Know Yourself. Know The World.

NOVA CLASSICAL ACADEMY™

Employee Benefits

ENROLLMENT GUIDE

Table of Contents

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please see page 26 for more details.

Benefit Items

You're eligible for benefits if you are regularly scheduled to work 30 hours per week or more. Your employee benefits coverage will be effective the first of the month following your date of hire if you are a new employee at Nova Classical Academy. Your eligible dependents may also participate in the Nova Classical Academy benefits program.

Generally, for the Nova Classical Academy benefits program, dependents are defined as:

- Your spouse
- Dependent "child" up to age 26.

Listed below are the Nova Classical Academy benefits available during open enrollment:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Health Savings Account Insurance
- Life and AD&D Insurance
- Voluntary Life Insurance
- Short Term Disability Insurance
- Long Term Disability Insurance
- FSA Plan Insurance
- NICE Healthcare
- Value Added-Services

The open enrollment elections you make will be effective from 01/01/2025 through 12/31/2025. You may only change coverage if you experience a qualifying life event.

You may change your benefit elections during the year if you experience an event such as:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of the employee, spouse/domestic partner, or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify Human Resources within the required timeframe of a qualifying life event, and they will guide you through the change of benefit(s) process.

Contact Information

Have Questions? Need Help?

Nova Classical Academy is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals whose primary responsibility is to assist you.

The Benefit Resource Center specialists are available Monday through Friday, 8:00 AM to 5:00 PM, Mountain, Pacific, and Alaska Standard Time, at (855) 874-0742 or via e-mail at BRCMT@usi.com. If you need assistance outside of regular business hours, please leave a message, and one of the Benefit Specialists will promptly return your call or email message by the end of the following business day.

	Carrier	Phone Number	Website
Medical	HealthPartners, Inc. (TPA)	(952) 883-5000	www.healthpartners.com
Dental	Mutual of Omaha	(800) 927-9197	www.mutualofomaha.com
Vision	Avesis, Inc.	(855) 214-6777	www.avesis.com
Health Savings Account (HSA)	HealthEquity	(866) 346-5800	www.healthequity.com
Flexible Spending Account (FSA)		(877) 924-3967	
Telemedicine	Nice Healthcare		www.nice.healthcare/schedule

The Benefit Resource Center ("BRC") is Always Here to Help!

It doesn't matter if you're a new hire or celebrating your 15th year with the same company, benefits and claims can be tricky to navigate. Our Benefits Specialists can help you choose the right plan, translate confusing jargon, and answer questions about which benefits your employer offers. Plus, they can work directly with insurance carriers to resolve issues related to claims and denials of service—and more!

Benefit Resource Center
BRCMT@usi.com | Toll Free: (855) 874-0742
Monday through Friday, 8:00 SM to 5:00 PM

Medical Benefits

Everyone has different medical benefit needs. Nova Classical Academy offers medical benefits through HealthPartners, Inc. (TPA). Preventive care is covered at 100% and no deductible applies. For other services, these plans require a deductible before eligible services are paid at 75% / 100%.

	$500-$25 Achieve	$2000-100% HSA Achieve	$500-$25 Open Access	$2000-100% HSA Open Access
Annual Deductible				
Individual	$500	$2,000	$500	$2,000
Family	$1,500	$4,000	$1,500	$4,000
Coinsurance	75%	100%	75%	100%
Maximum Out-of-Pocket				
Individual	$3,000	$2,000	$3,000	$2,000
Family	$6,000	$4,000	$6,000	$4,000
Physician Office Visit				
Primary Care	$25 copay per visit	You pay $0 after deductible	$25 copay per visit	You pay $0 after deductible
Specialty Care	$25 copay per visit	You pay $0 after deductible	$25 copay per visit	You pay $0 after deductible
Preventative Care				
Adult Periodic Exams	100%	100%	100%	100%
Well-Child Care	100%	100%	100%	100%
Diagnostic Services				
X-ray and Lab Tests	You pay 25% after deductible	You pay $0 after deductible	You pay 25% after deductible	You pay $0 after deductible
Complex Radiology	You pay 25% after deductible	You pay $0 after deductible	You pay 25% after deductible	You pay $0 after deductible
Urgent Care Facility	$25 copay per visit	You pay $0 after deductible	$25 copay per visit	You pay $0 after deductible
Emergency Room	You pay 25% after deductible	You pay $0 after deductible	You pay 25% after deductible	You pay $0 after deductible
Inpatient Facility Charges	You pay 25% after deductible	You pay $0 after deductible	You pay 25% after deductible	You pay $0 after deductible
Outpatient Facility and Surgical Charges	You pay 25% after deductible	You pay $0 after deductible	You pay 25% after deductible	You pay $0 after deductible
Mental Health				
Inpatient	You pay 25% after deductible	You pay $0 after deductible	You pay 25% after deductible	You pay $0 after deductible
Outpatient	$25 copay	You pay $0 after deductible	$25 copay	You pay $0 after deductible
Substance Abuse				
Inpatient	You pay 25% after deductible	You pay $0 after deductible	You pay 25% after deductible	You pay $0 after deductible
Outpatient	$25 copay	You pay $0 after deductible	$25 copay	You pay $0 after deductible
Chiropractic				
Chiropractic	$25 copay per visit	You pay $0 after deductible	$25 copay per visit	You pay $0 after deductible
Pharmacy				
Generic – Formulary	You pay $15	You pay $0 after deductible	You pay $15	You pay $0 after deductible
Generic – Non-Formulary	50% coinsurance	You pay $0 after deductible	50% coinsurance	You pay $0 after deductible
Brand – Formulary	You pay $35	You pay $0 after deductible	You pay $35	You pay $0 after deductible
Brand – Non-Formulary	50% coinsurance	You pay $0 after deductible	50% coinsurance	You pay $0 after deductible
Employee Contributions (Monthly)				
Employee	$66.98	$26.54	$107.95	$64.94
Employee & Spouse	$901.54	$808.55	$995.79	$896.86
Employee & Child(ren)	$708.94	$628.08	$790.89	$704.87
Family	$1,575.61	$1,440.16	$1,712.88	$1,568.79

Health Savings Account (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-sheltered bank account that you own for the purpose of paying eligible healthcare expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over from year to year.

Are you eligible to open a Health Savings Account?

Although everyone can enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. Enrollment in a limited-purpose health care FSA is allowed.

2025 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2025 TAX YEAR:

- $4300
- $8,550

If you are age 55 and over, you may contribute an extra $1,000 catch up contribution.

Extra Tax Advantages with an HSA include:

- *Money you deposit into an HSA is exempt from federal income taxes.*
- *Interest in your account grows tax-free.*
- *You don't pay income taxes on withdrawals used to pay for eligible health expenses. If you withdraw funds for non-eligible expenses, taxes and penalties apply.*
- *You also have a choice of investment options that earn competitive interest rates, so your unused funds grow over time.*

How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense if you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) and federal income taxes.

Flexible Spending Account (FSA)

The health account allows you to fund your out-of-pocket medical, dental, and vision expenses, such as copays and deductibles, with pre-tax dollars. By paying for out-of-pocket medical expenses with pre-tax dollars, you will save a minimum of $.23 per dollar because you do not pay Federal Income Tax or FICA tax on your contributions.

Premiums

Pre-tax contributions for medical, dental, and vision premiums.

Healthcare FSA Debit Card

As an option, we are pleased to offer employees the option to have a Healthcare FSA debit card that will allow you to pay for most qualified expenses without being out-of-pocket and having to waive for reimbursement. Please remember you must still retain all receipts as you may be asked to substantiate any expenses purchased with your FSA debit card.

Important Notes:

Expenses of a non-tax dependent are not eligible for reimbursement through the Healthcare FSA.

IRS Regulations do not allow Domestic Partner claims to be submitted for reimbursement through the Flex Plan unless they qualify as a tax dependent under Code Section 152.

Dependent Care Account

This account allows you to fund dependent care costs on a pre-tax basis. The care must be provided by a dependent care center or by an individual who can provide a name, address, and taxpayer identification number. You may contribute up to a maximum of $5,000 each tax year per household. Although you may not take the childcare tax credit if you choose this option, you may save more depending on your income level.

What are the risks of FSAs?

FSAs should only be considered for anticipated expenses. You should be conservative when estimating the amount to contribute to each account. If you overestimate your expenses and have money left in the account at the end of the year, it will be forfeited. For a small percentage of participants, Social Security retirement benefits may be affected by participating in FSAs. Participation in this plan reduces your W-2 income, on which retirement benefits are based.

Dental Benefits

Regular dental exams can help you and your dentist detect problems in the early stages, when treatment is more basic, and costs are much lower. Nova Classical Academy offers you a dental plan through Mutual of Omaha Insurance Company. Visit www.mutualofomaha.com to look up in-network dentists.

	Mutual of Omaha Insurance Company Dental Plan	
	In-Network Benefits	**Out-of-Network Benefits**
Annual Deductible		
Individual	$25	$25
Family	$75	$75
Annual Maximum		
Per Person/Family	$1,500	$1,500
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia		
Benefit Percentage	50%	50%
Adults (and covered full-time students, if eligible)	Not covered	Not covered
Dependent Child(ren)	Covered	Covered
Employee Contributions (Monthly)		
Employee	$8.09	
Family	$115.69	

Vision

Nova Classical Academy offers Vision Insurance. Vision plans provide coverage for routine eye exams and pay for all or a portion of the cost of glasses or contact lenses if you need them. To find a participating eye care provider or to review your plan coverage before your appointment, visit www.avesis.com or call (855) 214-6777.

	Avesis Vision Plan
Copay	
Routine Exams	$10 copay
Materials	$25 copay
Lenses	
Single Vision Lenses	$25 copay
Bifocal Lenses	$25 copay
Trifocal Lenses	$25 copay
Frames	
Retail Equivalent	Up to $130 allowance; 20% discount on amounts over $130
Contact Lenses	
Necessary/Prescribed	100%
Elective	$130 Allowance
Other Services	
Laser Corrective Surgery	Discount Available
Frequency	
Routine Exams	12 months
Lenses	12 months
Frames	12 months
Contact Lenses (Elective)	12 months
Employee Contributions (Monthly)	
Employee	$10.83
Employee & Spouse	$20.51
Employee & Child(ren)	$22.56
Family	$29.29

Life and Disability Insurance

All benefit-eligible employees are enrolled in life insurance, accidental death & dismemberment (AD&D), and long-term disability (LTD) plans provided by Mutual of Omaha, so long as you submit your enrollment and add your beneficiary. We pay 100% of the premium for you. You may elect Voluntary Short Term Disability insurance. This plan is paid 100% by you.

Life and AD&D

You are covered for 1x your salary up to $100,000 maximum for the basic life plan. You are also covered at the same amount for the AD&D plan. The original amount of the Life and AD&D benefits will reduce as you age and terminate upon your retirement or termination of employment. Now is a great time to review or update your beneficiary.

Voluntary Life and AD&D

You may elect optional life insurance and accidental death and dismemberment (AD&D) insurance. These plans are paid 100% by you and are intended to supplement the provided Basic Life and AD&D Insurance described above. Evidence of insurability may be required for applications for coverage over the guaranteed issue amounts listed below and for late entrants.

Employee	The maximum benefit is 5X your annual earnings to the maximum of $500,000. Sold in $10,000 increments. Guaranteed issue amount of $150,000 without evidence of insurability for new enrollees.
Spouse	Maximum benefit is $100,000. Sold in $5,000 increments, not to exceed 100% of the employee's elected amount. Guaranteed issue amount of $50,000 with no evidence of insurability required for new enrollees.
Child(ren) to age 26	Benefit is $10,000. This is a guaranteed issue amount.

Short-Term Disability Insurance

Nova Classical Academy offers a short-term disability option through Mutual of Omaha Insurance Company. This benefit covers 60% of your weekly base salary up to $1,000 weekly. The benefit begins on the 8th day of injury or illness and lasts up to 12 weeks. Please see the summary plan description for complete plan details.

Voluntary Life and AD&D Rates

The premiums are shown per $10,000 increments per pay period (24 payroll deductions per year).

Employee/Spouse Rates	
Under 30	$0.40
30-34	$0.50
35-39	$0.55
40-44	$0.60
45-49	$0.85
50-54	$1.25
55-59	$2.25
60-64	$3.40
65-69	$6.45
70+	$10.40
Child	$1.00

Beneficiary

Remember to keep your beneficiary updated, which can be done anytime through the year. If you are married and living in a community property state, your insurance carrier may require that you designate your spouse (or in some cases a registered domestic partner) for at least 50% of the benefit unless you have a waiver notice on file from your spouse. Consult your legal or tax advisor for further guidance on this issue.

Long Term Disability

Nova Classical Academy offers long-term income protection through Mutual of Omaha Insurance Company in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to $5,000. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Critical Illness Insurance

Critical Illness complements your major medical coverage by providing a lump sum benefit you can use to help pay the direct and indirect costs related to a covered critical illness. The CI insurance amount for the employee/member and any dependent(s) is selected at time of enrollment within the following parameters. Child insurance is automatic (a separate election is not required).

	Minimum	Maximum	Increments	Guaranteed Issue
Employee	$5,000	$30,000	$5,000	$30,000
Spouse	$5000	100% of employee benefit amount, up to $30,000**		$30,000
All Children	25% of employee benefit, up to $8,000			$8,000

Rates	
Under 30	$1.22
30-39	$2.10
40-49	$4.35
50-59	$8.61
60-69	$17.46
70-79	$32.44
80-89	$45.54

Take a few minutes and check out this informational video about Critical Illness!

Accident Insurance

No one plans to have an accident, but it can happen at any moment throughout the day - whether at work or at play. Most major medical insurance plans only pay a portion of the bills. This policy can help pick up where other insurance leaves off and provide cash to cover the expenses. This coverage includes 24-hour accidents for yourself or your entire family.

Your accident insurance includes benefits for:

- accidental death
- dismemberment
- dislocation or fracture
- initial hospital confinement
- hospital confinement
- intensive care
- ambulance
- medical expenses
- outpatient physician's treatment.

Rates	
Employee	$7.39
Employee & Spouse	$11.31
Employee & Children	$14.84
Family	$19.70

Check out this video all about Accident Coverage!

What you'll get with Omada:

✓ Dedicated health coach

✓ Interactive weekly lessons

✓ Smart device, delivered to your door

✓ Healthier Lifestyle in 10 minutes a day

✓ Long-term results through habit and behavior change

Do what works for you

Find healthy habits and routines that work for you.

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.

You decide what 'healthy' means

Try new things you actually enjoy rather than avoiding foods you "can't eat" or things you "shouldn't do."

With Omada, there's a program for you

- Weight loss & overall health
- Diabetes
- High blood pressure

The best part?

If you or your adult family members are enrolled in a HealthPartners® health plan and eligible for any Omada programs, verify benefit coverage by contacting the Member Services phone number on the back of your ID card.

Learn more:

omadahealth.com/healthpartnersomada

What is Nice Healthcare

Nice Healthcare is a primary care clinic that offers you and your family unlimited virtual and in-home visits with clinicians. Nova Classical Academy pays the subscription fee for this service. For those who are enrolled in the $500-$25 Achieve/Open Access plans, this service is free to use for you and your immediate family. For those who are enrolled in the $2,000-100% HSA Achieve/Open Access plans, there will be a $5 copay when using Nice services.

Who Can Use Nice?

All of Nice's services, including primary care, mental health, physical therapy, and prescriptions are available to employees and their families.

The Clinic That Comes to You

Same-Day Chat and Video Visits
Diagnosis, prescriptions, treatment plans, care guidance, referrals, and more – care when you need it from anywhere you happen to be.

In-Home Visits
Need a blood draw, a rapid test, a physical exam, or any other in-person need? Nice will come to you with 35 free labs and physical tests!

Full-Service Prescriptions
Nice integrates with nearly every pharmacy in the country and provides white glove support to make your prescription experience simple. Plus, Nice provides 550 medications for free.

Virtual Physical Therapy
You'll get access to licensed physical therapists who are trained to diagnose and treat virtually, allowing you to get better without the hassle of endless in-person visits.

Virtual Mental Health Therapy
Nice mental health therapists focus on prevention, helping you to self-manage your mild to moderate mental health needs. Don't wait to start feeling better!

In-Home X-rays and EKGs
Nice can send a mobile imaging technician right to your home to conduct X-rays and EKGs.

> It seems to be as great as they made it sound like it was going to be. Overall, I was very pleased with the service and speed with which I got covered. I give them an A+ for service and exceeding my expectations!
>
> -Melissa Barglof-Johnson

> We had a great experience with Nice. The visit was easy to schedule with plenty of available times. The appointment started promptly on time and the staff was very knowledgeable and friendly. We will definitely be using this service again!
>
> -Leigh

> Everyone at Nice has helped to make me feel comfortable and confident that I'm getting the best care possible. It's nice knowing that they have my best interest in mind and go above and beyond to help when needed. Everyone should use Nice!
>
> -Jennifer Bodsgard

nice

NOVA CLASSICAL ACADEMY™

When to Use Nice

Routine Checkups:

- Annual Wellness Exam
- Sports Physicals
- Child Checkups

Chronic Care:

- High Blood Pressure
- High Cholesterol
- Thyroid Conditions
- Diabetes

Sick Care:

- Cold/Flu
- Strep Throat
- Sinus & Ear Infections
- UTIs
- Pink Eye
- Rashes

Short-Term Mental Health:

- Anxiety
- Depression
- Grief & Loss

Virtual Physical Therapy:

- Back Pain
- Neck Pain
- Injury Recovery

Imaging:

- X-Rays
- EKGs

35+ Labs:

- Blood Work
- A1c

It All Starts With the App

Use the Nice app to schedule visits, chat with clinicians, attend video visits, review treatment plans, upload documents, and more.

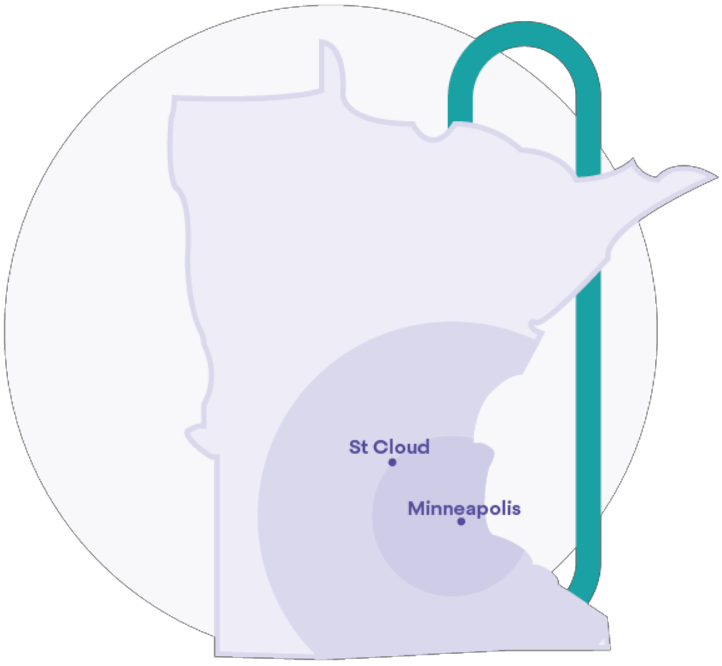
Scheduling a Visit

Whenever you and your dependents need Nice, you'll begin the process by scheduling a virtual visit with a clinician. All virtual services are conducted using the Nice app, including chat and video visits, physical therapy and mental health therapy.

In addition to scheduling and conducting visits, you will also use the Nice app to review treatment plans, upload documents, and manage your accounts.

nice

NOVA CLASSICAL ACADEMY™



NICE HEALTHCARE'S MINNESOTA SERVICE AREA

- The purple area represents where Nice offers home visits to their patients.
- Employees who live outside of the shaded region can still use any of their virtual services and pharmacy programs. They can also have a Nice clinician meet them at their workplace or a friend/family member's home for an in-person visit if their home is not within their service area.
- Virtual care visits are available from anywhere in the country, as long as you are a resident of a state Nice is medically licensed in.
- To see an interactive map, visit www.nice.healthcare/locations, or find the "Locations" page on their website.

Online Visit Hours

mon – fri 8am – 7pm CT
sat – sun 9am – 12pm CT

mon – fri 7am – 6pm MT
sat – sun 8am – 11am MT

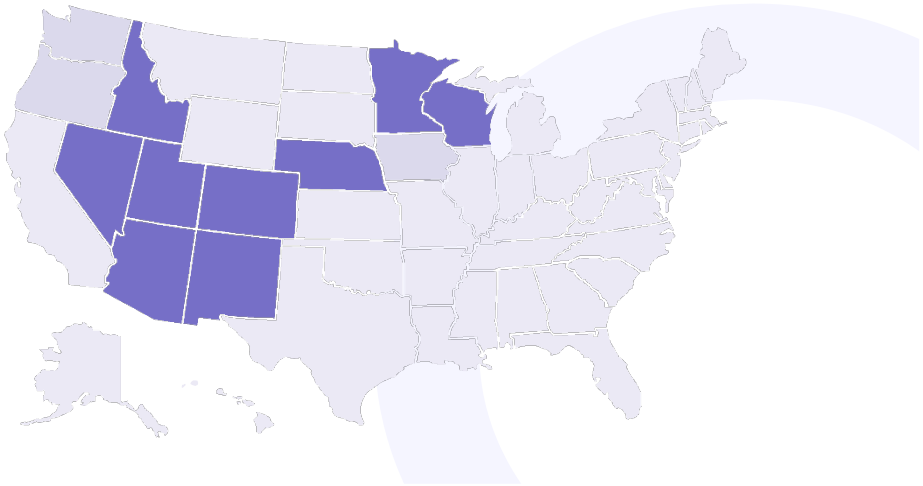
mon – fri 6am – 5pm PT
sat – sun 7am – 10am PT

Home Visit Hours (local time)

mon – fri 9am – 5pm

Virtual Only

Virtual & In-Home



nice

NOVA CLASSICAL ACADEMY™

2025

NEXT STEPS:

Open Enrollment: November 11 – November 22, 2024.

We will have a passive open enrollment this year. Only changes or updates to existing enrollments need to be updated in K-Pay.

HEALTH PLAN

If you would like to enroll, switch your health plan, or change your family status, this is the one time during the year you can do so without a qualifying event.

DENTAL AND VISION PLANS

If you would like to enroll, add, change, or drop dependent(s), now is the time you are able to do that. If you are currently enrolled and do not have any changes, you will be automatically re-enrolled at your current coverage status.

HEALTH SAVINGS ACCOUNTS

New HSA participants need to submit their enrollment to set up an account. If you want the same HSA election as 2024, no election change is required.

FLEXIBLE BENEFIT PLAN

To participate, participants need to submit their enrollment to set up an account. You must also make new 2025 elections to participate in the spending accounts in 2025.

CRITICAL ILLNESS & ACCIDENT BENEFITS

If you would like to enroll in one or more of these voluntary coverages, make your elections in K-Pay.

LIFE, AD&D, AND LTD PLANS

All benefit-eligible employees are enrolled in these plans so long as you complete your enrollment and add your beneficiary. Now is a good time to review your beneficiary designation for your life and AD&D policies.

VOLUNTARY LIFE, AD&D, AND STD PLANS

To enroll in these plans, make your elections in K-Pay. If you request an amount above the Guaranteed Issue, evidence of insurability is required.

QUESTIONS? NEED FORMS?

Contact Kriscel Estrella at (651) 209-6320 ext. 321 or kestrella@novaclassical.org.

Legal Notices

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, deductibles and coinsurance apply.

NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 30 days from the loss of coverage or the date you become eligible for premium assistance. To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Kriscel Estrella
1455 Victoria Way
Saint Paul, Minnesota 55102-4213
United States
P: 651-209-6320 | **E:** kestrella@novaclassical.org

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice.
Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.
In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

- In these cases we never share your information unless you give us written permission:
  Marketing purposes
  Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.
Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications

- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice
We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice
January 1, 2025
Kriscel Estrella
Nova Classical Academy
1455 Victoria Way Saint Paul, Minnesota United States 55102-4213
P: 651-209-6320 | **E:** kestrella@novaclassical.org

OMB 0938-0990

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

Important Notice from Nova Classical Academy About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Nova Classical Academy and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Nova Classical Academy has determined that the prescription drug coverage offered by the Nova Classical Academy is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

OMB 0938-0990

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Nova Classical Academy coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Nova Classical Academy coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Nova Classical Academy and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information
Kriscel Estrella, Nova Classical Academy at 651-209-6320

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Nova Classical Academy changes. You also may request a copy of this notice at any time.

CMS Form 10182-CC
April 1, 2011

Updated

OMB 0938-0990

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2025
Nova Classical Academy
1455 Victoria Way
Saint Paul, Minnesota 55102-4213
United States
P: 651-209-6320 | **E:** kestrella@novaclassical.org

CMS Form 10182-CC **Updated**
April 1, 2011

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-766-9012
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	**UTAH – Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 6-30-2025)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Nova Classical Academy	Employer Identification Number (EIN) 26-0035570	
1455 Victoria Way	651-209-6320	
Saint Paul	MN	55102
Kriscel Estrella		
651-209-6320	kestrella@novaclassical.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [x] All employees. Eligible employees are:

    All employees who are scheduled to work 30 or more hours per week

  - [ ] Some employees. Eligible employees are:

- With respect to dependents:
  - [x] We do offer coverage. Eligible dependents are:

    Coverage offered to all eligible employees and their dependents.

  - [ ] We do not offer coverage.

[x] If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

• An employer - sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)