EMPLOYEE BENEFITS GUIDE

2026 - 2027
PLAN YEAR

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 42 for more details.

Welcome!

At St. Croix Preparatory Academy we understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Have Questions? Need Help?

St. Croix Preparatory 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, and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Mountain, Pacific and Alaska Standard Time at 855-874-0742 or via e-mail at BRCCentral@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 e-mail message by the end of the following business day.

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

Carrier Customer Service

	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	Blue Cross Blue Shield of MN	(800) 382-2000	www.bluecrossmn.com
Dental	HealthPartners, Inc. (TPA)	(952) 883-5000	www.healthpartners.com
Vision	Vision Service Plan	(800) 877-7195	www.vsp.com
Health Savings Account	Associated Bank	(800) 270-7719	www.associatedbank.com/hsa
Life and AD&D	MetLife	1-800-638-5433	www.MetLife.com
Voluntary Life and AD&D			
Long Term Disability (LTD)			
FSA	Alerus Financial	(800) 279-3200	www.alerus.com
403(b)	Aviben	(763) 689-0111	www.aviben.com
USI Benefit Resource Center (BRC)	USI	(855) 874-0742	BRCCentral@usi.com

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

BRCCentral@usi.com | Toll Free: 855-874-0742

Monday through Friday 8:00am to 5:00pm

Eligibility

Who is Eligible:

You may enroll in the St. Croix Preparatory Academy Employee Benefits Program if you are a full-time employee working at least 30 hours/week.

When Coverage Begins:

The effective date for your benefits is July 1, 2026. Newly hired employees and dependents will be effective in St. Croix Preparatory Academy's benefits programs the first of the month following 30 days of employment. All elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a family status event.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your spouse, domestic partner, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. (Child means the employee's natural child or adopted child and any other child as defined in the certificate of coverage)

Changing Coverage During the Year:

With a few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage.
- Add, or drop dependents from coverage.
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.

Enrollment

All eligible employees are required to complete the enrollment process, even if you do not wish to make any changes to your benefits.

Enrolling in benefits is simple. Just follow the 5 steps below. (More details are available at the end of this guide.)

1. Go to www.employeenavigator.com
2. Use the registration link sent by your administrator or select Register as a new user. Enter stcroix as the company ID.
3. Click Let's Begin and complete any onboarding tasks.
4. Review your plans, enter personal and dependent information, and follow the prompts to make your benefit elections.
5. Confirm your selections on the summary page by clicking Sign and Agree

What's New This Year?

- **EE Navigator**: Our new online benefits enrollment and management portal launched this year. EE Navigator gives you 24/7 access to review your benefits, make elections, and submit changes due to qualifying life events. Refer to page 32 for more details.
- **Before completing your enrollment, please log in to:**
  - ✓ Confirm dependent names are entered correctly.
  - ✓ Verify dependent social security numbers and date of birth.
  - ✓ Review and update beneficiary designations, if necessary.
- **Kept**: We have partnered with Kept as our new COBRA administration vendor. Kept will manage all COBRA administration for qualified individuals. If you are eligible for COBRA, you will receive an email from Kept with additional information and instructions. Please refer to page 31 for more details.
- **Aviben**: We are pleased to announce Aviben as our new 403(b) retirement plan provider. Aviben will support plan administration and contributions, and offers employees online access to manage retirement savings, review investments, and access educational resources. Please refer to page 30 for more details.

Transition from Fiscal Year to Calendar Year

The Board has approved a long-term strategy to transition your employee benefits plan year from a fiscal year basis to a calendar year basis. To facilitate this change, a short plan year will be implemented from July 2027 through December 2027. This transition will not impact the current plan year.

Plan Year Timeline

- 2026 Open Enrollment
  - The 2026 plan year will run from **July 1, 2026 through June 30, 2027** (12-month plan year). This will follow a standard renewal process, with rates adjusted from the prior year.

- 2027 Open Enrollment (Transition Year)
  - The 2027 plan year will be a **short transition year**, running from **July 1, 2027 through December 31, 2027** (6 months). This short plan year is the final step toward aligning this plan with a calendar year cycle. There will be **no rate changes** during this short plan year; however, **medical deductibles and out-of-pocket maximums will reset** at the end of the 6-month period.

- 2028 Open Enrollment
  - Beginning in 2028, the plan will fully move to a **calendar-year cycle**, running from **January 1, 2028 through December 31, 2028**. Standard renewal processes will resume, and plan deductibles will now follow the calendar year.

Reminder: For 2026 tax purposes, check your total employee and employer contributions for the 2026 calendar year so the total contributions into your HSA do not exceed 2026 annual limits.

Medical Plan Options

	$1,000 – $35 Aware	$1,000 – $35 High Value	$3,500 - 70% HSA Aware	$3,500 - 70% HSA High Value	$6,350 - 100% HSA Aware	$6,350 - 100% HSA High Value
Annual Deductible						
Individual	$1,000	$1,000	$3,500	$3,500	$6,350	$6,350
Family	$3,000	$3,000	$7,000	$7,000	$12,700	$12,700
Coinsurance	70%	70%	70%	70%	100%	100%
Maximum Out-of-Pocket*						
Individual	$4,250	$4,250	$6,200	$6,200	$6,350	$6,350
Family	$8,500	$8,500	$12,400	$12,400	$12,700	$12,700
Physician Office Visit						
Primary Care	$35 copay	$35 copay	70% after deductible	70% after deductible	100% after deductible	100% after deductible
Specialty Care	$35 copay	$35 copay				
Preventive Care						
Adult Periodic Exams	100%	100%	100%	100%	100%	100%
Well-Child Care						
Diagnostic Services						
X-ray and Lab Tests	70% after deductible	70% after deductible	70% after deductible	70% after deductible	100% after deductible	100% after deductible
Complex Radiology						
Urgent Care Facility	$35 copay	$35 copay				
Emergency Room Facility Charges	70% after deductible	70% after deductible				
Inpatient Facility Charges						
Outpatient Facility and Surgical Charges						
Mental Health						
Inpatient	70% after deductible	70% after deductible	70% after deductible	70% after deductible	100% after deductible	100% after deductible
Outpatient						
Substance Abuse						
Inpatient	70% after deductible	70% after deductible	70% after deductible	70% after deductible	100% after deductible	100% after deductible
Outpatient						
Other Services						
Chiropractic	$35 copay	$35 copay	70% after deductible	70% after deductible	100% after deductible	100% after deductible
Retail: Flex RX Preferred Drug & Specialty List (Up to a 31-Day Supply)						
Generic	$15 copay		70% after deductible	70% after deductible	0% after deductible	0% after deductible
Non-Preferred Generis	$15 copay					
Preferred Brand	$45 copay					
Non-Preferred Brand	$80 copay					
Mail Order & Retail Pharmacy (Up to a 90-Day Supply)						
Preferred Generic	$37.50 copay		70% after deductible	70% after deductible	0% after deductible	0% after deductible
Non-Preferred Generic	$37.50 copay					
Preferred Brand	$112.50 copay					
Non-Preferred Brand	$200 copay					

Note: The $1000-$35 plan & $3500-70% HSA offer creditable coverage for Medicare Part D. The $6350-100% HSA plan does NOT offer creditable coverage for Medicare Part D.

Medical Plan Premiums

St. Croix Preparatory Academy will continue to contribute to the health plan premiums on your behalf. **A spousal surcharge of $100/month will apply to any employee's spouse who chooses to elect coverage on St. Croix Prep's medical plans and is eligible for coverage through their employer.** The spousal surcharge will be a payroll deduction.

Sp Spousal Surcharge: $100/month pusal Surcharge: $100/month

Employee Contributions (Monthly)			
$1,000-$35	**Aware Network**	**High Value Network**	**Annual Health Saving Account Employer Contributions**
Employee	$247.31	$179.38	NA
Employee & 1 Dep	$1,062.81	$978.74	NA
Employee & 2+ Deps	$1,529.23	$1,306.72	NA
$3,500-70% HSA			
Employee	$115.00	$83.67	$500
Employee & 1 Dep	$666.32	$540.09	$750
Employee & 2+ Deps	$987.45	$799.96	$1,000
$6,350 -100% HSA			
Employee	$103.49	$75.34	$750
Employee & 1 Dep	$599.63	$552.24	$1,125
Employee & 2+ Deps	$888.62	$808.28	$1500

Medical Value Adds

In addition to your core medical benefits, your Blue Cross Blue Shield (BCBS) plan may include a variety of value-added programs designed to support your health, wellbeing, and overall care experience—often at no additional cost. These tools and resources can help you manage your health more proactively, navigate care with confidence, access virtual and digital support, and save money on everyday wellness needs. Availability may vary by plan, but these value-adds are intended to make it easier for you and your family to get the most out of your BCBS coverage.

BlueCross BlueShield Minnesota

2026

AWARE® NETWORK

Open access to quality care

Your best choice for easy access to the largest selection of healthcare providers across Minnesota.

With 98% of doctors and 100% of hospitals in Minnesota, this broad, open-access network makes it easy to get the care you need. Small group plans are paired with BlueAccess℠ products.

TRAVEL WITH CONFIDENCE

When you travel outside the state, you have access to 2 million providers spanning every U.S. ZIP code through the national BlueCard® PPO network.* In addition, Blue Cross Blue Shield Global® Core gives you access to care in 190 countries and territories worldwide.

*The Aware Network includes providers one county into the neighboring states of Iowa, South Dakota, North Dakota and Wisconsin. When seeking care in these counties, search for providers using Aware Network (not BlueCard PPO).

Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

A NETWORK THAT FITS YOU

AWARE NETWORK

173 HOSPITALS

22,374 PRIMARY CARE PROVIDERS

55,841 SPECIALTY CARE PROVIDERS

Numbers are subject to change and are reflective of signed contracts as of January, 2025.

Network matters

Be sure to stay in the network. Your out-of-pocket costs will be higher when you see an out-of-network provider.

- Log in at **bluecrossmn.com/BCA** to find providers in your specific network
- Not a member? Visit **bluecrossmn.com/FindADoctor** and select the network you are considering

QUESTIONS?

Visit **bluecrossmn.com/BCA** or call the number on the back of your member ID card

BlueCross BlueShield Minnesota

2026

HIGH VALUE NETWORK

Statewide access to quality care

Your best choice for quality care at an affordable price with a broad selection of healthcare providers. The High Value Network includes leading doctors, clinics and hospitals across Minnesota.

TRAVEL WITH CONFIDENCE

When you travel outside the state, you have access to 2 million providers spanning every U.S. ZIP code through the national BlueCard® PPO network.* In addition, Blue Cross Blue Shield Global® Core gives you access to care in 190 countries and territories worldwide.

*The High Value Network includes providers one county into the neighboring states of Iowa, South Dakota, North Dakota and Wisconsin. When seeking care in these counties, search for providers using High Value Network (not BlueCard PPO).

Employees must live within the state of Minnesota to enroll.

Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

A NETWORK THAT FITS YOU

HIGH VALUE NETWORK

121 HOSPITALS

15,224 PRIMARY CARE PROVIDERS

44,099 SPECIALTY CARE PROVIDERS

Numbers are subject to change and are reflective of signed contracts as of June 2025.

Network matters

Be sure to stay in the network. Your out-of-pocket costs will be higher when you see an out-of-network provider.

- Log in at **bluecrossmn.com/BCA** to find providers in your specific network
- Not a member? Visit **bluecrossmn.com/FindADoctor** and select the network you are considering

QUESTIONS?

Visit **bluecrossmn.com/BCA** or call the number on the back of your member ID card

Save when you shop Blue365®

Exclusively for you, as part of your Blue Cross and Blue Shield of Minnesota health plan.

GET DISCOUNTS ON PRODUCTS AND SERVICES

Helping you live a healthier life

With Blue365, you get great deals on products and services that complement your health. Save on personal care, fitness gear, hearing and vision, healthy meal kits and more.

It just takes a couple minutes to register and you can start shopping for discounts on:

- Footwear and apparel
- Eating programs and meal kits
- Gym memberships and wearables
- Hearing and vision aids
- Travel
- Family and pet supplies
- Personal care

Join **Blue365** and start saving today

TAKE ADVANTAGE OF BLUE365

Visit **blue365deals.com/bcbsmn** to register and have your Blue Cross member ID card handy. Then watch for deals to arrive in your inbox.

M01762R04 (3/23)

BlueCross BlueShield Minnesota

INTRODUCING BLUE CARE ADVISOR℠

You and Blue.℠ Better together.

There's nothing more important than your health, and Blue Care Advisor is the new way to guide you through your healthcare journey.

Now you can:

Choose high-quality doctors near you and know the cost before you go.

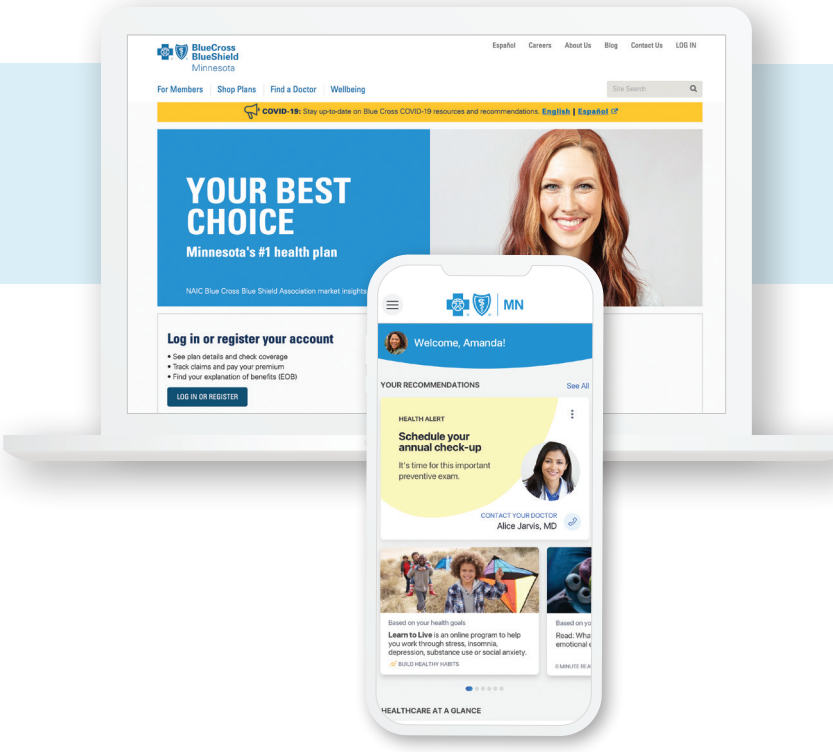
See what's covered by your health plan and discover benefits you may not know you have.

Get active and track your daily activity to hit your health goals.

Earn points for making healthy choices and redeem them for rewards.

Earn points for completing the health assessment plus additional points when you track your steps. Points can be redeemed for up to $250 in gift cards.

Blue Care Advisor connects you to everything you need to easily manage your healthcare, meet your goals and live healthier.



GET THE MOBILE APP OR VISIT BLUECROSSMN.COM/BCA

BLUE CARE ADVISOR℠

BlueCross MN

M07051 (08/22)

Small steps can lead to big rewards

Track your daily steps or your fitness activities and earn points that translate to real dollars.

START EARNING WITH THESE SIMPLE STEPS

Register

Register at **bluecrossmn.com/bca** or download the Blue Care Advisor app.

Complete the Health Assessment

Once you're logged in, you'll find the Health Assessment under "Rewards," then "Ways to Earn." Based on your results, you'll receive personalized recommendations including helpful tips and resources.

Earn 100 points for completing the Health Assessment

Employees and spouses* can earn
UP TO $250 ANNUALLY

Start tracking

Link your fitness tracker or favorite fitness app to automatically record your activities. You can also track things manually, so everything counts — even yard work!

5,000 steps = 5 points
7,000 steps = 7 points
10,000 steps = 10 points (max per day)

If you forget to track a day, catching up is easy. Simply go into the app and log your past activity manually up to 30 days prior.

10 points = $1
Earn a maximum of **$250 per year**

Earn points anytime throughout the year — there's no monthly requirement.

Get a preventive visit

Earn 200 points for completing your annual preventive visit.

Collect your reward

Redeem your points in the Reward Center for $15, $25, $50 or $100 e-gift cards.

Points expire at the end of the program year so make sure you cash in on your hard work!

QUESTIONS?

If you have questions, chat with us online or call the number on the back of your member ID card.

*Employees and spouses must be enrolled in the Blue Cross and Blue Shield of Minnesota health plan. The reward may result in a taxable event for either you or your plan sponsor. Consult your tax advisor. If it is unreasonably difficult due to a medical condition for an individual to participate (or if it is medically inadvisable for an individual to attempt to participate), Blue Cross will provide an alternative program. For more information about obtaining an reasonable alternative, please call the number on the back of your member ID card. Points do not roll over to the next health plan year.

Blue Care Advisor℠ is an offering of Blue Cross® and Blue Shield® of Minnesota and Blue Plus®, nonprofit independent licensees of the Blue Cross and Blue Shield Association.

M07107R02 (8/25)

BLUE CARE ADVISOR

Seamlessly connect your benefits, programs and expert guidance for a personalized, convenient experience.

Download the app today.

Get the most from your prescription coverage

Take an important first step to getting the most from your pharmacy benefits — for your health and your wallet — by understanding how they work. Here you'll find important information, guidelines and tips to avoid unnecessary out-of-pocket costs.

PHARMACY NETWORK

Just like you have a network for the doctors you see, the pharmacies in your network offer the best service at the best price for Blue Cross and Blue Shield of Minnesota members. To pay the lowest out-of-pocket cost, it's important to choose a pharmacy that participates in your network.

For 2026, your pharmacy network is the Classic Network.

The Classic Network provides access to a large network of pharmacies including Walgreens and other top retailers, as well as independent pharmacies. **Please note that CVS/Target is not included in this network.**

Walgreens is an independent company providing pharmacy benefit services.

Your pharmacy network: **Classic**

Tips for transferring prescriptions to a new pharmacy

- Take your prescription bottle to your new pharmacy. They will contact your current pharmacy to transfer your prescription.
- Call your new pharmacy and ask them to contact your current pharmacy for your prescription information
- Ask your doctor to call your new pharmacy with your prescription information

DRUG LIST (FORMULARY)

For 2026, your formulary is FlexRx.

FlexRx includes a broad, clinically complete list of drugs that include a good balance of brand-name and generic drugs. Your plan includes coverage for drugs not on the formulary. However your share of the cost is generally more than for those that are included on the drug list. There is no coverage for drugs not on the formulary unless medically necessary. Exclusions apply.

Your formulary: **FlexRx**

Insulin coverage

Members pay no more than $25 per prescription, per month for covered insulin products.

Dental

St. Croix Preparatory Academy offers comprehensive dental insurance through HealthPartners, designed to support both preventive care and ongoing dental needs. The plan emphasizes keeping you healthy by covering routine exams and cleanings at 100% when using in-network providers, while also offering coverage for basic and major services such as fillings, extractions, and crowns. Multiple plan levels are available, allowing you to choose the option that best fits your needs and budget, with access to a broad network of participating dentists across Minnesota.

	HealthPartners, Inc. (TPA) Dental Plan: Distinctions 3		
Benefits Coverage	**Level 1**	**Level 2**	**Level 3**
Annual Deductible			
Individual	$25	$50	$50
Family	$75	$150	$150
Waived for Preventive Care?	Yes	Yes	Yes
Annual Maximum			
Per Person / Family	$1,500	$1,000	$750
Preventive	100%	100%	100%
Basic	80%	80%	50%
Major	50%	50%	Not covered
Orthodontia			
Benefit Percentage	Not covered	Not covered	Not covered
Adults (and Covered Full-Time Students, if Eligible)	Not covered	Not covered	Not covered
Dependent Child(ren)	Not covered	Not covered	Not covered

Employee Contributions (Monthly)	
Dental Plan:	
Employee	$12.68
Employee & 1 Dep	$48.57
Employee & 2+ Deps	$73.20

Search the network for your dentist or find a new one at www.healthpartners.com/dentaldistinctions

If you have any questions related to your Dental benefits, please contact Delta dental at (952) 883-5000, or visit www.healthpartners.com.

Please log in to your member portal for more information. Visit VSP Online Account Member Log In

To find an eye doctor, please visit Choose VSP - Find a Doctor

Vision

St. Croix Preparatory Academy provides Vision insurance through Vision Service Plan (VSP).

Vision Service Plan Voluntary Vision - Base		
Frequency	**Copays and Allowances**	**Enhancements and Supplements**
Exam every 12 months	$20 Exam Copay	VSP LightCare™ non-prescription blue light filtering glasses or sun- glasses
Lenses every 12 months	$20 Frame/Lens Copay	
Frames every 12 months	$130 Frame Allowance	
Contacts every 12 months (Instead of lenses and frame)	$130 Contact Lens Allowance	

Monthly Rates	
Employee	$6.86
Employee + 1	$10.98
Employee + Children	$11.21
Employee + Family	$18.07

Vision Service Plan Voluntary Vision - Premium		
Frequency	**Copays and Allowances**	**Enhancements and Supplements**
Exam every 12 months	$20 Exam Copay	VSP® EasyOptions - Choice of One Upgrade ($250 Frame Allowance OR Anti-Reflective Coating OR Photochromic Lenses OR Premium Progressive Lenses) [3]
Lenses every 12 months	$20 Frame/Lens Copay	
Frames every 12 months	$150 Frame Allowance	
Contacts every 12 months. (Instead of lenses and frame)	$150 Contact Lens Allowance	VSP LightCare™ non-prescription blue light filtering glasses or sunglasses glasses

Monthly Rates	
Employee	$10.22
Employee + 1	$16.36
Employee + Children	$16.70
Employee + Family	$26.92

#1 IN ACCESS TO QUALITY CARE*	#1 IN SELECTION OF EYEWEAR*	#1 IN MEMBER SATISFACTION*
Choice of an independent doctor or popular retail chain, including Visionworks®, Walmart, and more.	The latest styles at the lowest out-of-pocket cost* in-store or online at eyeconic.com®.	A no-hassle benefit that members enroll in and use more than any other vision plan. *

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

If you have any questions, reach out to MetLife at 1-800-638-5433, or visit www.metlife.com

Employee Life and AD&D

St. Croix Preparatory Academy provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death. The AD&D benefit will be paid in the event of a loss of life or limb by accident.

MetLife Life Insurance Company	
You	
Benefit Maximum	$50,000
Guaranteed Issue	$50,000

The above benefits will begin to decrease at age 65.

Voluntary Life and AD&D

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage. Your election, however, could be subject to medical questions and evidence of insurability. Each year at open enrollment an employee & spouse can increase or add to their voluntary life benefit by 1 increment without health history. Anything requested above the 1 increments would require evidence of insurability (health history).

MetLife Life Insurance Company	
You	
Maximum benefit	Maximum of $500,000, sold in $10,000 increments
Guaranteed issue	$100,000
Your Spouse	
Maximum benefit	$200,000; sold in $5,000 increments
Guaranteed issue	$25,000
Your Child (to age 26)	
Flat benefit amounts	$1,000, $2,000, $4,000, $5,000, and $10,000
*For children under 14 days of age, the benefit is $1,000.	

Employee Contributions (Monthly) Rates shown per $1,000 increments		
Age	**Employee**	**Spouse**
Under 30	$0.070	$0.078
30-34	$0.090	$0.104
35-39	$0.100	$0.130
40-44	$0.170	$0.208
45-49	$0.220	$0.312
50-54	$0.400	$0.572
55-59	$0.770	$1.092
60-64	$1.130	$1.638
65-69	$1.940	$2.626
70+	$3.390	$4.940
Child $5,000	$1.46	
Child $10,000	$2.91	
AD&D Rates	**Rates**	
Employee	$0.022	
Spouse	$0.022	

Long-Term Disability

St. Croix Preparatory Academy offers long-term income protection through MetLife 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 $6,000. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration and the Summary plan description for complete plan details.

Pre-existing Conditions

A pre-existing condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the three months prior to your effective date under this policy, for which you:

- Received health treatment, consultation, care, or service; or
- Were prescribed or took prescription medications.
- Benefits will not be paid for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after completing the earlier of:
- Three consecutive months of coverage under the policy in which you received no treatment, including prescription medication, for the disabling condition: or
- 12 consecutive months of coverage under the policy.

Qualifying Period

The contract has a 90-day elimination period. Starting on the disability date, employees must wait 90 days before the policy will begin to pay disability benefits.

Disability and Earnings Based on 2 Classes of Employees

- **Class 1:** Licensed Teachers and Non-Licensed Support Staff (9 ½ month-school year employees)
- **Class 2:** Administrative Staff and Administrative Support Staff (12-month employees)

Class 1 Teachers and Educational Assistants: Disability is based on income earned during the "school year", usually about 9 and a half months of the year.

- Disability is defined as being unable to earn more than 80% of your predisability earnings in your own occupation, due to sickness, pregnancy, or accidental injury, while receiving and complying with appropriate treatment. After the own occupation period, you are considered disabled if you cannot earn 60% of your predisability earnings in any gainful occupation for which you are reasonably qualified by training, education, or experience.

Class 2 Working 12 months: Your salary is based on working 12 months. You will be paid 60% of your monthly salary if disabled.

- Disability is defined as being unable to earn more than 80% of your predisability earnings in your own occupation, due to sickness, pregnancy, or accidental injury, while receiving and complying with appropriate treatment.

School year for teachers and EA's: If you are earning your salary for days and months worked during the "school year" (about 9 ½ months) then you will be paid 60% of the average "school year" monthly salary if you are unable to work due to disability.

Summer months for teachers and EA's: you will not "lose income" if you have a disability, or pregnancy and deliver during "summer months". This is because the disability is outside the "working school year". Therefore, you will not receive disability payment for injuries or sicknesses during the summer months.

If you have any questions, please reach out to MetLife at 1-800-638-5433, or visit www.metlife.com

Nice Healthcare

Healthcare That's Nice

Our mission is simple.

Make getting amazing everyday care easy and affordable.

The Nicest Benefit

These are integrated primary care services that Nice Healthcare® offers with no out of pocket fees. The $5 fee no longer applies.

- Virtual Chat and Video Visits
- In-Home Visits with 35 Labs and Physical Tests
- 550+ Free Medications Can Be Prescribed by Our Clinicians
- Virtual Physical Therapy Visits
- Virtual Mental Health Therapy Visits
- In-Home X-rays and EKG Services

> "They were so personable and made me feel as comfortable as possible, and really made time to learn about me and my health issues. I highly recommend Nice.

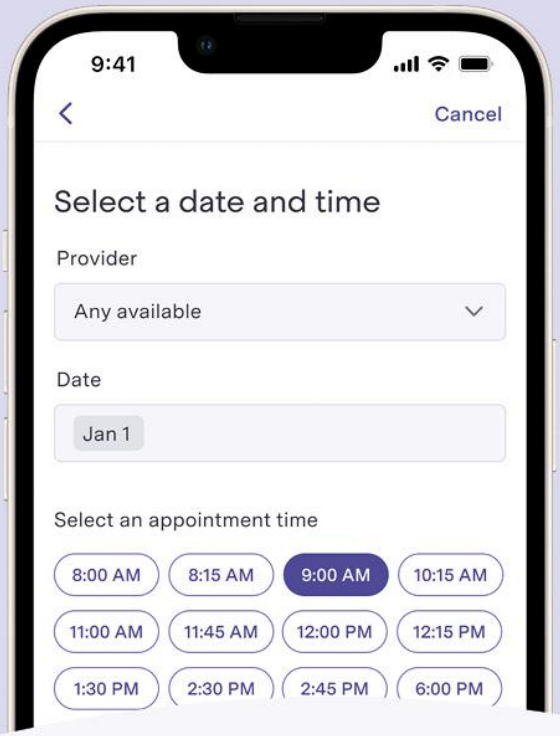
Angela K.

Visit **nice.healthcare**

It All Starts With The Nice App

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.



The Clinic That Comes to You

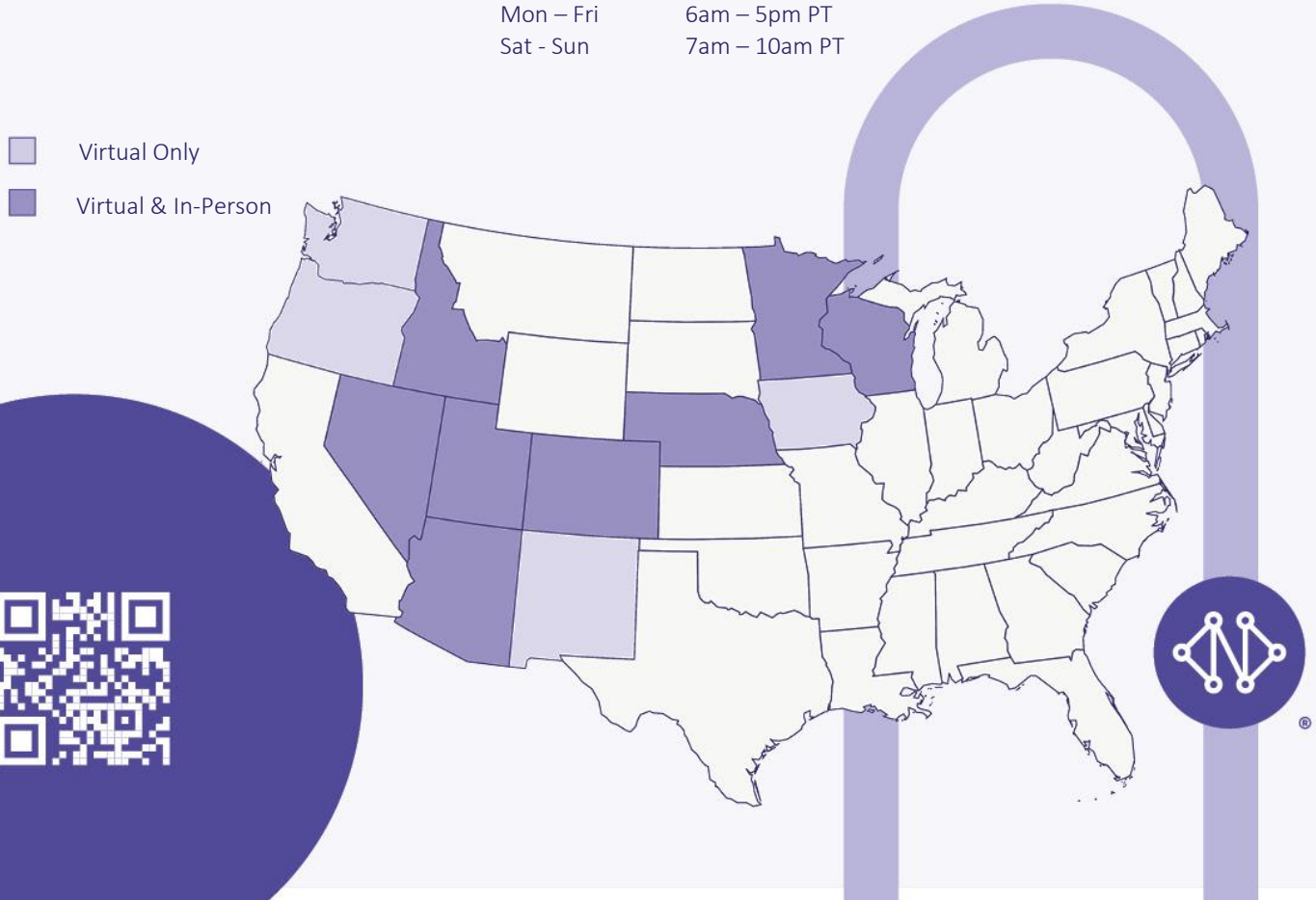
We offer our clinical services in parts of Arizona, Colorado, Idaho, Iowa, Minnesota, Nebraska, Nevada, New Mexico, Oregon, Utah, Washington and Wisconsin.

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



When to Use Nice®

EVERYDAY CARE WHENEVER YOU NEED IT

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 Infection - 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

> "They were so personable and made me feel as comfortable as possible, and really made time to learn about me and my health issues. I highly recommend Nice."

Angela K.
Nice Healthcare Patient

All this care and more!

Download the app to get started.

Health Savings Account

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 to pay for eligible health care 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 year to year.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes.
- Interest in your account grows tax free; and
- 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 which earn competitive interest rates, so your unused funds grow over time.

Are you eligible to open a Health Savings Account (HSA)?

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 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).

2026 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 maximums.
HSA contributions for the **2026 tax year**:

- Individual $4,400
- Family $8,750

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

St. Croix Preparatory Academy annual contributions:
$3500 HSA:

- Employee - $500
- Employee +1 Dependent - $750
- Family - $1,000

$6350 HSA:

- Employee - $750
- Employee +1 Dependent - $1,125
- Family - $1,500

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) as well as federal income taxes. Associated Bank provides helpful information about your HSA, including online calculators to help you add up your tax savings and see your HSA's possible future growth. For additional guidelines, please go online or call Associated Bank.

Strategies for maximizing your HSA balance

Associated Bank
Your money works here.

1. **Consolidate your accounts.**
Combine funds from existing HSAs or IRAs into your Associated Bank HSA to grow your balance and increase earnings potential. Speak with your financial advisor to determine if transferring funds is right for you.

2. **Enroll in additional pre-tax plans.**
Use a limited-purpose flexible spending account to cover dental and vision expenses with tax-free dollars, keeping more money in your HSA for future healthcare needs.

3. **Add money when you can.**
Maximize payroll deductions and explore additional options like prior year contributions or catch-up contributions if you're age 55 or older to boost your savings.

4. **Accelerate your growth.**
Let your HSA work for you. Earnings from interest and investments grow tax-free, helping you build long-term savings. Consider investing a portion of your funds if it aligns with your financial goals.

5. **Delay reimbursements.**
By holding off on reimbursing eligible expenses, you can maintain a higher HSA balance, increasing your earnings over time. There are no deadlines—you can reimburse qualifying expenses anytime.

Can I really accumulate wealth in my HSA?

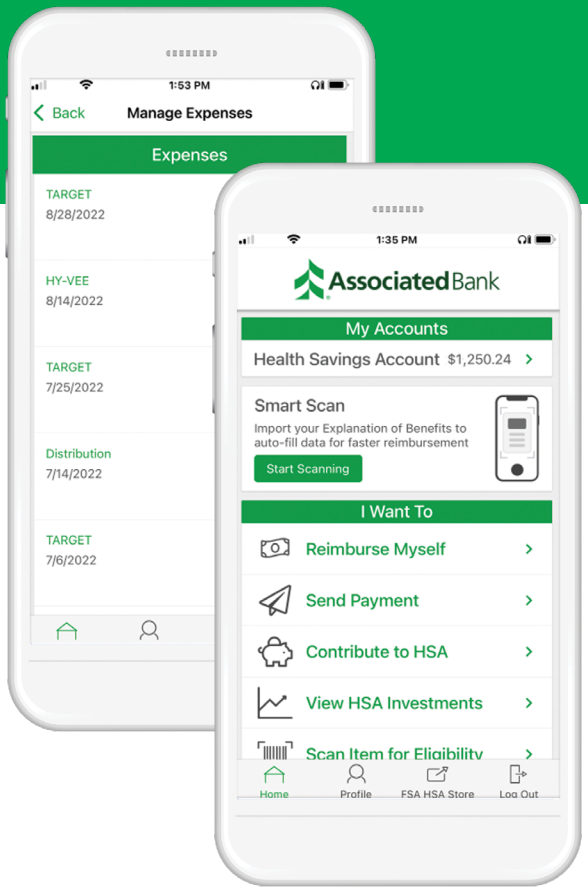
HSA Contribution	10 Years	15 Years	30 Years
$2,500	$33,233	$57,205	$178,119
$5,000	$66,467	$114,410	$356,238
$8,750	$116,317	$200,217	$623,416

Assumptions:
Contributions made annually, 5% annual rate of return, no distributions from the account.

Want to learn more? Read our article:
Three Reasons Why You Should be Maxing Out your HSA

Associated Benefits Connection® Mobile App

Manage your benefit accounts from the palm of your hand.



EASY.

With the Associated Benefits Connection mobile app, manage your benefits quickly and get on with your day.

CONVENIENT.

Submit a claim, capture a receipt and more—at home or on the go.

SECURE.

Biometric and PIN sign-in keeps you safe and secure.

Download the Associated Benefits Connection mobile app today.

Download on the App Store

GET IT ON Google Play

Associated Bank
Your money works here.®

Deposit products are offered by Associated Bank, N.A. Please ask for details on fees and terms and conditions of accounts. Associated Bank, N.A. Member FDIC.

Investment, Securities and Insurance Products:

NOT FDIC INSURED	NOT BANK GUARANTEED	MAY LOSE VALUE	NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY	NOT A DEPOSIT

Associated Benefits Connection is a marketing name used by Associated Bank, N.A. (ABNA). ABNA administers benefit programs sponsored by employers, which include flexible spending accounts (FSAs), health reimbursement accounts (HRAs) and commuter benefits and is subject to pending state licensure and regulatory approval. Investment management services are provided by Kellogg Asset Management, LLC® ("KAM"). KAM and Associated Bank, N.A. are wholly-owned affiliates of Associated Banc-Corp (AB-C). AB-C and its affiliates do not provide tax, legal or accounting advice. Please consult with your tax, legal or accounting advisors regarding your individual situation. (11/22) P07387

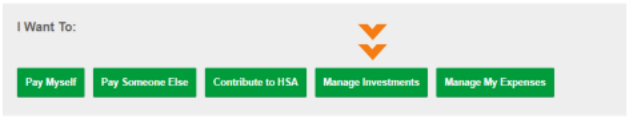
ASSOCIATED BENEFITS CONNECTION®
HSA INVESTMENT OPTION

Setting up an investment account

STEP 1: Log in to the HSA portal* at www.AssociatedBank.com and select **HSA & Benefit Accounts** from the drop down.

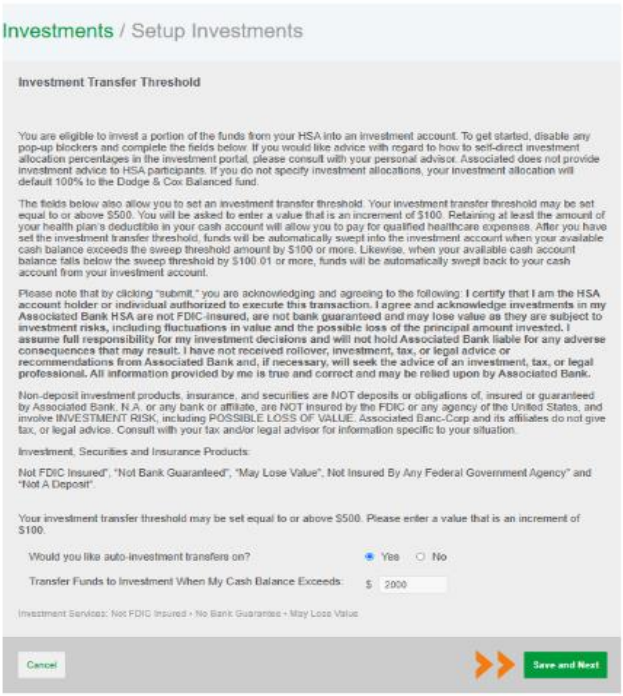
Be sure you have your Associated Benefits Connection username and password. On the login page, enter your username then click **Next**. On the following page, enter your password and click **Login**.

STEP 2: Under the "I Want To..." section, click **Manage Investments**.

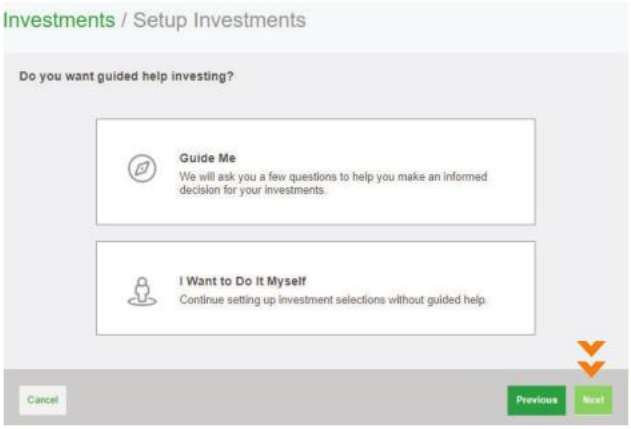


STEP 3: From here, click on **Start Investing**.

STEP 4: Review Investment Transfer Threshold information. You may choose any threshold amount at or above the minimum shown; however, you may wish to keep at least the amount of your deductible in cash to pay for medical expenses throughout the year.



STEP 5: Choose **Guide Me** for an educational tool to help you choose your investments, or choose **I Want to Do It Myself** to skip the educational tool and go straight to selecting your investments. The **Guide Me** educational tool is for educational purposes only. We do not provide investment advice. For advice on which investments to select, contact your personal advisor(s).



Choose your preferred option, then click **Next** to continue.

STEP 6: Update/confirm your elections, click **Submit**.

Flexible Spending Accounts

The Flexible Spending Account (FSA) plan with Alerus Financial allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. The plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA.

How an FSA works:

- Choose a specific amount of money to contribute each pay period, pre-tax, to one or both accounts during the year.
- The amount is automatically deducted from your pay at the same level each pay period.
- As you incur eligible expenses, you may use your flexible spending debit card to pay at the point of service OR submit the appropriate paperwork to be reimbursed by the plan.

Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA, you will lose any remaining funds.
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.

Please plan your FSA contributions carefully, as any funds not used by the end of the year will be forfeited. Re-enrollment is required each year.

2026 Maximum Annual Election	
Health Care FSA	$3,400
Dependent Care FSA	$7,500

*HSA members are limited to deductions for dental and vision expenses only.

HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)

PRE-TAX SAVINGS FOR MEDICAL, DENTAL, AND VISION EXPENSES

ALERUS

A health FSA allows you to set aside money each paycheck for out-of-pocket medical, dental, and vision expenses.

How It Works

Sign up during open enrollment. Choose an amount to contribute pre-tax each paycheck, within IRS limits. Your annual election should generally equal your planned expenses for the plan year. Dollars must be used by the end of the plan year. Any funds remaining (except for carryover eligible funds if offered) will be forfeited. Your entire annual election is available the first day of the plan year.

Pay For Expenses

Use your Alerus Health Benefits Visa® debit card to pay providers directly from your benefits account, or reimburse yourself by submitting a claim for eligible expenses you've already paid.

Eligible Expenses

Your health FSA covers a wide variety of medical, dental, and vision expenses for you, your spouse, and your qualified tax dependents. These expenses must be medically necessary for the diagnosis, treatment, or alleviation of a specific illness or injury. They may include hospital or clinic services, prescription drugs and medications, certain over-the-counter medical supplies, and many other health related expenses as defined by Section 213(d) of the Internal Revenue Code.

Manage Your Account

Access your account online at **alerusrb.com** or search for "Alerus Benefits" in the App Store or Google Play and download the app* for Apple, iPad, and Android devices.

Benefits

- Check your account balance and see your spending history
- Order additional debit cards
- Sign up for direct deposit or text/SMS alerts
- Submit claims for reimbursement
- Add digital card to mobile wallet for convenient use

Claim Documentation

You must save itemized statements from your medical provider and explanation of benefits from your insurance provider for all expenses. You'll need to submit this documentation with each claim, and it may also be required to verify debit card transactions. Documentation must include:

- Date of service
- Patient, service, or product recipient
- Provider/merchant name
- Description of service performed or product purchased
- Cost after final insurance adjustments

Plan Details

Read your employer's summary plan description (SPD) for details specific to your plan. If differences are noted between this communication and the SPD, the SPD will govern.

Additional Resources

Visit the Alerus Resource Center at **alerusrb.com** for additional information and resources, including updated IRS annual contribution limits and a comprehensive list of eligible healthcare expenses.

For More Information

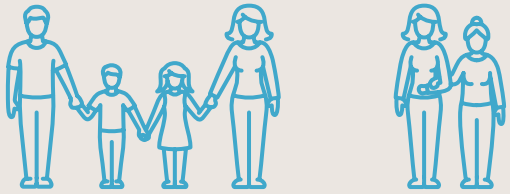
Health Benefits Client Service Center
877.661.4727 | healthbenefits@alerus.com

*Alerus charges no fees to download or use the app. However, your carrier's message and data rates may apply.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)

A TAX-FREE WAY TO PAY FOR CHILDCARE EXPENSES

ALERUS



A dependent care FSA allows you to use pre-tax dollars to pay for childcare or dependent adult care costs.

How It Works

Sign up during open enrollment. Choose an amount to contribute pre-tax each paycheck, within IRS limits. Your annual election should generally equal your planned expenses for the plan year. Dollars must be used by the end of the plan year. Any funds remaining will be forfeited.

Pay For Expenses

Use your Alerus Health Benefits Visa® debit card to pay providers directly from your benefits account, or reimburse yourself by submitting a claim for eligible expenses you've already paid.

Eligible Expenses

You may use dependent care funds for expenses that allow both you and your spouse to work, attend school, or seek employment full time. Eligible expenses include caring for qualifying dependent children 12 or younger or disabled adults. Examples include: before and after school programs, day care, preschool, summer day camps, babysitting, nanny/au pair, nursery school, and elder care.

Ineligible Expenses

Examples of ineligible expenses include: kindergarten tuition, babysitting for non-work reasons, and overnight camps.

Manage Your Account

Benefits

Access your account online at **alerusrb.com** or search for "Alerus Benefits" in the App Store or Google Play and download the app* for Apple, iPad, and Android devices.

- Check your account balance and see your spending history
- Order additional debit cards
- Sign up for direct deposit or text/SMS alerts
- Submit claims for reimbursement
- Add digital card to mobile wallet for convenient use

Claim Documentation

You must save and submit itemized statements from your provider for all expenses. Documentation must include:

- Date of service
- Service recipient
- Provider name
- Description of services provided

Plan Details

Read your employer's summary plan description (SPD) for details specific to your plan. If differences are noted between this communication and the SPD, the SPD will govern.

Additional Resources

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*Alerus charges no fees to download or use the app. However, your carrier's message and data rates may apply.

08.26.2025 | B-EE

Aviben 403(b) Administration for Participants

Your dedicated third-party administrator (TPA) for all 403(b) transactions

Transaction Processing Made Simple

As your employer's 403(b) TPA, Aviben reviews and authorizes all paperwork for 403(b) distributions, loans, exchanges, rollovers, transfers, and other transactions.

You can submit a transaction request online or by fax or mail:

aviben.com/transactions

1995 E. Rum River Dr. S.
Cambridge, MN 55008

763-689-6685

Online submissions require no additional forms. If submitting by fax or mail, please include the Transaction Processing Form from the Aviben 403(b) Administration website.

Need Assistance?

If you have any questions about a transaction, our team is here to help! Our friendly and knowledgeable service team based in Cambridge, Minnesota can assist you with the transaction process.

Hours of Operation: Monday-Friday, 7:00AM-6:00PM

Aviben®

403(b) Administration Resources

ONLINE TRANSACTION REQUEST

VISIT OUR WEBSITE

QUESTIONS? EMAIL US

763-689-0111

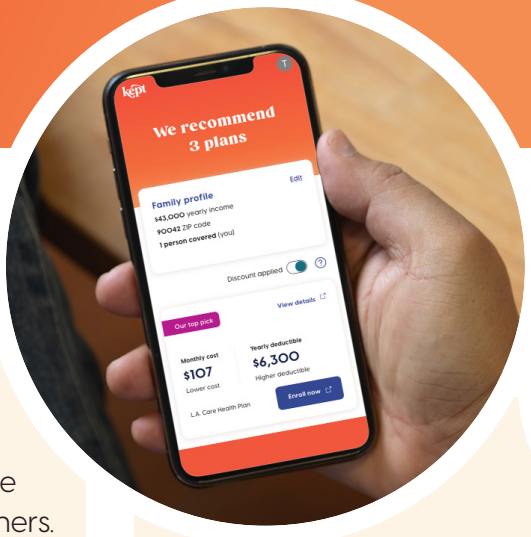
support@aviben.com

We've got you.

COBRA and a whole lot more

Your employer has engaged Kept to help you navigate off-boarding. Health insurance is just one decision. Let's find your next adventure and make the transition smoother.

Find the right health insurance for you



Career assistance and a job hunt platform

COBRA isn't the only option

COBRA is often too expensive to be a viable option. We'll help you find and compare others.

- There are situations where COBRA makes sense. We'll make it clear if that's the case.
- **We'll search your state marketplace** to find comparable, affordable alternatives.
- **Medicare and Medicaid eligibility** will be assessed to find any safety net programs.
- Based on your income, we'll see if you qualify for premium tax credits to make plans more affordable.

30 days free on Kept Careers

Everyone gets help navigating the job hunt.

- Upload a **resumé or a LinkedIn profile** and we'll start finding job opportunities.
- Automatic resumé and cover letter **customization based on each job.**.
- **Interview prep tools** anticipate questions and tailor responses to your strengths.

People-focused departures

Watch for communications from your Kept advisor and sign up for electronic delivery of COBRA notices for fastest access to your off-boarding tools. You can always reach out to our team directly during your departure at:

cobra@kept.io

You'll get a link to set up a consultation with your advisor or give us a call at 877-TRY-KEPT.

A dedicated, licensed support rep ready to help!

Employee Navigator Enrollment Portal

Employee Navigator is a central enrollment hub for employees. On the portal you will be able to make your benefit elections, waive coverage, update your personal information, and calculate costs. Additionally, you will have access to important content, including plan information, documents and forms, insurance carrier websites, employee legal notices, and more.

Employee Enrollment Guide:

Step 1: Log in to www.employeenavigator.com

- Returning users: Log in with the username and password you selected
- Click Reset a forgotten password.
- First time users: Click on your Registration Link in the email sent to you by your admin or Register as a new user. Create an account and create your own username and password.
- Company ID: stcroix

Step 2: Click Let's Begin to complete your required tasks.

Step 3: Complete any assigned onboarding tasks before enrolling in your benefits.

- Click Start Enrollment to begin your enrollment.

Step 4: Complete personal and dependent information before moving to your benefit elections. You will need date of birth and Social Security number for all dependents.

Step 5: To enroll dependents in a benefit, click the checkbox next to the dependent's name under Who am I enrolling?

- Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click Select Plan underneath the plan cost.
- Click Save & Continue at the bottom of each screen to save your selections.
- If you do not want a benefit, click on Don't want this benefit? at the bottom of the screen and select a reason from the drop-down menu.

Step 6: If you elect benefits that require a beneficiary designation or completion of an Evidence of Insurability (EOI) form, you will be prompted to add in those details.

Step 7: Review the benefits you selected on the enrollment summary page to make sure they are correct.

- Click Sign & Agree to complete your enrollment.
- You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

Changes in Benefit Elections

Open Enrollment:

With a few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage.
- Add, or drop dependents from coverage.
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

This year, St. Croix Preparatory Academy will have an ACTIVE open enrollment - employees MUST elect coverage for medical, dental, vision, FSA, and HSA or all benefit coverages will be WAIVED.

Note: Some states (currently, California, Massachusetts, New Jersey, Rhode Island, Washington D.C., and Vermont) may impose a tax on residents who do not have health insurance coverage, subject to limited exceptions.

This brochure summarizes the benefit plans that are available to St. Croix Preparatory Academy eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

REQUIRED NOTIFICATIONS

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.

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 60 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 the 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 reviewed 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

Questions regarding any of this information can be directed to:
Terri Smith
4260 Stagecoach Trail N
Stillwater, Minnesota United States 55082
651-395-5900
tsmith@stcroixprep.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/hipaa/filing-a-complaint/index.html.
- 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/hipaa/for-individuals/guidance-materials-for-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.

Uses and Disclosures of Substance Use Disorder (SUD) Treatment Information
If we receive or maintain records about you from a SUD treatment program subject to 42 CFR part 2 (a "Part 2 Program") through consent you provide the Part 2 Program to use or disclose the records, or testimony relaying the content of such records, they are given extra protection. These records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order is issued after notice and an opportunity to be heard is provided by you or the holder of the records.

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/hipaa/for-individuals/guidance-materials-for-consumers/index.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.

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

Important Notice from St. Croix Preparatory 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 St. Croix Prep. 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. St. Croix Prep. has determined that the prescription drug coverage offered by the BCBS $1,000-$35, and $3,500-70% plans for the plan year 2026 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.

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

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the BCBS $1,000-$35, and $3,500-70% plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
    - During the Medicare prescription drug annual enrollment period, or
    - If you lose BCBS $1,000-$35, and $3,500-70% plan creditable coverage.
- You may stay in the BCBS $1,000-$35, and $3,500-70% plan and also enroll in a Medicare prescription drug plan. The BCBS $1,000-$35, and $3,500-70% plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the BCBS $1,000-$35, and $3,500-70% plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the BCBS $1,000-$35, and $3,500-70% BCBS $1,000-$35, and $3,500-70% plan, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

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 St. Croix Prep. 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 or call Terri Smith at 651-395-5900.

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 St. Croix Prep. changes. You also may request a copy of this notice at any time.

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:	07/01/2026
Name/Entity of Sender:	St. Croix Preparatory Academy
Contact Position/Office:	Human Resources
Address:	4260 Stagecoach Trail N
Phone Number:	651-395-5900

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

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

Important Notice from St. Croix Preparatory 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 St. Croix Preparatory 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. St. Croix Preparatory Academy has determined that the prescription drug coverage offered by the **Medical Plan - $6350-100%** for the plan year 2026 is, on average for all plan participants, **NOT** expected to pay out as much as standard Medicare prescription drug coverage pays. **Therefore, your coverage is considered Non-Creditable Coverage.** This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the **Medical Plan - $6350-100%**. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage from **Medical Plan - $6350-100%**. However, because your coverage is **non-creditable**, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully – it explains your options.

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 decide to drop your current coverage with St. Croix Preparatory Academy since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under **Medical Plan - $6350-100%.**

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

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the **Medical Plan - $6350-100%** and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date but you **will have to pay a higher premium (penalty)** because you did not have creditable coverage.
- You may stay in the **Medical Plan - $6350-100%** and also enroll in the Medicare prescription drug plan. The **Medical Plan - $6350-100%** will be a primary payer for prescription drugs and Medicare Part D will be a secondary payer.

- You may decline coverage in the **Medical Plan - $6350-100%** and choose to enroll in Medicare as the only payer for all medical and prescription drug expenses. If you do not enroll in the **Medical Plan - $6350-100%**, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to status change under the cafeteria plan or a special enrollment event.

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

Since the coverage under **Medical Plan - $6350-100%** is **not creditable** for the plan year 2026, and depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (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, or call Terri Smith at 651-395-5900.

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 St. Croix Preparatory Academy changes. You also may request a copy of this notice at any time.

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).

Date:	07/01/2026
Name/Entity of Sender:	St. Croix Preparatory Academy
Contact Position/Office:	Human Resources
Address:	4260 Stagecoach Trail N
Phone Number:	651-395-5900

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, 2026. 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)	Health Insurance Premium Payment (HIPP) Program Website: 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	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
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://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084
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: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	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: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**

Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html 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: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
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://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs 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, 2026, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

U.S. Department of Health and Human Services

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

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)

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

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

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan’s summary plan description.

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.

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.

3. Employer Name: St. Croix Preparatory Academy	4. Employer Identification Number (EIN): 90-0103622	
5. Employer address: 4260 Stagecoach Trail N.	6. Employer phone number: 651 - 395-5900	
7. City: Stillwater	8. State : MN	9. ZIP code: 55082
10. Who can we contact about employee health coverage at this job? Terri Smith		
11. Phone number: 651-395-5903	12. Email address: terrismith@stcroixprep.org	

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

- As your employer, we offer a health plan to:

  ☒ All employees. Eligible employees are:

  Employees working 30+ hours a week.

  ☐ Some employees. Eligible employees are:

- With respect to dependents:

  ☒ We do offer coverage. Eligible dependents are:

  Spouse and children up to age 26.

  ☐ We do not offer coverage.

☒ 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.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers but will help ensure employees understand their coverage choice.