

REGULAR BOARD OF EDUCATION MEETING
NELL HOLCOMB R-IV SCHOOL DISTRICT
Date: February 27, 2025
Time: 5:00 P.M.--- Place: School Library

MEETING AGENDA

1. **Call to Order**
 - A. Changes or Additions to the Agenda
2. **Approval of Consent Agenda**
 - A. Minutes from Prior Meetings
 - B. Approval of Monthly Bills, Transfers, and Amend Budget as Necessary
 - C. Acceptance of Treasurer's Report
 - D. Approve Substitute List
3. **Correspondence and Comments from the Audience:** As a reminder, public comments are limited to district tax payers and staff members. Public Comment is limited to 3 minutes per participant. Participants are not allowed to discuss any personnel issues during public comment. All discussion on personnel must take place in closed session. If a parent or community member has a personnel issue, we ask that you follow board policy P1480 and set up a time to discuss the issue with the school superintendent, Mr. Deckerd. If he is unable to remediate the issue, we ask that you then bring your issue to the school board president for consideration of being placed on a future closed session agenda item. Thank you!
4. **Board Reports**
 - A. Mr. Wortmann Report
 - B. Mr. Deckerd Report
5. **Action Items**
 - A. Approval of 2025-2026 Employee Benefit Package
6. **Other Business**
 - A. Set Regular March 2025 Meeting
7. **Important Dates**
 - A. March 8, 2024: End of 3rd Quarter
 - B. March 27, 2024: Early Dismissal Professional Development Day
 - C. March 28-29—April 1-2: Easter Break
8. **Closed Session:** According to Section 610.021 of the Revised Statutes of Missouri for the purpose of hiring, firing, discipline, or promoting of personnel employed by the Nell Holcomb R-IV School District and certain legal considerations:
 - A. Personnel
 - B. Principal and Superintendent Evaluations
9. **Adjourn Meeting**

REGULAR BOARD OF EDUCATION MEETING
NELL HOLCOMB R-IV SCHOOL DISTRICT
Date: January 28, 2025
Time: 5:00 P.M.--- Place: School Library

MEETING MINUTES

1. **Call to Order:** Meeting called to order at 5:02 PM by T. Brock. C. Fisher absent
 - A. Changes or Additions to the Agenda: None
2. **Approval of Consent Agenda:** Motion to approve D. Haupt, 2nd C. Tourville, 6-0 Vote
 - A. Minutes from Prior Meetings
 - B. Approval of Monthly Bills, Transfers, and Amend Budget as Necessary
 - C. Acceptance of Treasurer's Report
 - D. Approve Substitute List
3. **Correspondence and Comments from the Audience:** None
4. **Board Reports**
 - A. Mr. Wortmann Report
 - B. Mr. Deckerd Report
5. **Action Items**
 - A. Chad Fisher Resignation Letter: Motion to accept JT Payne, 2nd L. Brown, 6-0 Vote
 - B. Approval of 2025 NHS Summer Camp: Motion to approve C. Tourville, 2nd Carter, 6-0 Vote
 - C. Approval of School Board Candidates: Motion to approve L. Brown, 2nd Carter, 6-0 Vote
6. **Other Business**
 - A. Regular February Meeting: February 27, 2025 at 5:00 PM
7. **Important Dates**
 - A. February 6, 2025: ½ Day Parent Teacher Conferences
 - B. February 7-10: Extended Weekend
 - C. February 17: Presidents Day

Regular Session Recess at 5:34 PM

8. **Closed Session:** According to Section 610.021 of the Revised Statutes of Missouri for the purpose of hiring, firing, discipline, or promoting of personnel employed by the Nell Holcomb R-IV School District and certain legal considerations: Motion to enter Closed Session at 5:39 PM by J. Carter, 2nd D. Haupt, 6-0 Roll Call Vote
 - A. Personnel Discussion
 1. Motion to accept Amy Krieger's letter of retirement C. Tourville, 2nd JT Payne, 6-0 Roll Call Vote
 - B. Student Discipline IssueMotion to adjourn Closed Session at 7:10 PM J. Carter, 2nd D. Haupt, 6-0 Roll Call Vote
9. **Adjourn Meeting:** Motion to adjourn J. Carter, 2nd L. Brown, 6-0 Vote

Fund Balances	Checking	MOSIP	Total
July 31, 2024	230,029.53	1,488,687.80	1,718,717.33
August 31, 2024	436,830.19	1,134,716.43	1,571,546.62
September 30, 2024	864,179.11	519,171.45	1,383,350.56
October 31, 2024	484,498.40	721,286.48	1,205,784.88
November 30, 2024	23,558.67	529,813.72	553,372.39
December 31, 2024	285,398.80	368,558.60	653,957.40
January 31, 2025	1,778,847.69	514,701.86	2,293,549.55
February 28, 2025			
March 31, 2025			
April 30, 2025			
May 31, 2025			
June 30, 2025			
July 31, 2025			
	FUND 1 Balance	2,983,641.58	
	FUND 2 Balance	-1,142,435.94	
	FUND 3 Balance	0.00	
	FUND 4 Balance	-62,357.95	
	Checking Account Balance		1,778,847.69
Dec 2024 Checking Balance		285,398.80	
MOSIP		(146,143.26)	
Total Expenditures		(305,645.82)	
Total Revenues		1,945,237.97	
MOSIP transfer			
Ending balance Jan 2024			1,778,847.69
Jan 2024 checks and payroll approved and paid	\$ 22,772.67	\$ 266,096.26	288,868.93
Jan 2024 checks for approval		16,776.89	16,776.89
	Correcting Entries		
TOTAL EXPENDITURES			305,645.82
Feb 2025 checks awaiting approval			\$ 128,758.05
Jan 2025 Payroll awaiting approval			\$ 278,514.93

Feb #1

Selection Criteria : Transaction Type = Revenue Checks | Transaction Type = Voided Checks | Transaction Type = Check Entry | Check # Range From 46643 To 46681 |

Check #	Check Date	Transaction Description	Check Amount
0000046643	02/12/2025	A New Outback LLC	945.56
0000046644	02/12/2025	ABILITY NETWORK	1,420.00
0000046645	02/12/2025	ALFRED VANGENNIP	200.00
0000046646	02/12/2025	AMY KRIEGER	344.41
0000046647	02/12/2025	BEGINNING CONCEPT	480.50
0000046648	02/12/2025	BRITTNEY GRAHAM	41.36
0000046649	02/12/2025	CAPE GIRARDEAU COUNTY	5,716.38
0000046650	02/12/2025	COREY CAMPBELL	463.09
0000046651	02/12/2025	DITTRONICS	255.00
0000046652	02/12/2025	ENVIRONMENTAL ANALYSIS S	24.00
0000046653	02/12/2025	FERGUSON ENTERPRISES LLC #215	77.96
0000046654	02/12/2025	FISHER AUTO PARTS INC	263.92
0000046655	02/12/2025	KIDDLYMNKS	5,310.00
0000046656	02/12/2025	MIRANDA ELAM	23.26
0000046657	02/12/2025	MY DADDYS CHEESECAKE	1,368.00
0000046658	02/12/2025	OSBORNE OFFICE EQUIPMENT	1,538.30
0000046659	02/12/2025	PRAIRIE FARMS DAIRY INC	1,534.45
0000046660	02/12/2025	QUALITY PEST CONTROL	475.00
0000046661	02/12/2025	REGINA PATTEGILL	1,530.00
0000046662	02/12/2025	SEMO SUPERINTENDENTS ASS	100.00
0000046663	02/12/2025	STEPHANIE WYBERT	52.32
0000046664	02/12/2025	TORI MOORE	350.17
0000046665	02/13/2025	BEAVER JANITOR SUPPLY	1,205.46
0000046666	02/13/2025	CHRIS WINKLER	20.00
0000046667	02/13/2025	FIRST STATE COMMUNITY BA	92,303.64
0000046668	02/13/2025	Ian Weber	75.00
0000046669	02/13/2025	Kathy Kirchhoff	73.73
0000046670	02/13/2025	KEVIN SCHAPER	75.00
0000046671	02/13/2025	KIDDLYMNKS	4,657.50
0000046672	02/13/2025	ROTH RESTAURANT SUPPLY	253.67
0000046673	02/13/2025	SCREEN ARTS INC	96.00
0000046674	02/13/2025	TABITHA HAHN	20.00
0000046675	02/14/2025	MENARDS	946.39
0000046676	02/14/2025	MFAOIL COMPANY	1,576.04
0000046677	02/14/2025	MIDWEST TRANSIT EQUIPIN	275.93
0000046678	02/14/2025	MO DEPT OF NATURAL RESRC	150.00
0000046679	02/14/2025	TIPTONS	470.34
0000046680	02/14/2025	MFAOIL COMPANY	3,947.67
0000046681	02/18/2025	AMY KRIEGER	98.00
Grand Total			128,768.05

Hearing Consultant
 Special education

Lease Purchase through Bank

Jan #2 2025 Check Register

Selection Criteria : Transaction Type = Reverse Checks | Transaction Type = Voided Checks | Transaction Type = Check Entry | Check # Range From 46631 To 46642 |

Check #	Check Date	Transaction Description	Check Amount
0000046631	01/27/2025	CHRIS WINKLER	20.00
0000046632	01/27/2025	Ian Weber	75.00
0000046633	01/27/2025	SCOTT RAINES	75.00
0000046634	01/27/2025	TABITHA HAHN	20.00
0000046635	01/30/2025	AT & T MOBILITY	230.35
0000046636	01/30/2025	AMEREN	2,920.27
0000046637	01/30/2025	Capital One	388.12
0000046638	01/30/2025	PERFORMANCE FOODSERVICE	5,408.76
0000046639	01/30/2025	REPUBLIC SERVICES #732	190.00
0000046640	01/30/2025	SAMS CLUB	451.25
0000046641	01/30/2025	Vertical Voice	168.75
0000046642	01/30/2025	MASTERCARD	6,829.39
Grand Total			16,776.89

**Nell Holcomb R-IV School District
2025-2026 Benefit Package**

Health Insurance

2025-2026 with OSBA/Anthem Blue Access_(Overall 6% increase across the board)

BASE PLAN:

HSA 3300/3300 Premium of \$600.00 covered + \$00.00 placed in HSA/Flex each month

Board pays \$600.00 for each employee. Employee chooses their own plan and has the option to pay up. Board will place difference in employees HSA if they choose a lower tiered plan

Dental Insurance (No Rate Change for 2025-2026)

2025-2026	OSBA Dental Anthem Blue Cross
Employee	\$28.00
Spouse	\$28.00
Child(ren)	\$39.00
Family	\$63.00

Board pays \$28.00 for each employee.

Life Insurance and Long Term Disability (No Rate Change for 2025-2026)

2025-2026	OSBA Anthem
Basic Life	\$0.09 per \$1,000 (No Change)
AD&D	\$0.02 per \$1,000 (No Change)
Dependent(s)	As per banded scale
LTD	\$0.26 per \$100 (No Change)

Board pays for Basic Life AD&D, and LTD for each employee.

- Basic life is \$2.20 per employee per month
- LTD is based on the employee salary. It ranges from \$3.00-\$25.00 per month. Average is \$12.00 per month per employee

Nell Holcomb R-IV School District OSBA Choice Medical Plans (2025-2026)



Coverage Level	3300/3300 Choice HSA	4000/4500 Choice HSA	4500/5500 Choice HSA	6000/6500 Choice HSA
Employee	\$600.00	\$554.00	\$534.00	\$491.00
Employee + Spouse	\$1,260.00	\$1,163.00	\$1,121.00	\$1,031.00
Employee + Child	\$915.00	\$845.00	\$814.00	\$749.00
Employee + Child(ren)	\$1,065.00	\$983.00	\$948.00	\$872.00
Employee + Family	\$1,665.00	\$1,537.00	\$1,482.00	\$1,363.00
In-Network Services	Blue Preferred Select/Blue Access	Blue Preferred Select/Blue Access	Blue Preferred Select/Blue Access	Blue Preferred Select/Blue Access
General Provisions	Level 1 (BPS)	Level 1 (BPS)	Level 1 (BPS)	Level 1 (BPS)
Deductible: Individual	\$3,300	\$4,500	\$4,500	\$6,000
Deductible: Family	\$6,600	\$9,000	\$9,000	\$12,000
Max out-of-pocket: Individual	\$4,300	\$6,500	\$6,500	\$6,900
Max out-of-pocket: Family	\$8,600	\$13,000	\$13,000	\$13,800
Copays & Coinsurance				
Primary Care Physician (PCP)	\$0 Copay after Deductible	\$30 Copay after Deductible	\$30 Copay after Deductible	\$30 Copay after Deductible
Specialists Physician	\$0 Copay after Deductible	\$60 Copay after Deductible	\$60 Copay after Deductible	\$60 Copay after Deductible
Virtual Primary Care Doctor Visits	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible
Live Health Online Doctor Visits	\$0 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible
Urgent Care Facility	\$0 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible
Hospitalization: Emergency Room	\$0 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible
Hospitalization: Inpatient	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
Hospitalization: Outpatient	0% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
Prescriptions Copays				
Prescription Drug Plan	\$15/\$45/\$75/25% Max	\$15/\$45/\$75/25% Max	\$15/\$45/\$75/25% Max	\$15/\$45/\$75/25% Max
Limited Preventative RX Plus	\$200 (after ded)	\$200 (after ded)	\$200 (after ded)	\$200 (after ded)
Out-Of-Network Services	Level 3 (Out of Network)	Level 3 (Out of Network)	Level 3 (Out of Network)	Level 3 (Out of Network)
Deductible: Individual	\$8,000	\$11,000	\$13,000	\$13,500
Deductible: Family	\$16,000	\$22,000	\$26,000	\$27,000
Maximum out-of-pocket: Individual	\$12,250	\$16,625	\$17,250	\$18,250
Maximum out-of-pocket: Family	\$25,000	\$33,250	\$35,000	\$36,500

*Red text indicates plan changes from prior plan year.

Neil Holcomb R-IV School District OSBA Choice Medical Plans (2025-2026)



PPO Plans

Coverage Level	500/1000 Choice PPO	1000/1500 Choice PPO	1500/2000 Choice PPO	2500/3000 Choice PPO
Employee	\$711.00	\$671.00	\$640.00	\$616.00
Employee + Spouse	\$1,493.00	\$1,409.00	\$1,344.00	\$1,294.00
Employee + Child	\$1,084.00	\$1,023.00	\$976.00	\$939.00
Employee + Child(ren)	\$1,262.00	\$1,191.00	\$1,136.00	\$1,093.00
Employee + Family	\$1,973.00	\$1,862.00	\$1,776.00	\$1,709.00
In-Network Services	Blue Preferred Select/Blue Access	Blue Preferred Select/Blue Access	Blue Preferred Select/Blue Access	Blue Preferred Select/Blue Access
General Provisions	Level 1 (BPS)	Level 2 (BA)	Level 1 (BPS)	Level 2 (BA)
Deductible: Individual	\$500	\$1,000	\$1,500	\$2,500
Deductible: Family	\$1,500	\$3,000	\$4,500	\$7,500
Max out-of-pocket: Individual	\$4,000	\$5,000	\$6,500	\$7,500
Max out-of-pocket: Family	\$8,000	\$10,000	\$11,000	\$13,000
Copays & Coinsurance				
Primary Care Physician (PCP)	\$25 Copay	\$35 Copay	\$25 Copay	\$35 Copay
Specialists Physician	\$50 Copay	\$60 Copay	\$60 Copay	\$60 Copay
Virtual Primary Care Doctor Visits	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Live Health Online Doctor Visits	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Urgent Care Facility	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay
Hospitalization: Emergency Room	\$250 Copay	\$250 Copay	\$300 Copay	\$300 Copay
Hospitalization: Inpatient	20% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
Hospitalization: Outpatient	20% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible
Prescriptions Copays				
Prescription Drug Plan	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200
Limited Preventative RX Plus	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-Of-Network Services	Level 3 (Out of Network)	Level 3 (Out of Network)	Level 3 (Out of Network)	Level 3 (Out of Network)
Deductible: Individual	\$4,000	\$5,000	\$6,000	\$8,000
Deductible: Family	\$12,000	\$15,000	\$18,000	\$24,000
Maximum out-of-pocket: Individual	\$10,000	\$11,000	\$13,000	\$15,000
Maximum out-of-pocket: Family	\$20,000	\$22,000	\$26,000	\$30,000

OSBA Dental Plans 2025-2026

Coverage Level	High Plan	Low Plan
Employee	\$46.00	\$28.00
Employee + Spouse	\$92.00	\$56.00
Employee + Child	\$87.00	\$53.00
Employee + Children	\$116.00	\$67.00
Employee + Family	\$154.00	\$91.00
General Provisions, Copays & Coinsurance	In Network Services	In Network Services
Annual Max Benefit	\$2,000	\$1,750
Deductible: Individual	\$50	\$50
Deductible: Family	\$150	\$150
Preventative Services	100%	100%
Minor Restorative	90%	80%
Oral Surgery, Endodontic, Periodontal, Prosthodontic	60% (Dental Implants Included)	50% (Dental Implants NOT Included)
Orthodontics	50% (\$1,250 Lifetime max benefit)	No Coverage

OSBA Vision Plan

Coverage Level	Platinum Plan
Employee	\$10.97
Employee + Spouse	\$17.56
Employee + Children	\$20.27
Employee + Family	\$34.44
General Provisions, Copays & Coinsurance	
Benefit Period	12 Months
Routine Eye Exam	\$15 Copay
Eyeglass Frames	\$180 Allowance
Eyeglass Lenses (Standard Plastic: single, bifocal, trifocal)	\$15 Copay
*Progressive Lenses & Eyeglass Lens Upgrades	\$0-68 Copay
Contacts (in place of glasses)	\$180 Allowance