

Accessing Health Insurance in Minnesota: Barriers for the Farming Community



A Report for the Health Economics Program
Minnesota Department of Health

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Executive Summary

Most Minnesotans (69.7%) get health insurance coverage through an employer.¹ For those who do not have access to coverage through an employer, however, navigating the health insurance system can be difficult: individually-purchased coverage is expensive, and public insurance program eligibility rules are complex. This problem may be more common among farm families since they are less likely to have access to employer-based health insurance. Coverage for farmers falls into the following categories: public insurance program: 13.6%; employer/group insurance coverage: 50.7%; individual coverage: 28%; uninsured: 7.7%.²

In order to learn more about barriers to health insurance coverage among Minnesota farmers, MDH sponsored several focus groups during the summer of 2001. Faculty and staff from the University of Minnesota, Crookston, conducted six focus groups with farmers in Minnesota: three in the northwestern area of the state and three in the state's southwestern area. The focus groups were conducted to gather information from farm families on their experiences and opinions about health insurance, and their experiences with private health insurance and Minnesota's public health insurance programs. The Minnesota Department of Health (MDH), through a grant from the federal Health Resources and Services Administration's State Planning Grant Program, funded this research. This report is an analysis, prepared by MDH, of the information collected in the focus groups.

Focus group participants said that they value health insurance, and many placed a high priority on it. However, they also discussed many reasons why farming people may not have health insurance. The cost of health insurance coverage was the primary reason people gave for not having coverage. Increases in premiums and limits on benefits have caused frustration for many farmers.

Listed below are some of the main themes that emerged from the focus groups:

- There are many benefits to having health insurance.

The focus groups discussed a variety of reasons why they believed that health insurance was important. These include the need for financial security in the face of catastrophic illness, and the corresponding fear of being financially wiped out if they weren't insured. The groups also discussed the financial advantages of having insurance coverage for taking care of regular and preventive doctor and clinic appointments, therapies, prescriptions, and other routine health care needs.

¹ Minnesota Department of Health, Health Economics Program, 2001 Minnesota Health Access Survey

² 2001 Minnesota Health Access Survey, MDH/HEP

In addition to the financial benefits of having insurance, focus group members discussed the convenience of dealing with doctors' offices, clinics, and hospitals if one has coverage, and the stigma and difficulty of getting quality services if one is not insured.

- There are many important reasons why people don't have health insurance.

Even though most focus group members were insured and believed in the necessity of having health insurance, they understood why many people wouldn't have coverage. The main reasons mentioned were financial. Participants thought that many people can't afford the cost of insurance individually if they don't get coverage through an employer. They also thought that some people might have coverage if they were employed, but when they are between jobs, they don't have coverage. Another financial reason given was that insurance is sometimes seen as a poor value, given that the deductibles and co-pays are seen as too high to make insurance worthwhile.

Focus group members also felt that—especially for younger people—many of the uninsured believe that since they are currently healthy and don't visit the doctor frequently, they don't need insurance. They also thought that younger people felt if there is some risk involved in not having insurance, the risk is worth the benefit of not having to pay for insurance.

Participants also thought that some people either don't know very much about insurance or how to get it, or don't give the subject much thought, and therefore neglect the issue. They also stated that insurance information is very complicated and difficult to understand, which they saw as another deterrent for people getting coverage.

Finally, focus group members thought that some people believe it's difficult to qualify for insurance and navigate the whole insurance system, and that people may believe they won't qualify and therefore don't take the time to apply or investigate either public programs or the private insurance market.

- Opinions varied about enrolling in or using a public health insurance program.

Although most focus group participants did not have experience with public health insurance programs, they had opinions about them. A strong (and majority) belief among group members was that being on a public program brought a stigma to an individual or family. Therefore, most said they'd much prefer to use the private insurance system. However, there was a sizable minority that thought the public programs were just as good as private insurance, and would be willing to use them if necessary.

Regardless of members' opinions about public programs, most thought that there wasn't enough information about these programs out in the community, and that they weren't well known. They also believed that it takes too much work to get on a public program, and that it was difficult to do so.

- Focus group participants suggested various ways that public health insurance programs, and awareness about them, could be improved.

Members of the focus groups were prolific in coming up with ways to improve public programs and get the word out to the community about them. They suggested a variety of financial mechanisms for making the programs more affordable, and marketing techniques to reduce the stigma associated with the programs. They suggested that public programs be promoted in a variety of venues, including the Farm Services Administration, AgNews, at grain elevators, post offices, Farm Fest, the Minnesota State Fair, at places where there are morning coffee crowds, on local public TV, and in local newspapers. These types of outreach efforts were deemed to be viable methods of reaching people eligible for public programs. Suggestions were also made for ways that programs could be structured so as not to “take away farmers’ pride.”

They also suggested that for both public and private insurance, programs should be easier to access and use, forms should be simpler to understand and use, and that the state should insist that program exclusions be put in plain language and in boldface lettering.

Other outreach suggestions included educating children about the importance of health insurance through the schools’ health curricula, reaching adults via email (which participants said most farmers used), and allowing enrollment during evening and weekend hours (which would be more convenient for farm community members).

Lastly, focus group participants felt that public programs needed to emphasize proactive and preventive health care services, and allow people more freedom in choosing providers, including specialists.

Focus Group Procedures

The farming community's access to employer-based health insurance is less than that of people in other industries. Although a majority of Minnesotans (69.7%) get health insurance coverage through an employer, those who do not have this access may find difficulty navigating the health insurance system. Individually-purchased coverage is expensive, and public insurance program eligibility rules are complex.

In May 2001 the Minnesota Department of Health contracted with the University of Minnesota/Crookston's Project Farm Wrap³ to conduct six focus groups with farmers about their access to health insurance and health care services. This study was conducted as part of a larger research project aimed at reducing knowledge gaps about the uninsured in Minnesota, funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration through the State Planning Grant Program.⁴ Other parts of the project included focus groups with members of Minnesota's Hispanic/Latino, Hmong, Somali, and American Indian populations; a telephone survey of over 27,000 Minnesotans; a door-to-door survey of 2,000 Minnesotans; an employer survey; a survey of former MinnesotaCare enrollees; and interviews with key informants.

Potential farmer focus group participants were contacted in June and asked to attend one of six focus group meetings. Three groups were held in northwestern Minnesota and three in southwestern Minnesota between June and August 2001 in Polk, Marshall, Chippewa, Lincoln, Lyon, and Norman Counties. A total of 38 individuals participated in the focus groups.

Participants in the focus groups were selected by using the following criteria:

1. Participants be farmers with livestock and/or crops, and:
 - have no more than 5 employees at any time in the year (if farmer has livestock, no more than 2 employees)
 - have some of the participants receiving farm-only income and some receiving non-farm income
 - be under the age of 65 and represent various age categories

³ Farm Wrap is an Extension Service program that serves as a pathfinder to a variety of services for farm men and women who decide to leave or alter their farm business.

⁴ For more information, see <http://www.health.state.mn.us/divs/hpsc/hep/hrsa/spg.htm>

- represent various insurance scenarios to include: families that have insurance through a spouse's employer, families that have insurance through a co-op, families that have bought insurance on their own with a less than \$5000 deductible, families that have insurance that has a more than \$5000 deductible, and families that have no insurance.
2. Spouses could be included as eligible participants, but couples were not to be in the same group;
 3. Those who left farming within the last two years were eligible to be included;
 4. Participants within each focus group would not know each other.

Two people from the University of Minnesota's Farm Wrap Program attended a two-day training on focus group research led by focus group consultants Dr. Richard A. Krueger and Dr. Mary Anne Casey. They took turns serving as moderator and assistant moderator of the groups.

Before each focus group was conducted, a confidential survey was handed out; 35 surveys were returned. Participants ranged in age from 33 to 64 years. There were 18 male and 17 female respondents. Nearly all of the focus group participants (33) had health insurance. Of those insured, 22 had purchased their own policies, 10 were covered by an employer, and one used a public health insurance program. Almost all had learned about the concept of health insurance from parents or other family members while growing up.

The participants who had insurance tended to have been insured for a long time. The average length of coverage was 13.5 years. Of those who were uninsured, one respondent cited the cost of coverage and falling agricultural commodity prices; another had been insured through a part-time employer but lost the coverage when a disability forced him to quit his job.

The focus group participants spent much time discussing their concerns about the rising cost of insurance premiums and their ability to continue purchasing insurance while agricultural commodity prices continue to fall.

Focus Group Research

Focus group research is a qualitative method for gathering information, and complements the other research pieces of MDH's study on the uninsured in Minnesota: the household telephone survey, in-person household interviews, employer survey, and the MinnesotaCare disenrollee survey. The focus group findings reflect the subjective experiences of the participants and use the synergy developed during discussions to reveal the stories behind the numbers that are generated from quantitative research activities. The questioning route used with each group is standardized, as is the manner and procedure in which the facilitator works with each group, so that the results between groups are comparable. The standardized activities that took place between groups included the environment, incentives, note-taking methods, tape-recording strategies, analysis, and reporting.

The qualitative nature of focus groups also allows for in-depth information from participants. This qualitative data provides useful information about the thought processes, beliefs, values, priorities, prejudices, and circumstances that influence people's decisions. Although the results cannot necessarily be generalized to the larger community, the information may be transferable to other populations. The findings from these focus groups have identified some of the major barriers to accessing health insurance for farmers, and can potentially help to guide policy development around health coverage in rural Minnesota, and among farmers, in particular.

Community Profile

According to Minnesota Planning (*Implications of rural Minnesota's changing demographics, July 2000*), rural Minnesota (the 80 counties outside the seven-county Twin Cities metropolitan area) has undergone major shifts in demographics that have implications for the health of its residents. While 30 percent of Minnesota's total population lives in rural Minnesota, 41 percent of Minnesota's population aged 65 and older live there. Demand for health care services in rural communities is increasing, and problems of access are exacerbated not only by the higher percentages of elderly, but also by additional barriers that rural elderly face, such as transportation problems, lack of access to local health care providers, and poorer housing stock.

Changes have occurred in the age, education level, and location of people across Minnesota. The smallest towns are losing population, and population growth is occurring only in certain concentrated areas. Five times as many college graduates moved to the Twin Cities region from elsewhere in Minnesota in 1990 as moved in the opposite direction. Seventy-five percent of Minnesota's population growth from 1990 to 1998 occurred in 26 counties, indicating a concentrated population growth. Between 1990 and 1998, 37 percent of Minnesota's 853 cities lost population, with most of them being the smallest cities.

Minnesota Planning predicts that with the projected aging of Minnesota's total population, the demand for health care services will increase. In addition, rural elderly nationally tend to be poorer and less healthy, live in poorer housing stock and have fewer personal transportation options, minimal access to transit services, and significantly less access to health professionals and community-based services than do urban elderly. This generally holds true in Minnesota, as well (*Implications of rural Minnesota's changing demographics, July 2000*).

Results and Findings

The focus group findings can be summarized under four main themes: the benefits of having health insurance, the reasons people may not have insurance, opinions about public health insurance programs in Minnesota, and suggestions for improving public programs. The findings in each of these categories are presented below.

Benefits of Having Health Insurance

Most focus group participants valued health insurance and placed a high priority on having it. The data collected from the small anonymous survey supports this: the majority of respondents carried health insurance. The benefits of health insurance identified by the groups fell into the following categories:

- Financial security (fear of losing assets)
- Financial advantage in day-to-day health care needs
- Convenience of making doctor appointments
- Stigma associated with not having insurance
- Access to preventive services

Many participants felt health insurance was a necessity:

“Well, if you have any major health problems, obviously that’s just kind of a no-brainer: You’re going to be indebted for the rest of your life [if you don’t have insurance].”

“You cannot afford not to have insurance.”

Others talked about insurance giving them peace of mind:

“I think you get a level of security knowing that you have insurance. It may not be the best insurance, but at least you know that if you need it, it is there.”

“Basically it’s just the advantage of having that comfort.”

Others saw advantages for every-day health care needs:

“If you’ve got the insurance, you’re a little quicker to take the [child] in with that nagging ear infection....”

“I’m a diabetic, so for me it’s the small things. You know every time you pick up a medication, every time you pick up test strips, every time you pick up lances. That type of stuff becomes covered by the co-pay on the drugs and the testing equipment and I have to have it.”

People also mentioned that insurance provides ease and quick access to services:

“Convenience is one thing I know. That if you go there and you got your insurance card, it’s like, ‘Ok, go have a seat and we’ll call you.’ Otherwise you sit there and fill out forms forever.”

On several occasions, the participants talked about feelings similar to shame and dishonor associated with not having insurance:

“You have a stigma about you when you enter an emergency room and you say you have no insurance.”

Finally, many mentioned that having insurance allows people to access preventive services that they wouldn’t if they didn’t have insurance:

“You just go in when you have something wrong—before it turns into something big.”

Barriers to Having Health Insurance

Although the majority of participants had health insurance and believed in the need for it, they gave many reasons why people may not have insurance. The most frequent one cited was cost. Others included:

- People think they’re healthy; they think they don’t need insurance
- Hard to get insurance (if they think they’re not eligible)
- Insurance too complicated or difficult to understand
- Don’t think about it or don’t know about it
- Being between jobs
- The risk is worth it
- Poor value
- Job doesn’t provide benefits

In all the focus groups, cost was the overriding reason given for people not having health insurance:

“The cost of health insurance has gotten so high the last few years that...when times get tough, you kind of look at what you can actually trim on a budget and still have food on the table and everything else you need. Health insurance is something you access once in awhile, and that’s usually it. So it’s probably the first thing you trim.”

Most participants in the focus groups were middle-aged and noted that younger people may not get insurance because they think they don't need it:

"There [is] the other group of 22-year-olds out there that are immortal."

"They think they're invincible."

"They think they are probably healthy, too. I know that was the case with me for awhile—I figured I didn't need it."

Participants also cited situations where people believed they might be unable to get insurance:

"Let's say they've had a record of high-risk illnesses or certain diseases are already showing up. Sometimes it's hard to find a company that will insure you."

"They could have health problems that keep them from being qualified."

"Any time you fill out an application I'm sure they ask do you have any previous diseases or illnesses. I think it's hard to find insurance for some of those people."

Others commented on how complicated and sometimes mystifying the details, rules, and exclusions of insurance can be:

"You never know...a lot of times you don't know what you have until it's too late. When you try to use it, it's not there."

"I find that insurance is really complicated.... The other day I paid a bill that I did not need to pay because the insurance paid it late, and so I've got checks coming back and forth and I get lost. It's simpler not to have insurance and just pay [the doctor's bill] because you're kind of paying it anyway."

"Well...some of their doctors are now Blue Cross Blue Shield-authorized and some are not...so like when you're almost dying, you're supposed to say, 'Are you Blue Cross Blue Shield-authorized?'"

In addition to people thinking they're healthy and don't need insurance, another reason given for not having coverage is a lack of understanding of insurance, and not giving the concept of insurance much thought:

"[They think] everybody is treated and they'll worry about the cost afterward."

"I think it has to be a lack of knowledge."

As a subset of the issue of cost, people noted that those who are between jobs and are temporarily unemployed might not get insurance.

“People are between jobs. So they don’t have insurance, and they certainly are not going to go out and get it themselves.”

Others mentioned that the risk of getting seriously ill or in an accident was less than the value that’s placed on the amount spent on insurance:

“We live in the United States and it’s a free country, and you can decide if you want to take the risk.”

Similarly, participants noted that insurance was not necessarily seen as a good value for the money:

“They could put their money elsewhere.”

“People might think, I’ll just start my own fund...and save up for a rainy day.”

“It’s a poor value to me.”

Another financial reason that the focus group participants gave for not having insurance was that some jobs don’t come with insurance, and farmers are finding it increasingly difficult to pay for their family’s insurance:

“I think that health insurance is a great enticer just to seek off-farm employment. Health insurance is a great lure to not farm.”

“The major reason why people are leaving the farm is to have a job and collect health insurance.”

“I know some people who are employed...but don’t have insurance for their kids.”

Employment by one family member in a job off the farm is one option that participants described for getting health insurance coverage. When asked how important health insurance was in considering an off-the-farm position, participants stated that insurance benefits and wages were the top two factors that are considered. Many group members rated health insurance as the number one reason for seeking such employment.

Opinions about Minnesota Public Programs

Focus group participants had a variety of opinions about the Medical Assistance (Medicaid) and MinnesotaCare programs, and about whether it mattered to them if their health insurance came from a private organization or from the government—if cost was not a factor. Their thoughts about the programs fell into these general themes:

- There's a stigma that comes with being on a public or government program
- Public health insurance is just as good as private insurance
- We would much prefer to use private insurance
- The public programs are not well known, there's a lack of information
- It takes too much work to get on a public program

Many participants were wary of government programs, and were especially concerned that being on one would tarnish their reputation in the community.

"I think you might have to deal with the stigma of a lot of people. I think some of the people would have a hard time just accepting that."

"I think there is a certain amount of personal pride in this area, and that might be considered some type of welfare-type program. And I think we're independent enough, prideful enough, that we wouldn't—that that might be a last resort."

Others seemed to think this wasn't such a big issue:

"The pride thing is there, but honestly I think it's slipping."

"I think too often our pride gets in our way of doing things that are probably right or benefit us and other people."

"Medical Assistance used to be the poor man's way. Right now I would not care. I would take it, not for myself but for my young child—he needs it more than anybody needs it."

Most participants said they'd use a public program as long as the quality of services and benefits were comparable to those provided by private insurance:

"It doesn't make a difference where it comes from as long as they pay the same."

"As long as the quality's the same."

"If apples to apples, I could care less who covers my care."

For many of those who were in the focus groups, public health insurance programs were unfamiliar to them, and they lacked information about them. Others thought there were too many difficulties getting on public programs:

"If you don't have a phone 'cause you can't afford it, it's really hard to get any of that information. If you don't have a car, it's almost impossible to get yourself to the social services department to meet your appointment."

“That information isn’t out...like it should be.”

“We had an employee try to go for the [public program] and that was an unbelievable amount of paperwork. They sent me a copy of the different documents that they had to collect, and I had to copy off a whole book saying what an employee would get under our plan compared to theirs. There was a whole checklist of documents that they had to gather, and I just thought, Wow—that is more than I would want to go through. It was a lot of work.”

Some participants preferred the private market to a government program:

“I would rather go with a private insurer as opposed to a public insurer because then I feel that I can demand something, I feel like I’m paying the bill here, I’m your customer...I feel like I can be in a little more control.”

“I would challenge anybody to show me a program that the government can run better than the private people can.”

“I like to deal with the private industries better.”

How Could Access to Insurance be Improved?

Members of the focus groups came up with a large number of suggestions for improving access to programs and the way they are marketed to better meet the needs of farmers. Almost every group suggested elimination of the asset test and expanding income guidelines for eligibility. Other suggestions fell into these categories: make public programs easier to access and use, decrease the emotional costs of using public programs, increase awareness of public insurance programs, and make changes to private insurance programs. Suggestions in each category included:

Make public programs easier to access and use

- Provide a simple form
- Allow individual to choose provider; don’t require referral for specialist
- Allow time off work to enroll in program and visit physician

Decrease the social/emotional costs of using public programs

- Use marketing to prevent stigma associated with public programs
- Have people pay a portion so programs don’t “take away farmers’ pride”
- Emphasize proactive or preventive health care

Increase awareness of public insurance programs

- Do more outreach and promotion of public programs
- Include information in school health curricula
- Promote programs through Farm Services Administration, Data Transmission Network (an agricultural news source used by many farmers), AgNews, at grain elevators, post offices, Farm Fest, the Minnesota State Fair, at places where there are morning coffee crowds, on local public TV, local newspapers, and have personal service (not telephone)
- Reach farmers by email

Make changes to private insurance

- Have a group or pool for farmers
- Make insurance more affordable
- Have a sliding-fee scale
- Insist that insurance companies put coverage exclusions in bold letters and plain language
- Use of public programs might not be needed as much if the state figures out ways to have more competition and bring more private insurance companies to Minnesota

Many focus group participants stated that preventive care must be an integral component of public health insurance programs. They also emphasized the importance of providing education to assist program participants with developing healthful behaviors:

“One thing I would like to see in any health insurance...is a proactive, wellness approach rather than remedies or fixes. Some insurance companies do seem to encourage that.”

“I think part of the problem is right now we’re paying almost \$4000 a year for our insurance, but [there is a] \$2000 deductible. There is no way we use \$2000 a year. So everything that we pay, or every time we go to the doctor, it’s out-of-pocket. And I think a person does not go to the doctor as often because of that.”

Others made recommendations about wanting services to be more personal:

“I think people like to talk to somebody, and I think if you have a county facilitator who is a person you can come to, to ask question, to talk to, it’s easier than talking over the phone, or doing it by mail. A local person would be nice, someone who could answer your questions.”

“I think somebody...from the clinic would have to approach someone. I think most of the people using [public programs] found out about it from so-and-so down the hall, or from someone they are working with that’s using it.”

“I think the best way is for the people who are already using those programs—you would tell them to pass the word.”

Appendix A

Focus Group Questioning Route

Total time: 120 minutes

Background: **15 minutes**

Explain Purpose of the Focus Group

Go over Logistical Details

Opening: **10 minutes**

1. Please share your first name and one thing you like about living in Minnesota.
2. To begin, let's talk about being healthy. In your experience, what makes a person healthy?

General Insurance Questions: **50 minutes**

[List on flipchart: private health insurance purchased by individuals, private health insurance through an employer, public health insurance such as Minnesota Care and Medical Assistance (enrolled through clinics, social service agencies) and Indian Health Service as appropriate]

Moderator: Sometimes when people aren't healthy, they use health insurance to get healthcare services. People can get health insurance coverage from various places, such as those listed here on the flipchart. Right now, let's discuss health insurance in general, from any of these sources.

3. In your opinion, what are the benefits of having health insurance?
4. Many people experience times in their life when they do not have health insurance. What are some reasons you think people do not have health insurance?
5. Some people who qualify or are eligible for insurance decide not to get that insurance. What are some reasons that you or other people might choose not to have health insurance?
 - 5a. Some people may choose not to have health insurance because they don't think it is useful or valuable. What are some reasons that you or others might not find health insurance valuable?
 - 5b. Do you or people you know not have health insurance because you prefer to use traditional healers or alternative providers? Tell me about that.
6. How important is health insurance coverage when you decide to take a new job?

7. Besides the issue of cost, does it matter to you whether your health insurance is bought by your employer, or comes from Medical Assistance or MinnesotaCare? Why or why not?

Public Health Insurance Programs: 30 minutes

Moderator: For the next few questions, we want to talk only about public health insurance programs. These are programs that are offered by the State of Minnesota, but people may sign up for them through clinics or social service agencies as well. For this health insurance, people either pay a sliding fee or they receive free insurance coverage.

8. From what you know about MinnesotaCare and Medical Assistance, tell me how easy you think it is to get information and to enroll in these programs?
9. We are talking to the people who design public health insurance programs for people in Minnesota. What should we tell them about programs that would work for people in your community?
10. If you were in charge of getting information about public health insurance programs to people in your community, what would you do?

Ending: 15 minutes

11. The Minnesota Department of Health wants to make sure that all people have health insurance. What do you think is the most important thing for the Minnesota Department of Health to know?

Moderator: Summarize key themes and ideas and ask note-taker for additional comments or questions. Then ask the group:

12. Have we missed anything? Are there any other items that you want to mention?

Appendix B

Brief Questionnaire

During the first five minutes of the discussion group, the moderator and note taker should work together to make sure everyone in the group answers these questions on individual sheets. Those who can read/write in English should fill them out on their own, while others may need to have the questions asked orally and the moderator or note taker can fill it out.

1. Age _____
2. Gender _____
3. Do you currently have health insurance? (please check one)
 _____ Yes (please answer below) _____ No (please answer below)

IF YES:	IF NO:
3a. How did you first hear about health insurance?	3a. Have you ever had health insurance?
b. How did you get your current insurance? (job, state program)	b. How long ago did you last have insurance?
c. How long have you had this insurance? (months or years)	c. What caused you to lose it or choose not to have it?
d. Does your health insurance also cover your spouse or children if necessary?	d. How do you usually pay for health services now?
e. How well does your insurance meet your needs?	

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