go to the Spira Care clinics to receive care from these Provider Partners through the Spira Care program.

Group's Capitation Payments. Your group will pay a per-member per-month ("**Capitation**") amount for services provided to your members through the Spira Care clinics. This Capitation amount will cover your group's expense for services provided through the Spira Care clinics, except for (a) drugs dispensed at the Spira Care clinics, and (b) any behavioral health services that are beyond what must be provided to members without cost-sharing under the Mental Health Parity and Addiction Equity Act. Your group will be required to pay those drug and behavioral health expenses in the normal way under your contract. They will not be covered by the Capitation amount you pay for services provided through the Spira Care clinics.

The Capitation amount of Spira Care will vary by the age and sex of members and may adjust on January 1 of each year, regardless of your group's plan year. And the Capitation amount for those members covered by a qualified high-deductible health plan will generally be less than the Capitation amount for those members not covered by such a plan.

In addition to receiving the Capitation amount, Blue KC and the Provider Partners will charge those members covered by a qualified high-deductible health plan who have not yet satisfied their deductible for the year an allowable charge for each visit involving non-preventive services. Blue KC and the Provider Partners will collect and keep this allowable charge.

Clinic Operating Performance. There are two special financial aspects of Spira Care. The first involves what is called a "**Clinic Operating Expenses**" calculation. The actual expenses in operating the Spira Care clinics (the Clinic Operating Expenses) for a year may be more or less than the total of the Capitation payments and any member cost-sharing payments made to the Provider Partners for the year. Blue KC and/or the Provider Partners will effectively bear responsibility for the clinic operating performance. Your plan will not be required to pay an additional Capitation amount to make up for any Clinic Operating Expense shortfall.

In determining whether there is an operating loss or gain from the Spira Care clinics, the Clinic Operating Expenses will include not only items like rent, utilities, medical record software, drug

acquisition costs, and information technology support, but also the compensation paid to the healthcare professionals associated with the Spira Care clinics for providing care to members who have selected Spira Care. And in determining the income associated with the clinics (for purposes of determining any clinic operating loss or gain), that income will include not only the total of the Spira Care Capitation and member cost-sharing payments made for the year, but also any amounts paid for drugs dispensed at the clinic.

Sharing of Cost Savings (or Losses). The second special financial feature of Spira Care is that one or more of the Provider Partners will, while making appropriate medical decisions, have a financial incentive to generate savings in the total cost of healthcare provided to members who have selected Spira Care. By total cost of healthcare we mean not just the cost of care provided by the Provider Partner but the cost of all covered healthcare provided to members in the Spira Care program, including care provided outside the Spira Care clinics.

In determining whether there have been cost savings, Blue KC will establish a benchmark and compare the Spira Care program's total cost of healthcare provided to members against that benchmark.

Savings. The intent is that the Provider Partners will perform well, as measured by the standard above, generating savings from what one might otherwise have projected healthcare costs to be. If so, one or more of the Provider Partners will receive incentive compensation equal to a percentage of the savings for the year in question (as those savings are determined under the calculations above).

To pay for all of part of any incentive compensation earned by the Provider Partners, groups in the Spira Care program in subsequent years may pay a larger Capitation amount for Spira Care, or Blue KC may charge higher administrative fees, or both. When successful, the group will experience the benefits of the Spira Care program in real time by seeing its healthcare costs decrease from what one might otherwise have projected them to be.

Losses. If the Provider Partners are not successful in generating savings, and the total cost of care for the Spira Care members instead shows a "loss" (determined under the calculations noted above), one or more of the Provider Partners will be required to bear a portion of that loss. In that event, one or more of the Provider Partners will make a payment to Blue KC equal to a percentage of the loss for the year. This payment will not be credited directly to your group. That means your group will have paid a Spira Care Capitation amount, as well as other healthcare expenses, a portion of which will ultimately come back to Blue KC and not back to your group.

Savings and Losses Not Based on Your Individual Group's Experience. Cost savings or losses will be determined across all groups that participate in Spira Care, including both self-insured and insured groups. This means savings or losses will not be determined based on your group's particular experience. And if any savings or losses are reflected in future years' Capitation amounts, the effect on your group will depend on the number of members in your group during the later year for which the Capitation is adjusted. Further, any Capitation adjustments for future years (to reflect savings or losses) may be different for insured groups that are not Cost-Plus groups than for ASO and Cost-Plus groups.

Blue KC's Interest in Provider Partners. Blue KC, or a subsidiary of Blue KC, has an ownership interest in one or more of the Provider Partners, and has the potential to obtain additional ownership in at least one of the Provider Partners. As a consequence, payments made to those Provider Partners may have a financial impact on Blue KC.

Blue KC or Subsidiary. The financial arrangements with the Provider Partners may actually be made between those providers and a subsidiary of Blue KC, rather than with Blue KC directly.

Agreed to and acknowledged:

By: _____
President, Board of Education
Name: _____
Date: _____

Attested by:
By:_____
Clerk, Board of Education

Approved as to Form:
By:_____
Attorney, Board of Education

Kansas City

Unified School District No. 229, Johnson County, State of Kansas
14274000
Blue Connect Rate Confirmation
Contract Effective Date: January 1, 2027

PPO Blue Select Plus Plan	Blue Connect
Employee	$2.00 PEPM
Employee/Spouse	$2.00 PEPM
Employee/Child(ren)	$2.00 PEPM
Family	$2.00 PEPM

PPO Preferred Care Blue Plan	Blue Connect
Employee	$2.00 PEPM
Employee/Spouse	$2.00 PEPM
Employee/Child(ren)	$2.00 PEPM
Family	$2.00 PEPM

BlueSelect Plus - EPO Plan	Blue Connect
Employee	$2.00 PEPM
Employee/Spouse	$2.00 PEPM
Employee/Child(ren)	$2.00 PEPM
Family	$2.00 PEPM

Preferred-Care Blue - BlueSaver Plan	Blue Connect
Employee	$2.00 PEPM
Employee/Spouse	$2.00 PEPM
Employee/Child(ren)	$2.00 PEPM
Family	$2.00 PEPM

BlueSelect Plus - SPIRA EPO Plan	Blue Connect
Employee	$2.00 PEPM
Employee/Spouse	$2.00 PEPM
Employee/Child(ren)	$2.00 PEPM
Family	$2.00 PEPM

BlueSelect Plus - SPIRA BlueSaver	Blue Connect
Employee	$2.00 PEPM
Employee/Spouse	$2.00 PEPM
Employee/Child(ren)	$2.00 PEPM
Family	$2.00 PEPM

Signature

_____

Title

_____

Date

Signature

_____

Title

_____

Date

Signature

_____

Title

_____

Date

Signature

_____

Title

_____

Date

Signature

_____

Title

_____

Date

Signature

_____

Title

_____

Date

Performance Standards Agreement

BlueConnect Group
Unified School District No. 229,
Johnson County, State of Kansas

Kansas City

Administrative Performance Measures

Claims Processing

Claims Administrative Accuracy

Administrative accuracy shall be determined by reviewing a statistically valid sample of medical/dental claims for the correctness of coding accuracy in the administration of the plan. Examples of administrative errors include correct amounts sent to the wrong payee, and/or misapplied deductibles and maximums that do not result in payment errors. Administrative accuracy errors do not include any claims that affect claims payment or deductible accumulation, nor any errors that are corrected by Company prior to audit.

Administrative accuracy will be determined by counting the number of claims in a monthly sample that contains one or more coding errors (errors that do not affect claim payment) divided by the total number of claims in the sample. The resulting number shall than be subtracted from 1.00 to determine the administrative accuracy rate.

Performance Standards

97% and greater accuracy: No Penalty
92% to 96.9% accuracy: $16,000 Penalty
Accuracy less than 92%: $32,000 Penalty

Claims Financial Accuracy

Financial accuracy shall be determined by reviewing a statistically valid sample of medical and dental claims for the dollar amount of payment errors. Payment errors for financial accuracy shall be defined as claims payments that are either overpayments or underpayments of the amounts due to plan participants (i.e. payment in the wrong amount, duplicate payments, payment for non-eligible benefits, misapplied deductible or maximums resulting in payment errors). A financial error that is corrected by Company prior to audit shall not be considered as being a payment error. Overpayments and underpayments made on the same claim to the same provider that result in a correct net payment being made to such provider on such claim shall not be considered a financial payment error.

Financial accuracy of claims payments will be based on the dollar value of the payment errors measured as a percentage of total paid claims (dollar value of payment errors divided by the total dollars paid). The resulting number shall then be subtracted from 1.00 to determine the financial accuracy rate.

Performance Standards

99% and greater accuracy: No Penalty
98.9% to 92% accuracy: $16,000 Penalty
Accuracy less than 92%: $32,000 Penalty

Claims Processing Timeliness

Claims processing timeliness shall be determined by reviewing claims systems reports for the length of time incurred in processing clean medical claims. Clean medical and dental claims are defined as claims that do not require investigation or intervention. Claims requiring investigation include all claims that are not yet processed and are being held until Company is provided with all information pertinent to the claims as requested by Company and as necessary for processing of the claim. Claims requiring intervention include but are not limited to COB claims, claims requiring medical review, etc. Claims requiring investigation or intervention will not be considered for claims processing timeliness.

Claims processing time will be determined by measuring the interval of business days between the date the clean claim is received by Company and the date the claim is finalized by Company.

Performance Standards

95% or more within 14 days: No Penalty
90% to 94.9% within 14 days: $16,000 Penalty
Less than 90% within 14 days: $32,000 Penalty

Performance Standards Agreement

BlueConnect Group
Unified School District No. 229,
Johnson County, State of Kansas

Kansas City

Administrative Performance Standards – General Principles

The Administrative Performance Guarantees penalty amounts apply to fees (excluding Optional, Non-Standard Services, and or network savings fees) as outlined in the Contract between Administrator and the Plan Sponsor and will be adjusted in accordance with the performance standards set forth below.

The performance measures will be effective January 1, 2027 and will remain in force through December 31, 2027 (hereinafter the "Measurement Period"), or until termination of the Contract between the two parties, whichever is sooner. Administrator will place a maximum of $96,000 of medical fees at risk. For each category, performance will be measured by, and penalties, if any, will be calculated on the basis of Administrators audits, surveys, or reports as described in this document. Plan Sponsor retains the right to have internal or external auditors verify the accuracy of Administrators reported results at the Plan Sponsor's expenses.

1. Measurement of Administrator performance against the standards shall be performed and reported to Plan Sponsor by Administrator on a quarterly basis or as otherwise noted.
2. The measures discussed herein are average measures relative to the entire Measurement Period, as set out above. The Appropriate penalties will be paid if the result fails to meet the established goal for the entire Measurement Period. Select measures will be reported on a quarterly basis for illustrative purposes only. The final report for the measurement period will be delivered to Group once data on all performance measures is available and calculated by Administrator. Payment will be credited to Group's account, if coverage is renewed for the following plan year. In the event Group terminates coverage before penalties are paid, Administrator is not liable to remit payment for the Measurement Period.
3. This performance guarantee agreement applies only in regard to Plan Sponsor's health services provided directly by Administrator. It is not intended to apply to any other service of coverage, including but not limited to dental and/or life insurance coverage, and carve-outs such as vision, prescription drug card and mental health.

Payment of Penalties

Although Administrator will provide quarterly performance reports, penalties will be assessed for any plan year in which Administrator fails to meet or exceed the performance standards specified herein for Claims Processing and Network Discounts. Performance will be calculated based on an annual average, excluding the best and worst months.

Audit of Performance

Plan Sponsor agrees to accept the results and the methodology, as defined therein under Administrator's internal quality assurance review process, as the measurement of the criteria set forth in this agreement.

Remainder of page intentionally Left blank
Performance Agreement continues on the following page

Performance Standards Agreement

BlueConnect Group
Unified School District No. 229,
Johnson County, State of Kansas

Except stated herein, this agreement shall not be construed to otherwise change any of the terms or conditions of the Master Contract.

Approved and agreed to this _____ day of _____, 2026.

Unified School District No. 229
Johnson County, State of Kansas
(Plan Sponsor)

By: _____
President, Board of Education

Date: _____

Blue Cross and Blue Shield
of Kansas City
(Administrator)

By: _____

Title: _____

Date: _____

Attested by:

_____
Clerk, Board of Education
Approved as to Form:

_____
Attorney, Board of Education

Kansas City

COMMISSION DISCLOSURE

Company Name: Unified School District No. 229, Johnson County, State of Kansas

Commission Summary

Blue KC uses a **standard** commission schedule to compensate our agents and brokers. We currently pay brokers on a sliding 10% scale. Commissions are not paid on ACA-related taxes and fees.

Medical/Stop Loss	Dental
☒ **Standard** ☐ **Non-Standard** ☒ Flat $10,690 per month ☐ Flat $___ per employee per month ☐ Flat or ☐ Sliding 10%: equivalent of ___% of premium excluding ACA taxes which equates to _____% of premium including ACA taxes ☐ NET of Commission **Funding Type: Cost Plus**	☐ **Standard** ☐ **Non-Standard** ☐ Flat $_____ per month ☐ Flat $_____ per employee per month ☐ Flat or ☐ Sliding 10%: equivalent of _____% of premium excluding ACA taxes which equates to _____% of premium including ACA taxes ☐ NET of Commission **Funding Type: _____**

Vision

☐ Flat or ☐ Sliding 10%: equivalent of _____% of premium excluding ACA taxes which equates to _____% of premium including ACA taxes

Employer Information

Client Name: Unified School District No. 229, Johnson County, State of Kansas

Client Signature:	**Date**

Broker Information

Name: Jeff Spencer

Agency: Holmes Murphy	**Agent Code: 05350EM7**
Signature: Jeff Spencer	**Date 9/28/2026**

*****FOR INTERNAL USE ONLY*****

Effective Date: 1/1/2027	**Territory #: 5**	**Group #: 14274000**
Vice President, Sales:		**Date:**
Vice President, Underwriting:		**Date:**
Underwriter:		**Date:**

AGENDA ITEM SUMMARY

Agenda Item:

2027 Group dental insurance renewal with Delta Dental of Kansas

Person Submitting Item:

Dr. Eric Punswick

Background and Summary:

Renewal for 2027 employee group dental insurance with Delta Dental of KC.

Rate increase of 4% for Base and Buy Up Plans.

Budget Source:

Employee paid benefit

Strategic Plan Alignment:

Empowering Exemplary Educators and Staff

Recommendation:

Approve

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	Human Resources	Requested By:	Dr. Eric Punswick

Purpose: (please explain in detail why we need the items or services requested)

Renewal for 2027 employee group dental insurance with Delta Dental of KC.

Rate increase of 4% for Base and Buy Up Plans.

Employee cost for Base Plan: $1,218,205 (estimated)

Employee cost for Buy-Up Plan: $306,974 (estimated)

Fund:	Employee paid	Account Number:	
Funding Year:	2026/2027	Location(s) items or services are for:	District Wide Benefit
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract
☑ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **1/1/2027**	End Date: **12/31/2027**
Company: **Delta Dental of Kansas Inc**	Street Address: **4000 W. 114th Street, Suite 320**
Contact Name: **Erin Baker**	City: **Leawood**
Telephone: **(913) 381-4928**	State: **KS**
Email: **EBaker@deltadentalks.com**	Zip Code: **66211**
Cost: **$ 1,525,179.00 Estimated**	
Prior Year Cost: **$ 1,628,495.00 Estimated**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** *Dr. Eric Punswick* **Date** **9/30/2026**



Trust the Experts for Your Benefits

USD #229-BLUE VALLEY

Benefit Renewal

For the Period of 01/01/2027 to 12/31/2027

Account Executive: Erin Baker / ebaker@deltadentalks.com

DELTA DENTAL

USD #229-BLUE VALLEY
GROUP NUMBER: 00000001698
Fully Insured
Renewal Rates Effective: 01/01/2027 to 12/31/2027

Current Enrollment	USD #229-BLUE VALLEY-BUYUP
Employee Only	220
Employee and Spouse	38
Employee and One Child	18
Employee and Children	39
Employee and Family	44
Total	359

Current Rates

Employee Only	$46.96
Employee and Spouse	$93.82
Employee and One Child	$110.24
Employee and Children	$110.24
Employee and Family	$179.18

Renewal Rates

Employee Only	$48.86
Employee and Spouse	$97.56
Employee and One Child	$114.64
Employee and Children	$114.64
Employee and Family	$186.34

*Delta Dental of Kansas reserves the right to revise the annual rates should the group request changes in their benefits, networks, service levels or subscriber locations. Annual rates may also be changed if the total enrollment, enrollment distribution by product, enrollment tier or employee locations differ by 10% or more from the current enrollment noted in this document. We also reserve the right to re-evaluate the rates in the event of updated government regulations for the dental industry.

STATEMENT OF CONFIDENTIALITY
The information contained in this document is the property of Delta Dental of Kansas and may not be disclosed except to employees or duly authorized agents of USD #229-BLUE VALLEY without express written permission from Delta Dental of Kansas.

DELTA DENTAL

USD #229-BLUE VALLEY
GROUP NUMBER: 00000001698
Fully Insured
Renewal Rates Effective: 01/01/2027 to 12/31/2027

Current Enrollment	USD #229-BLUE VALLEY-BASE
Employee Only	1398
Employee and Spouse	140
Employee and One Child	91
Employee and Children	189
Employee and Family	185
Total	1998

Current Rates	
Employee Only	$36.50
Employee and Spouse	$71.08
Employee and One Child	$83.50
Employee and Children	$83.50
Employee and Family	$135.66

Renewal Rates	
Employee Only	$37.96
Employee and Spouse	$73.92
Employee and One Child	$86.84
Employee and Children	$86.84
Employee and Family	$141.08

*Delta Dental of Kansas reserves the right to revise the annual rates should the group request changes in their benefits, networks, service levels or subscriber locations. Annual rates may also be changed if the total enrollment, enrollment distribution by product, enrollment tier or employee locations differ by 10% or more from the current enrollment noted in this document. We also reserve the right to re-evaluate the rates in the event of updated government regulations for the dental industry.

STATEMENT OF CONFIDENTIALITY
The information contained in this document is the property of Delta Dental of Kansas and may not be disclosed except to employees or duly authorized agents of USD #229-BLUE VALLEY without express written permission from Delta Dental of Kansas.

DELTA DENTAL

USD #229-BLUE VALLEY
GROUP NUMBER: 00000001698
Fully Insured

Renewal Rates Effective: 01/01/2027 to 12/31/2027

USD #229-BLUE VALLEY

1. Current Enrollment	2357
2. Average Enrollment	2294
Experience Period: 03/01/2025 to 02/28/2026	
3. Paid Premium	$1,559,780.70
4. Paid Claims	$1,457,092.58
Trend 1.1127	
5. Required Retention	$202,771.49
(includes taxes and administration costs)	
6. Commission	$0.00
7. Total Loss Ratio	119.13%
8. Final Rate Adjustment	4%

- 2nd of 2 yr contract
- Option of 5% cap per 2028

*Delta Dental of Kansas reserves the right to revise the annual rates should the group request changes in their benefits, networks, service levels or subscriber locations. Annual rates may also be changed if the total enrollment, enrollment distribution by product, enrollment tier or employee locations differ by 10% or more from the current enrollment noted in this document. We also reserve the right to re-evaluate the rates in the event of updated government regulations for the dental industry.

STATEMENT OF CONFIDENTIALITY
The information contained in this document is the property of Delta Dental of Kansas and may not be disclosed except to employees or duly authorized agents of USD #229-BLUE VALLEY without express written permission from Delta Dental of Kansas.

AGENDA ITEM SUMMARY

Agenda Item:

2027 Insurance Policies from The Standard

Person Submitting Item:

Dr. Eric Punswick

Background and Summary:

Renewal for 2027 The Standard Insurance Policies: Voluntary Group Life (GTL), Accident Insurance (AI), Hospital Insurance (HI), Critical Illness Insurance (CI). Cost is based on projected participation and employee paid premium rates for all products.

Budget Source:

Employee paid benefit

Strategic Plan Alignment:

Empowering Exemplary Educators and Staff

Recommendation:

Approve

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	Human Resources	Requested By:	Dr. Eric Punswick

Purpose: (please explain in detail why we need the items or services requested)

Renewal for 2027 The Standard Insurance Policies. Cost is based on projected participation and employee paid premium rates for all products.

2027 renewal insurance policies for:
Voluntary Group Life (GTL) - $439,620 (estimated)
Accident Insurance (AI) - $79,350 (estimated)
Hospital Insurance (HI) - $85,740 (estimated)
Critical Illness Insurance (CI) - $74,979 (estimated)

Fund:	Employee paid	Account Number:	
Funding Year:	2026/2027	Location(s) items or services are for:	District Wide Benefit
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract
☑ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **1/1/2027**	End Date: **12/31/2027**
Company: **The Standard Insurance Company**	Street Address: **5440 West 110th St; Suite 300**
Contact Name: **Alecia Patrick**	City: **Overland Park**
Telephone: **(971) 321-2239**	State: **KS**
Email: **Alecia.Patrick@standard.com**	Zip Code: **66211**
Cost: **$ 679,689.00 Estimated**	
Prior Year Cost: **$617,857.00 Estimated**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** *Dr. Eric Punswick* **Date** **9/30/2026**

AGENDA ITEM SUMMARY

Agenda Item:

2027 short-term and long-term disability policies from The Standard

Person Submitting Item:

Dr. Eric Punswick

Background and Summary:

Renewal for 2027 of The Standard Insurance Policy for short-term disability and long-term disability.
2027 STD renewal cost $471,981 - 5% rate increase
2027 LTD renewal cost $40,087 - no rate increase

Budget Source:

Special Reserve Healthcare

Strategic Plan Alignment:

Empowering Exemplary Educators and Staff

Recommendation:

Approve

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	Human Resources	Requested By:	Dr. Eric Punswick

Purpose: (please explain in detail why we need the items or services requested)

Renewal for 2027 of The Standard Insurance Policy for short-term disability and long-term disability.

2027 STD renewal cost $471,981 - 5% rate increase

2027 LTD renewal cost $40,087 - no rate increase

Fund:	Special Reserve Healthcare	Account Number:	048-8914
Funding Year:	2026/2027	Location(s) items or services are for:	District Wide Benefit
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract
☑ This is a Renewal Contract
☐ This is a Curriculum purchase
☐ This can be purchased off of _____ Contract # _____

☐ This is a New Bid/RFP
☐ This is a Purchase from Bid/RFP # _____
☐ This Purchase requires BOE Signatures

Begin Date: **1/1/2027**	End Date: **12/31/2027**
Company: **The Standard Insurance Company**	Street Address: **5440 W. 110th Street, Suite 300**
Contact Name: **Alecia Patrick**	City: **Overland Park**
Telephone: **(971) 321-2239**	State: **KS**
Email: **Alecia.Patrick@standard.com**	Zip Code: **66211**
Cost: **$ 512,068.00 Estimated**	
Prior Year Cost: **$ 430,333.00 Estimated**	
Terms: (Annual, Multi-Year, One-Time): **Annual**	

Month:(board meeting) **October 2026** **Budget Administrator** *Dr. Eric Punswick* **Date** **9/30/2026**

Unified School District No 229 Johnson County State of Kansas

2027 Renewal Summary

Policy 759071

Thank You and Next Steps

We appreciate the opportunity to continue our partnership with Unified School District No 229 Johnson County State of Kansas. A summary of our 2027 Renewal Offer is in the chart below. Thank you for allowing The Standard the opportunity to support your insurance needs.

Products & Services *	Through 12/31/2026	Effective 1/1/2027
Basic Life & Spouse Life	Rate Mode is Per $1,000	Rate Mode is Per $1,000
24 and Under	$0.034	$0.037
25 - 29	$0.034	$0.037
30 - 34	$0.044	$0.048
35 - 39	$0.044	$0.048
40 - 44	$0.058	$0.064
45 - 49	$0.085	$0.094
50 - 54	$0.101	$0.111
55 - 59	$0.162	$0.178
60 - 64	$0.297	$0.327
65 - 69	$0.399	$0.439
70 - 74	$0.720	$0.792
75 and Over	$1.159	$1.275
Travel Assistance for Basic Life	*Included in rates for Basic Life*	*Included in rates for Basic Life*
Child Life	$0.20 Per $1,000, Elective	$0.20 Per $1,000, Elective
Short Term Disability		
Plan 1	$0.175 Per $10 of Benefit	$0.184 Per $10 of Benefit
Plan 2 Grandfathered Members (Closed Class)	$1.620 Per $10 of Benefit	$1.620 Per $10 of Benefit
Health Advocate Select	*Included in rates for STD*	*Included in rates for STD*
Employee Assistance Program	*Included in rates for STD*	*Included in rates for STD*
Long Term Disability	0.28 % Insured Earnings	0.28 % Insured Earnings

Rates will be guaranteed for 2 years until January 1, 2029.

** The rates above are shown monthly*

You can count on us to help you retain and attract employees by providing the benefits and services they value – now and for years to come. We're always available to address any questions you have about this renewal or for any service needs. Please reach out to the Kansas City group office at (913) 661-9241 and we'll be happy to help.

AGENDA ITEM SUMMARY

Agenda Item:

Logicalis Security Software Licensing 27-037

Person Submitting Item:

Kent Corser

Background and Summary:

Purchase of security software licensing. This is a 36-month term paid annually.
Year 1 $259,005.60 Year 2 $259,005.60 Year 3 $259,005.60 = $777,016.80

Budget Source:

Capital Outlay

Strategic Plan Alignment:

Fostering Supportive & Healthy School Communities

Recommendation:

Approve

PURCHASING UNIVERSAL REQUEST

BLUE VALLEY SCHOOL DISTRICT #229

Department/Bldg.:	ITS	Requested By:	Jamie Sutherland

Purpose: (please explain in detail why we need the items or services requested)

27-036 Security Software Licensing

Purchase of security software licensing. This is a 36-month term paid annually.

Year 1 $259,005.60 Year 2 $259,005.60 Year 3 $259,005.60 = $777,016.80

Fund:	Capital Outlay	Account Number:	34801
Funding Year:	2026/2027	Location(s) items or services are for:	ITS
Does this use Bond Funds? (if yes, see below)	No		

☐ This request includes extended warranty, service or maintenance. Please complete the *Bond Warranty Agreement Form* on page 2

☐ This request includes training or consultation. Please complete *Bond Consultant Services Form* on Page 3

Check all that apply to this Purchase:

☐ This is a New Contract

☑ This is a Renewal Contract

☐ This is a Curriculum purchase

☑ This can be purchased off of **Omnia Partners** Contract # **R240303**

☐ This is a New Bid/RFP

☐ This is a Purchase from Bid/RFP # _____

☐ This Purchase requires BOE Signatures

Begin Date: **12/18/2026**	End Date: **12/17/2029**
Company: **Logicalis Inc**	Street Address: **12980 Foster St. Ste. 300**
Contact Name: **Andrew Chase**	City: **Overland Park**
Telephone: **(816) 325-9485**	State: **KS**
Email: **andrew.chase@us.logicalis.com**	Zip Code: **66213**
Cost: **$ 777,016.80 Estimated**	
Prior Year Cost: **$767,278.50**	
Terms: (Annual, Multi-Year, One-Time): **Multi-Year**	

Month:(board meeting) **October 2026** **Budget Administrator** *Kent Corser* **Date** **9/28/2026**