

Medical:

13% increase (15% increase – 2% reduction with Dental coverage change to HealthPartners Dental)

Medical PPO HealthPartners, Inc. (TPA) – renew with HealthPartners – current carrier. All health plans offer creditable coverage for Medicare Part D. Renewal calculation was 32-68%. Put out for bid. Received three responses including one uncompetitive bid and one declination to quote.

Renewal Health Plans for Achieve and Open Access Networks for all plan options:

- \$500-\$25
- \$2000-100%
- \$5500-100%



Nova Classical Academy
 Medical Plan | Benefit Outline and Cost Summary
 Renewal Date: January 1, 2027

In-Network Benefit Outline							Current						Renewal																	
Carrier							\$500 - \$25 -75%		\$2,000 - 100% HSA		\$5,500 - 100% HSA		\$500 - \$25 -75%		\$2,000 - 100% HSA		\$5,500 - 100% HSA													
Plan Number							HealthPartners						HealthPartners																	
							Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6												
Network							Open Access	Achieve	Open Access	Achieve	Open Access	Achieve	Open Access	Achieve	Open Access	Achieve	Open Access	Achieve												
Deductible (Individual / Family)							\$500 / \$1,500		\$2,000 / \$4,000		\$5,500 / \$11,000		\$500 / \$1,500		\$2,000 / \$4,000		\$5,500 / \$11,000													
Deductible Embedded / Non-Embedded							Embedded		Non-embedded		Embedded		Embedded		Non-embedded		Embedded													
Out-of-Pocket Maximum (Individual / Family)							\$3,000 / \$6,000		\$2,000 / \$4,000		\$5,500 / \$11,000		\$3,000 / \$6,000		\$2,000 / \$4,000		\$5,500 / \$11,000													
Coinsurance (In / Out)							75% after deductible		100% / 50%		100% / 50%		75% after deductible		100% / 50%		100% / 50%													
Wellness / Preventive Care							100% (dw)		100% (dw)		100% (dw)		100% (dw)		100% (dw)		100% (dw)													
Primary Care / Specialist Office Visit							\$25 OVC		100% after deductible		100% after deductible		\$25 OVC		100% after deductible		100% after deductible													
Urgent Care / Emergency Room							\$25 UC / 75% ER		100% UC / 100% ER		100% UC / 100% ER		\$25 UC / 75% ER		100% UC / 100% ER		100% UC / 100% ER													
Outpatient Lab / X-Ray							100% (dw)		100% after deductible		100% after deductible		100% (dw)		100% after deductible		100% after deductible													
Complex Imaging (MRI, CAT, PET, et al.)							75% after deductible		100% after deductible		100% after deductible		75% after deductible		100% after deductible		100% after deductible													
Outpatient Surgical Facility							75% after deductible		100% after deductible		100% after deductible		75% after deductible		100% after deductible		100% after deductible													
Inpatient Hospital Facility							75% after deductible		100% after deductible		100% after deductible		75% after deductible		100% after deductible		100% after deductible													
Retail Prescription Drug Copays							Formulary: \$15 Generic / \$35 Brand Non-Formulary: 50% after deductible		0% after deductible for Generic, Formulary, & Non-Formulary		0% after deductible for Generic, Formulary, & Non-Formulary		Formulary: \$15 Generic / \$35 Brand Non-Formulary: 50% after deductible		0% after deductible for Generic, Formulary, & Non-Formulary		0% after deductible for Generic, Formulary, & Non-Formulary													
Rates & Total Cost							1	2	3	4	5	6																		
Employee							13	14	22	25	7	5	\$867.57	\$815.52	\$801.93	\$753.82	\$667.90	\$627.83	\$976.14	\$917.57	\$931.64	\$875.74	\$781.68	\$734.78						
Employee + Spouse							0	0	1	0	0	0	\$1,995.42	\$1,875.70	\$1,844.45	\$1,733.78	\$1,536.17	\$1,444.00	\$2,245.12	\$2,110.42	\$2,142.77	\$2,014.21	\$1,797.87	\$1,690.00						
Employee + Child(ren)							2	1	2	0	0	1	\$1,735.14	\$1,631.03	\$1,603.86	\$1,507.62	\$1,335.79	\$1,255.65	\$1,952.27	\$1,835.13	\$1,863.27	\$1,751.47	\$1,563.36	\$1,469.56						
Family							1	0	1	2	0	0	\$2,906.36	\$2,731.98	\$2,686.47	\$2,525.28	\$2,237.46	\$2,103.21	\$3,270.06	\$3,073.85	\$3,120.99	\$2,933.73	\$2,618.63	\$2,461.51						
Total EEs by Plan							16	15	26	27	7	6																		
Total EEs Overall							97																							
Annual Subtotal							\$211,861		\$156,580		\$304,573		\$286,753		\$56,104		\$52,738		\$238,373		\$176,173		\$353,837		\$333,132		\$65,661		\$61,722	
Percent Change by Plan																			13%		13%		16%		16%		17%		17%	
Annual Premium Total (without HSA)													\$1,068,607												\$1,228,897					
Change from Current																									\$160,290					
Percentage Change																									15.0%					

Notes

- (dw) = deductible waived
- Enrollment is from HP reporting through May 2026.

Nice Health Care:

\$35/PEPM (reduction by \$4/mo. from \$39/PEPM in 2026)

Dental:

Carrier change to HealthPartners Dental with a 2-year rate lock at 19% rate reduction

Rates are effective for 24 months when paired with a HealthPartners medical plan	
Monthly premiums based on number of enrolled employees*	
Enrollment	25-100 employees
Single	\$49.84
Single +1	\$104.17
Family (with bundled discount)	\$124.13

Vision:

3% increase with Vision Avesis, Inc. with a two-year rate guarantee (through 12/31/2028).

Renewal Rates:	Employee	\$11.15
	Employee + Spouse	\$21.13
	Employee + Child(ren)	\$23.24
	Family	\$30.17

Ancillary Coverages:

Life/AD&D: no rate change

Voluntary Life: no rate change

Short Term Disability: no rate change

Long Term Disability: no rate change

Critical Illness: no rate change

Voluntary Accident: no rate change

MN Paid Leave: no rate change