MINERAL COUNTY SCHOOL DISTRICT
751 A. STREET
Hawthorne, Nevada 89415
BOARD OF TRUSTEES MEETING
Tuesday, November 18, 2025

RECVD MINERAL CO CLERK
NOV 13 '25 AM8:11

LOCATION OF MEETING: **District Office Building**
751 A Street, Board Room
Hawthorne, NV 89415

I would like to acknowledge that this meeting is being held on or broadcasted on traditional lands of the Paiute People, and pay our respect to elders both past and present.

Please Note: The Board reserves the right: (1) to take agenda items in a different order, (2) to combine two or more agenda items for consideration, and (3) to remove an item from the agenda or delay discussion relating to an item on the agenda at any time, in order to accomplish the business on the Agenda in the most efficient manner.

CALL TO ORDER: 5:30 PM
1. Certification of Public Notice, Roll Call, and Pledge of Allegiance
2. Approval of a flexible agenda. (For Possible Action)
3. Person or Group Recognition
4. Presentations

CONSENT ITEMS: (FOR POSSIBLE ACTION)
1. Minutes: November 4, 2025
2. Request for Early Graduation/HSE (Confidential)
2. Payroll Vouchers: 1037,1038
3. Payroll Checks: 90759-90798
4. Warrants: 30355-30378
6. Personnel Report – Information Only

ACTION ITEMS: (FOR POSSIBLE ACTION)
There will be an opportunity for public comment on each **Action Item** following Board discussion on the item and before the Board makes a motion on the item. You may request to speak by raising your hand during the Public Comment period or by completing a Request to Address the MCSD Board form prior to the Public Comment period. Those who submit the form will normally be called on first. Speaking time will be limited to a maximum of 3 minutes. The President may allow additional time to a given speaker as time allows and in his/her discretion.

1. Recommendation: Discussion and Possible Approval of the FY25 Financial Audit.
Supporting Information: Approval of the Mineral County School District Financial Audit for FY25.
Budget Considerations: NONE

2. Recommendation: Discussion and Possible Action to Approve the MOU between Mineral County School District (MCSD) and the Mineral County School Administrators change to the Health Insurance clause.
Supporting Information: Approval of the MOU between Mineral County School District and the Mineral County School Administrators change to the Health Insurance clause due to the premium increase.
Budget Considerations: General Funded - CY2026 - $1,235.31 per employee monthly. CY2027 - $935.79 per employee monthly.

3. Recommendation: Discussion and Possible Action to Approve an MOU between Mineral County School District (MCSD) and the Mineral County Classified School Employees' Association (MCCSEA) change to the Health Insurance clause.
Supporting Information: Approval of the MOU between Mineral County School District and the Classified Union for a change to the Health Insurance clause due to the premium increase.
Budget Considerations: General Funded - CY2026 - $1,235.31 per employee monthly. CY2027 - $935.79 per employee monthly.

4. Recommendation: Discussion and possible action to approve the Districts Medical Benefit Plan/Group Health Insurance proposal(s). This will include the review of the Insurance Committee recommendation, Insurance Brokers recommendation, and Districts recommendation.
Supporting Information: This is the annual medical benefit plan renewal for Board Approval. This includes Medical, Dental and Vision, Life and AD&D.
Budget Consideration: **43% increase out of General Funds**

5. Recommendation: Discussion and Possible Action to Approve the MCSD Progressive Discipline Plan.
Budget Considerations: NONE

OLD BUSINESS: Board Workshop - December 13, 2025 - Items for agenda

Future Agenda Topics: Next meeting scheduled: December 2, 2025 -

COMMUNICATIONS AND REPORTS: (FOR DISCUSSION ONLY)
1. Correspondence & Announcements
2. Board Members
3. Superintendent

GENERAL PUBLIC COMMENT:
It is the School Board's intention to listen and be responsive to the public's concerns. Comments from the public regarding topics not on the agenda are invited at this time. You may request to speak by raising your hand during the General Public comment period or by completing a Request to Address the MCSD Board form prior to the General Public Comment period. The Board may discuss items that are introduced, however, by law, the Board cannot take any action, reach a consensus or hear personal attacks at this time. Those who submit the form will normally be called on first. Speaking time will be limited to a maximum of 3 minutes. The President may allow additional time to a given speaker as time allows and in his/her discretion.

1. Closed Session: Pursuant to Nevada Revised Statute (NRS) 241.015(4)(c) and Nevada Revised Statute (NRS) 288.220 to receive information from legal counsel relative to general pending litigation and to discuss negotiations.

2. Open Session: Discussion and possible action relative to pending litigation and/or negotiations.

ADJOURNMENT:
The Agenda of this meeting has been posted at the following locations: 1) Administration Office, 2) Schurz Post Office, 3) Mina Post Office, 4) County Courthouse 5) School Offices, 6) Luning Post Office.
Mineral County School District is pleased to provide accommodations for individuals with disabilities. If you have a disability, please let us know, and we will provide assistance or accommodate you in any way that we possibly can. Copies of agenda and supporting material may be picked up at the Mineral County School District Arlo K. Funk District Services Center, 751 A. Street, Hawthorne, Nevada, or by contacting Crystal Sasser at (775) 945-2403, prior to the scheduled meeting.

MINUTES

MINERAL COUNTY SCHOOL DISTRICT
751 A. STREET
Hawthorne, Nevada 89415
BOARD OF TRUSTEES MEETING MINUTES
Tuesday, November 4, 2025

The Mineral County School District held a public meeting on Tuesday, November 4, 2025 beginning at 5:31 PM at the Schurz Elementary School.

Tyler Viani read: I would like to acknowledge that this meeting is being held on or broadcasted on traditional lands of the Paiute People, and pay our respect to elders both past and present.

MEMBERS PRESENT: Tyler Viani, Juanita Diede, Tahlyah Norcom
MEMBERS ABSENT: Kristin Reeves
ADMINISTRATORS: Stephanie Keuhey, Superintendent; Monica Keady, Principal HJH/MCHS; Claire Hayhurst, Principal HES
OTHERS PRESENT: Kenny Tedford, Tahlyah Norcom, Erika Sanchez, Erin Ashley, Stacey Conner, Kaiti Gentry, Daniel Norcom, Carmen O, Caleigh Onstott, Staci Teeter

CALL TO ORDER: 5:30 PM
1. Certification of Public Notice - Yes; Roll Call - Tyler, Tahlyah and Juanita present. Pledge of Allegiance.
2. Approval of a flexible agenda. (For Possible Action) *Tyler Viani made a motion to table items #1 and #2. Juanita Diede seconded the motion. Juanita Diede-Y; Tahlyah Norcom-Y; Tyler Viani-Y. Motion passed 3-0-0*
3. Person or Group Recognition - *NONE*
4. Presentations - Mineral County Strategic Plan - Goals Update given by Stacey Conner, Erin Ashley and Stephanie Keuhey

CONSENT ITEMS: (FOR POSSIBLE ACTION)
1. Minutes: October 21, 2025
2. Payroll Vouchers: 1022,1023,1030,1031,1034
3. Payroll Checks: 90684-90758
4. Warrants: 30285-30354
6. Personnel Report – Information Only

Tyler Viani made a motion to approve the minutes from October 21, 2025; Payroll Vouchers: 1022,1023,1030,1031,1034; Payroll Checks: 90684 to 90758; Warrants 30285 to 30354; and the personnel report as presented. Juanita Diede seconded.
Juanita Diede-Y; Kristin Reeves-Y; Tyler Viani-Y. Motion passed 3-0-0

ACTION ITEMS: (FOR POSSIBLE ACTION)
1. Recommendation: Discussion and Possible Action to Approve the MOU between MCSD and the Certified Union for a change to the Health Insurance clause.
Supporting Information: Approval of the MOU between Mineral County School District and the Certified Union for a change to the Health Insurance clause due to the premium increase.
Budget Considerations: General Funded - CY2026 - $1,235.31 per employee monthly. CY2027 - $935.79 per employee monthly.

2. Recommendation: Discussion and Possible Action to Approve an MOU between MCSD and the Classified Union for a change to the Health Insurance clause.
Supporting Information: Approval of the MOU between Mineral County School District and the Classified Union for a change to the Health Insurance clause due to the premium increase.
Budget Considerations: General Funded - CY2026 - $1,235.31 per employee monthly. CY2027 - $935.79 per employee mont

MINERAL COUNTY SCHOOL DISTRICT
751 A. STREET
Hawthorne, Nevada 89415
BOARD OF TRUSTEES MEETING MINUTES
Tuesday, November 4, 2025

OLD BUSINESS:

Future Agenda Topics: Next meeting scheduled: November 18, 2025 - Progressive Discipline Plan, Annual Audit, Input for the Superintendent Evaluation.

COMMUNICATIONS AND REPORTS: (FOR DISCUSSION ONLY)

1. Correspondence & Announcements - *NONE*
2. Board Members - *Juanita Diede - Lunch duty is great! Everyone should do it. Tahlyah Welcome! Tyler Viani Annual NASB Event on December 5 and 6th.*
3. Superintendent - *Stephanie Keuehy - Evaluation tool. Working with partners. Retreat with the admins. Year 3 is finished. Having positive interactions with the walkthroughs. Grants. Budgets. Meeting with NV medicaid to help provide students with support and services.. They will bring in a dentist and do a sealant on all 3rd grade students. The Lyons Club provides vision services.*
4. Administrators - *Mercedes Krause - Survey from Future ready students. PD Day Learning Intentions, success criteria, positive data. PD for December will be clarity of assessment. Safe and inclusive opportunities. Title 6 program on November 13. The students will be making ribbon skirts and storytelling at 4:00pm at HES. They will finish their skirts on November 18th. November 17th they will have events all day for both elementary schools at HES.*

Claire Hayhurst - Thank you for your Support. November 13th there is a poetry recital at 1:30. November 17th parent/teacher conferences. December 3 - Awards assembly. December 15th Winter Concert. PAC Meetings have been going well with good attendance. Thank you Juanita for doing lunch duty. There were 394 tickets for HES students for the month of October. Hoping for November to be even better. Reaching out for help with prices of some items for the giveaways. Progress in the classroom has been a good improvement.

GENERAL PUBLIC COMMENT:

Tyler Viani made a motion to go into closed session Pursuant to Nevada Revised Statute (NRS) 241.015(4)(c) and Nevada Revised Statute (NRS) 288.220 to receive information from legal counsel relative to general pending litigation and to discuss negotiations. Juanita Diede seconded the motion. Juanita Diede-Y; Kristin Reeves-Y; Tyler Viani-Y. Motion passed 3-0-0

Closed Session: Pursuant to Nevada Revised Statute (NRS) 241.015(4)(c) and Nevada Revised Statute (NRS) 288.220 to receive information from legal counsel relative to general pending litigation and to discuss negotiations.

Open Session: Discussion and possible action relative to pending litigation and/or negotiations.

ADJOURNMENT: 7:45 PM

Respectfully submitted:

_____
Kristin Reeves, Clerk

PAYROLL VOUCHERS

MINERAL COUNTY SCHOOL DISTRICT VOUCHER

Voucher No: 1037 **Voucher Date:** 10/24/2025 Prepared By:

Printed: 10/23/2025 11:38:03 AM

MINERAL COUNTY SCHOOL DISTRICT is hereby authorized to draw warrants against MINERAL COUNTY SCHOOL DISTRICT funds for the sum of $193,685.99 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2025 to June 30, 2026 (period cannot overlap fiscal year end.)

I certify that this claim is just and correct, and the services and/or materials herein represented have been received during the period listed above. All items are properly coded and not in excess of the budget.

Kristin Reeves	School Board Clerk
Tyler Viani	School Board President
Vacant (1)	School Board Member
Vacant (2)	School Board Member
Juanita Diede	School Board Vice President
Stephanie Kourey	Superintendent

MINERAL COUNTY SCHOOL DISTRICT

Fund		Amount
100	General Fund	$134,182.80
206	PCFP English Learner (Restricted Funding)	$1,655.44
208	PCFP At-Risk (Restricted Funding)	$905.97
220	SB 231	$6,027.55
230	Adult Education	$1,712.74
240	State Grants	$4,378.01
250	Special Education	$15,596.72
280	Federal Funds	$25,225.35
290	Food Service Funds	$4,001.41
		$193,685.99

Payroll EFT
Direct Deposit

MINERAL COUNTY SCHOOL DISTRICT VOUCHER

Voucher No: 1038 **Voucher Date:** 10/24/2025 Prepared By: Printed: 10/23/2025 11:35:39 AM

MINERAL COUNTY SCHOOL DISTRICT is hereby authorized to draw warrants against MINERAL COUNTY SCHOOL DISTRICT funds for the sum of $32,517.43 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2025 to June 30, 2026 (period cannot overlap fiscal year end.)

I certify that this claim is just and correct, and the services and/or materials herein represented have been received during the period listed above. All items are properly coded and not in excess of the budget.

Kristin Reeves	School Board Clerk
Tyler Viani	School Board President
Vacant (1)	School Board Member
Vacant (2)	School Board Member
Juanita Diede	School Board Vice President
Stephanie Keuher	Superintendent

MINERAL COUNTY SCHOOL DISTRICT

Fund		Amount
100	General Fund	$22,960.89
206	PCFP English Learner (Restricted Funding)	$88.39
208	PCFP At-Risk (Restricted Funding)	$27.08
220	SB 231	$916.51
230	Adult Education	$497.10
240	State Grants	$545.85
250	Special Education	$1,833.93
280	Federal Funds	$5,050.47
290	Food Service Funds	$597.21
		$32,517.43

Payroll EFT
Federal Taxes

Created By: 394645.sblazewick **Posted By:** 394645.sblazewic **Date:** 10/22/2025 16:18:23 Page: 1

PAYROLL CHECKS

MINERAL COUNTY SCHOOL DISTRICT VOUCHER

Voucher No: 9 **Voucher Date:** 10/24/2025 Prepared By: Spring Blazewick

Printed: 10/22/2025 04:32:26 PM

MINERAL COUNTY SCHOOL DISTRICT is hereby authorized to draw warrants against MINERAL COUNTY SCHOOL DISTRICT funds for the sum of $32,701.14 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2025 to June 30, 2026 (period cannot overlap fiscal year end.)

I certify that this claim is just and correct, and the services and/or materials herein represented have been received during the period listed above. All items are properly coded and not in excess of the budget.

Kristin Reeves	School Board Clerk
Tyler Viani	School Board President
Vacant (1)	School Board Member
Vacant (2)	School Board Member
Juanita Diede	School Board Vice President
Stephanie Kedney	Superintendent

Stephanie Kedney

MINERAL COUNTY SCHOOL DISTRICT

Fund		Amount
100	General Fund	$25,448.51
206	PCFP English Learner (Restricted Funding)	$0.00
208	PCFP At-Risk (Restricted Funding)	$0.00
220	SB 231	$1,220.78
230	Adult Education	$0.00
240	State Grants	$0.00
250	Special Education	$205.80
280	Federal Funds	$4,213.25
290	Food Service Funds	$1,612.80
		$32,701.14

Payroll Checks
#90759 – 90785

MINERAL COUNTY SCHOOL DISTRICT VOUCHER

Voucher No: 1039 **Voucher Date:** 10/24/2025 Prepared By: Spring Blazewick

Printed: 10/22/2025 04:44:53 PM

MINERAL COUNTY SCHOOL DISTRICT is hereby authorized to draw warrants against MINERAL COUNTY SCHOOL DISTRICT funds for the sum of $126,092.49 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2025 to June 30, 2026 (period cannot overlap fiscal year end.)

I certify that this claim is just and correct, and the services and/or materials herein represented have been received during the period listed above. All items are properly coded and not in excess of the budget.

Kristin Reeves	School Board Clerk
Tyler Viani	School Board President
Vacant (1)	School Board Member
Vacant (2)	School Board Member
Juanita Diede	School Board Vice President
Stephanie Keuhey	Superintendent

MINERAL COUNTY SCHOOL DISTRICT

Fund		Amount
100	General Fund	$84,570.87
206	PCFP English Learner (Restricted Funding)	$1,765.19
208	PCFP At-Risk (Restricted Funding)	$84.72
220	SB 231	$531.27
230	Adult Education	$135.81
240	State Grants	$3,860.85
250	Special Education	$7,484.10
280	Federal Funds	$23,675.15
290	Food Service Funds	$3,984.53
		$126,092.49

Payroll Checks
#90786 - 90798

Created By: 394645.sblazewick **Posted By:** 394645.sblazewic **Date:** 10/22/2025 16:18:27 Page: 1

WARRANTS

MINERAL COUNTY SCHOOL DISTRICT VOUCHER

Voucher No: 1040 **Voucher Date:** 10/29/2025 Prepared By: Susie

Printed: 10/29/2025 11:44:10 AM

MINERAL COUNTY SCHOOL DISTRICT is hereby authorized to draw warrants against MINERAL COUNTY SCHOOL DISTRICT funds for the sum of $105,833.75 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2025 to June 30, 2026 (period cannot overlap fiscal year end.)

I certify that this claim is just and correct, and the services and/or materials herein represented have been received during the period listed above. All items are properly coded and not in excess of the budget.

Kristin Reeves	School Board Clerk
Tyler Viani	School Board President
Vacant (1)	School Board Member
Vacant (2)	School Board Member
Juanita Diede	School Board Vice President
Stephanie Kerney	Superintendent

MINERAL COUNTY SCHOOL DISTRICT

Fund		Amount
100	General Fund	$9,076.84
240	State Grants	$1,661.23
280	Federal Funds	$85,228.84
290	Food Service Funds	$2,661.39
300	Capital Projects Fund	$7,205.00
704	Unemployment Compensation	$0.45
		$105,833.75

30355 - 30374

MINERAL COUNTY SCHOOL DISTRICT VOUCHER

Voucher No: 1041 **Voucher Date:** 10/29/2025 Prepared By: Susie

Printed: 10/29/2025 11:57:32 AM

MINERAL COUNTY SCHOOL DISTRICT is hereby authorized to draw warrants against MINERAL COUNTY SCHOOL DISTRICT funds for the sum of $50.00 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2025 to June 30, 2026 (period cannot overlap fiscal year end.)

I certify that this claim is just and correct, and the services and/or materials herein represented have been received during the period listed above. All items are properly coded and not in excess of the budget.

Kristin Reeves	School Board Clerk
Tyler Viani	School Board President
Vacant (1)	School Board Member
Vacant (2)	School Board Member
Juanita Diede	School Board Vice President
Stephanie Kelley	Superintendent

MINERAL COUNTY SCHOOL DISTRICT

Fund		Amount
100	General Fund	$50.00
		$50.00

30377

Created By: 394645.TVinson **Posted By:** 394645.TVinson **Date:** 10/29/2025 11:51:55 Page: 1

MINERAL COUNTY SCHOOL DISTRICT VOUCHER

Voucher No: 1042 **Voucher Date:** 10/29/2025 Prepared By: Susie

Printed: 10/29/2025 12:07:16 PM

MINERAL COUNTY SCHOOL DISTRICT is hereby authorized to draw warrants against MINERAL COUNTY SCHOOL DISTRICT funds for the sum of $50.00 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2025 to June 30, 2026 (period cannot overlap fiscal year end.)

I certify that this claim is just and correct, and the services and/or materials herein represented have been received during the period listed above. All items are properly coded and not in excess of the budget.

Kristin Reeves	School Board Clerk
Tyler Viani	School Board President
Vacant (1)	School Board Member
Vacant (2)	School Board Member
Juanita Diede	School Board Vice President
Stephanie Keithey	Superintendent

MINERAL COUNTY SCHOOL DISTRICT

Fund		Amount
100	General Fund	$50.00
		$50.00

30378

Created By: 394645.TVinson **Posted By:** 394645.TVinson **Date:** 10/29/2025 12:02:15 Page: 1

PERSONNEL REPORT

Open Positions	*New Hire*	*Start Date*
MCHS SPED Teacher - Critical Shortage*		
HJH SPED Teacher - Critical Shortage*		
Dean of Students- Critical Shortage*		
Alternative Education- Critical Shortage*		
OT - District Wide		
SLP - District Wide		
SES - EL Para PT		
HES At Risk Para Pro		
SES Bus driver 20 hrs		
Transportation Supervisor Critical Shortage		
Board Member	Tahlyah Norcom	
Transfer/Extra Duty	***Employee Name***	***Effective Date***
Resignations/Terminations	***Employee Name***	***Effective Date***
Grant Manager	Maria Sauter	12/28/25

Last updated 11/07/2025

Start of School (SOS)

End of School (EOS)

*Filled as Critical Shortage/ continue to advertise as required

^ pending Visa & NDE licensure

ACTION ITEM #2

Memorandum of Understanding

BETWEEN MINERAL COUNTY SCHOOL DISTRICT AND

MINERAL COUNTY SCHOOL ADMINISTRATORS

This Memorandum of Understanding (MOU) is made and entered into by and between the Mineral County School District ("District") and the Mineral County School Administrators, collectively referred to as "the Parties."

This MOU is effective upon approval by the Mineral County School Board of Trustees and signature by both Parties. It shall remain in full force and effect for the 2025–2026 and 2026–2027 school years, unless amended or superseded by mutual written agreement or incorporated into the collective bargaining agreement during future negotiations.

The purpose of this MOU is to amend and define the agreed-upon terms of the existing Group Insurance Agreement for eligible employees represented by Mineral County School Administrators for the 2025–2026 and 2026–2027 school years.

ARTICLE 9 – PERS and Insurance

Both parties agree that the insurance and PERS will be the same as in the Certified Negotiated Agreement as of June 30, 2025

ARTICLE XXI -GROUP INSURANCE

21-1 The Mineral County School District, its Board of Trustees, and the Mineral County School Administrators recognize the need to stabilize the expenses from the general fund in providing health insurance. To that end, the parties agree to the following: The insurance advisory committee shall have access to all information provided to the District by the plan administrators.

21-2 Once the insurance plan is established, changes in the terms and conditions of the present Mineral County School District's Health and Accident Insurance Plan, including, but not limited to premiums, plan administrator, carrier, benefits and features, shall only be made by negotiating pursuant to NRS 288 once these changes in terms and conditions exceed a ~~7%~~ 5% difference over present Plan stipulations. The District agrees to absorb changes up to the ~~7%~~ 5%. ~~conditions.~~

~~The district agrees to pay 100% of the employee only health insurance premium, which~~

~~includes medical, vision and dental. For HRA and HSA plans only $1000 (which is $83.33 per month) to be paid at the 1st of each month of the deductible, beginning January 1 each year.~~

In CY2027, the district agrees to pay up to $935.79 per month of the employee only health insurance premium, plus $48.02 for dental, $7.43 for vision, and $6.25 for life for a total of $997.49, which also includes $1000 ($83.33) monthly per employee towards their HSA Plan. The $83.33 will be paid on the 1st of each month of the deductible beginning in January.

Effective January 1, 2026, until December 31, 2026 (*one calendar year only*). The District agrees to pay $1,235.31 monthly per employee, which breaks down as follows: $1,173.61 for health insurance premium, plus $48.02 for dental, $7.43 for vision, and $6.25 for life, which also includes $1000 ($83.33) monthly per employee towards their HSA Plan.

21-3 The insurance advisory committee, consisting of a) the Superintendent of Schools; proportional representation of MCCTA, MCC~~OS~~EA, and an administrator; and c) a representative of the MCSD Board of Trustees, or their designees, shall:

1. Review the actuarial soundness of the program.
2. Review the benefits and features of the program
3. Review premium requirements
4. Evaluate the plan administrator
5. Review the re-insurance
6. Evaluate and review any other factors that may affect the program
7. Annually solicit bids, both from plan administrators and health insurance carriers
8. Provide information and make recommendations on all of the above to the Board of School Trustees

In the event the parties are unable to reach agreement on changes, the parties shall seek the assistance of a Federal Mediation & Conciliation Service mediator.

21-4 Each advisory committee entity, at its option, may have a consultant attend any meeting of the committee.

21-5 Disputes over the interpretation of this agreement are subject to the Grievance Procedure in the parties' Professional Negotiation Agreement.

Any modification or deviation from the terms and conditions set forth in this MOU shall require both Parties to meet and develop mutually agreed-upon replacement language in writing.

This MOU shall remain in effect through June 30, 2027, and shall be binding upon both Parties upon approval by the Mineral County School Board of Trustees and execution by the duly authorized representatives of the District and the Mineral County School Administrators.

Signatures

MINERAL COUNTY SCHOOL DISTRICT

By:_____
Stephanie Keuhey, Superintendent
Mineral County School District
Date:_____

MINERAL COUNTY SCHOOL ADMINISTRATORS

By:_____
Mercedes Krause, President
Mineral County School Administrators
Date:_____

MINERAL COUNTY SCHOOL BOARD OF TRUSTEES on this____ **day of** _____**, 2025.**

By:_____
Tyler Viani, President
Mineral County School Board of Trustees

Attest:_____
Kristin Reeves, Clerk
Mineral County School Board of Trustees

ACTION ITEM #3

Memorandum of Understanding

BETWEEN MINERAL COUNTY SCHOOL DISTRICT AND

MINERAL COUNTY CLASSIFIED SCHOOL EMPLOYEES ASSOCIATION

This Memorandum of Understanding (MOU) is made and entered into by and between the Mineral County School District ("District") and the Mineral County Classified School Employees Association ("MCCSEA"), collectively referred to as "the Parties."

This MOU is effective upon approval by the Mineral County School Board of Trustees and signature by both Parties. It shall remain in full force and effect for the 2025–2026 and 2026–2027 school years, unless amended or superseded by mutual written agreement or incorporated into the collective bargaining agreement during future negotiations.

The purpose of this MOU is to amend and define the agreed-upon terms of the existing Insurance Agreement for eligible employees represented by MCCSEA for the 2025–2026 and 2026–2027 school years.

ARTICLE XVII
INSURANCE

Once the insurance plan is established, changes and terms and conditions of present Mineral County School District's Health and Accident Insurance Plan, Including, but not limited to premiums, plan administrator, carrier, benefits, and features, shall only be made by Negotiating pursuant to NRS 288, once these changes in terms and conditions exceed a ~~7%~~ 5% difference over present plan stipulations. The district agrees to absorbs changes up to ~~7%~~ 5%. ~~conditions~~.

~~The district agrees to pay up to $646.01per month of the health insurance premium, which includes medical, vision and dental. For HRA and HSA plans only $1000(which is $83.33 per month) of deductible, for a total up to $729.34, beginning January 1, 2019. The $1000 would be applied up to $718.78 per month, to offset a PPO premium for those choosing a PPO plan.~~

In CY2027, the district agrees to pay up to $935.79 per month of the employee only health insurance premium, plus $48.02 for dental, $7.43 for vision, and $6.25 for life for a total of $997.49, which also includes $1000 ($83.33 monthly) per employee towards their HSA Plan.

Effective January 1, 2026 until December 31, 2026 (*one calendar year only*). The district agrees to pay $1,235.31 monthly per employee, which breaks down as follows: $1,173.61 per month of the health insurance premium, plus $48.02 for dental, $7.43 for vision, and $6.25 for life, which also includes $1000 ($83.33 monthly) per employee towards their HSA Plan.

17-1 Effective the first full pay period following ratification and approval, the Mineral County School District will participate in the cost of a Group Health and Accident Plan available to all regular employees and both parties agree to negotiate the benefit annually.

17-2 The District shall provide all employees with $25,000 face value of life insurance, including accidental death and dismemberment, without charge to the employee.

17-3 The District agrees to provide safety glasses to all maintenance employees, as required, and will pay up to $75 towards cost.

Any modification or deviation from the terms and conditions set forth in this MOU shall require both Parties to meet and develop mutually agreed-upon replacement language in writing.

This MOU shall remain in effect through June 30, 2027, and shall be binding upon both Parties upon approval by the Mineral County School Board of Trustees and execution by the duly authorized representatives of the District and MCCSEA.

Signatures

MINERAL COUNTY SCHOOL DISTRICT

By:_____
Stephanie Keuhey, Superintendent
Mineral County School District

Date:_____

MINERAL COUNTY CLASSIFIED SCHOOL EMPLOYEES ASSOCIATION

By:_____
April Jaramillo, President
Mineral County Classified School Employees Association

Date:_____

MINERAL COUNTY SCHOOL BOARD OF TRUSTEES on this____ **day of** _____**, 2025.**

By:_____
Tyler Viani, President
Mineral County School Board of Trustees

Attest:_____
Kristin Reeves, Clerk
Mineral County School Board of Trustees

ACTION ITEM #4

Monthly rates			
Employee	Employee + Spouse	Employee + Children	Employee + Family
$1,090.28	$2,398.61	$1,962.50	$3,379.86

HSA	***Employee Rate***	***Employee + Spouse Rate***	***Employee + Children Rate***	***Employee + Family Rate***	
	$1,090.28	$2,398.61	$1,962.50	$3,379.86	Alt Renewal
Paid by District	-$1,090.28	-$1,090.28	-$1,090.28	-$1,090.28	ER Paid
	$0.00	**$1,308.33**	**$872.22**	**$2,289.58**	Difference

Renewal to $4000 Ded HSA	**$1,308.33**	**$872.22**	**$2,289.58**	Monthly
Current HSA	**$921.25**	**$619.87**	**$1,615.91**	
Diffference	**$387.08**	**$252.35**	**$673.67**	

HRA				
Renewal to $4000 Ded HSA	**$1,308.33**	**$872.22**	**$2,289.58**	Monthly
Employee Share Current HRA	**$835.02**	**$524.75**	**$1,533.15**	
Difference	**$473.31**	**$347.47**	**$756.43**	

HRA				
Renewal to $4000 Ded HSA	**$1,308.33**	**$872.22**	**$2,289.58**	Monthly
Proposed Renewal for HRA	**$2,765.62**	**$2,262.78**	**$3,897.00**	Not a viable option
Difference	**$1,457.29**	**$1,390.56**	**$1,607.42**	

Your summary of benefits

Anthem

Pending Regulatory Approval

Anthem® Blue Cross and Blue Shield

Your Plan: Health Savings Account HSA Compatible PPO Plan 30E $4000/80% Essential Tiered Rx

Your Network: PPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge deductible does not apply
Mental Health & Substance Use Disorder Services	No charge deductible does not apply
Specialist care	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	$4,000 member / $8,000 family	$8,000 member / $16,000 family
Overall Out-of-Pocket Limit	$6,500 member / $13,000 family	$19,500 member / $39,000 family
The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per member deductible and per member out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per member deductible or per member out-of-pocket limit. All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit. In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.		
Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP).*		
Primary Care (PCP) and Mental Health and Substance Use Disorder Services *virtual and office*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Specialist Provider *virtual and office*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Other Practitioner Visits		
Maternity Doctor services (prenatal/postpartum care and delivery)	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Other Services in an Office		
Allergy Testing	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Prescription Drugs *Dispensed in the office*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Surgery	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	40% coinsurance after deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	Cost share is based on the setting services are received.
Diagnostic Services Lab		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Freestanding Lab/Reference Lab	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Diagnostic Services X-Ray		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Freestanding Radiology Center	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Diagnostic Services Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Freestanding Radiology Center	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Emergency and Urgent Care		
Urgent Care	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Emergency Room Facility Services	20% coinsurance after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	20% coinsurance after deductible is met	Covered as In-Network
Ambulance *Authorized Out-of-Network non-emergency ambulance services are limited to an Anthem maximum payment of $50,000 per trip. The $50,000 limit does not apply to air ambulance services.*	20% coinsurance after deductible is met	Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Doctor Services	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Ambulatory Surgical Center	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Physician and other services *including surgeon fees*		
Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Ambulatory Surgical Center	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Physician and other services *including surgeon fees*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Therapy Services		
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Coverage for speech therapy is limited to 20 visits per benefit period. Costs may vary by site of service. Office and outpatient visits count towards your rehabilitation limit.*		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Spinal Manipulation *office and outpatient hospital* *Coverage is limited to 20 visits per benefit period.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Acupuncture *office and outpatient hospital* *Coverage is limited to 20 visits per benefit period.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Pulmonary rehabilitation *office and outpatient hospital*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Cardiac rehabilitation *office and outpatient hospital* *Coverage is limited to 36 visits per benefit period.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Dialysis/Hemodialysis *office and outpatient hospital*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Chemo/Radiation Therapy *office and outpatient hospital*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Skilled Nursing Care (facility) *Coverage for inpatient rehabilitation and skilled nursing services is limited to 150 days combined per benefit period.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Inpatient Hospice	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Additional Services, Equipment and Devices **Durable Medical Equipment**	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Prosthetic Devices	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Wigs *Coverage for wigs is limited to 1 item after cancer treatment up to a $500 maximum per member.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with In-Network medical deductible	Combined with Out-of-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
Prescription Drug Coverage **Network:** ***Rx Choice Tiered Network*** **Drug List:** ***Essential*** *Drugs not included on the Essential drug list will not be covered.*			
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Retail 90 Pharmacy** *90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You may get two 30-day supply fills of the same maintenance medication at a retail pharmacy. Prior to your 3rd fill, you must call us on the number on your ID card and tell us if you would like to keep getting your maintenance medications from a retail pharmacy or if you would like to use home delivery. If you do not contact us, you will pay*			

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
the full retail cost of any maintenance medication until you inform us of your decision. **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.*			
Tier 1 - Typically Generic	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail only)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 - Typically Preferred Brand	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail only)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail only)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail only)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)

Notes:

- The Primary Care Physician and Specialist office visit cost share applies to both office and facility based office visits for evaluation and management services only.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- Screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, 3D mammography, breast ultrasounds and MRIs are covered in full after deductible as required by state mandate.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

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Your summary of benefits

Anthem.

Your Plan: Health Savings Account HSA Compatible PPO Plan 30E $4000/80% Essential Tiered Rx
Your Network: PPO

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document

Spanish
Usted tiene derecho a obtener asistencia en su idioma sin cargo. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación ¿Tiene alguna deficiencia visual? También puede solicitar este documento en otros formatos.

Chinese
您有權免費獲得使用您的語言提供的協助。只需撥打印於您的 ID 卡上的會員服務部電話號碼即可。視力障礙？您也可以索取本文件的其他格式。

Vietnamese
Quý vị có quyền nhận trợ giúp bằng ngôn ngữ của mình, miễn phí. Quý vị chỉ cần gọi đến số điện thoại của Ban Dịch vụ Thành viên trên thẻ ID của quý vị. Quý vị bị khiếm thị? Quý vị cũng có thể yêu cầu các định dạng khác của tài liệu này.

Korean
귀하는 귀하의 언어로 된 도움을 무료로 받을 권리가 있습니다. 귀하의 ID 카드에 있는 가입자 서비스 번호로 전화하십시오. 시각 장애인이신가요? 다른 형식으로 된 이 문서를 요청하실 수 있습니다.

Tagalog
May karapatan kang makakuha ng tulong na nasa iyong wika nang libre. Tawagan lang ang numero ng Member Services na nasa iyong ID card. May kapansanan sa paningin? Maaari ka ring humingi ng iba pang mga format ng dokumentong ito.

Russian
У вас есть право на бесплатное получение помощи на вашем родном языке. Просто позвоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. У вас проблемы со зрением? Вы также можете запросить этот документ в других форматах.

French Creole
Ou gen dwa jwenn èd nan lang ou gratis. Jis rele nimewo Sèvis Manm ki sou Kat ID ou a gratis Gen pwoblèm vizyèl? Ou ka mande tou pou lòt fòma nan dokiman sa a.

Arabic
لك الحق في الحصول على هذه المعلومات والحصول على المساعدة بلغتك مجانًا. فقط اتصل برقم خدمات الأعضاء الموجود على بطاقة هويتك. هل تعاني من ضعف البصر ؟ يمكنك أيضًا طلب تنسيقات أخرى لهذه الوثيقة.

French
Vous avez le droit d'obtenir de l'aide dans votre langue gratuitement. Appelez simplement le numéro du Services membres figurant sur votre carte d'identité. Vous êtes une personne malvoyante ? Vous pouvez également demander à accéder à ce document dans d'autres formats.

Persian
شما حق دارید به زبان خود به صورت رایگان کمک بگیرید. فقط با شماره خدمات اعضا مندرج در کارت عضویت خود تماس بگیرید. آیا دچار اختلال بینایی هستید؟ همچنین می‌توانید فرمت‌های دیگر این سند را درخواست کنید.

Armenian
Դուք իրավունք ունեք անվճար օգնություն ստանալու ձեր լեզվով: Պարզապես զանգահարեք ձեր ID քարտի վրա գտնվող Անդամների սպասարկման համարին: Տեսողության խանգարում ունեցո՞ղ եք: Կարող եք նաև խնդրել այս փաստաթղթի այլ ձևաչափեր:

Japanese
あなたにはあなたの言語で無料で支援を受ける権利があります。ID カードに記載されている会員サービス番号にお電話ください」視覚障害をお持ちですか？他の形式でこの文書を要求することもできます。

Italian
Hai il diritto di ricevere assistenza gratuita nella tua lingua. Basta chiamare il numero del Servizio Membri presente sulla tua tessera identificativa. Hai problemi di vista? È possibile richiedere anche altri formati di questo documento.

German
Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Rufen Sie einfach die Nummer des Mitgliederservices auf Ihrer ID-Karte an. Sehbehindert? Sie können dieses Dokument auch in anderen Formaten anfordern.

Polish
Masz prawo do bezpłatnej pomocy w swoim języku. Wystarczy zadzwonić pod numer Biura Obsługi Klienta podany na karcie identyfikacyjnej. Masz wadę wzroku? Możesz również poprosić o inne formaty tego dokumentu.

Pennsylvania Dutch
Du hoscht's Recht fer Hilf griege in dei Schprooch fer nix. Duh yuscht die Member Services Number uffrufe uff dei ID Card. Hoscht Druwwel fer sehne? Du kannscht des do Schreiwes in en diffemter Weg griege so as du's besser sehne kannscht.

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate, on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf