

2025 Employer-Sponsored Benefits Renewal

Medical | HealthPartners released an initial renewal with a 12% increase. USI negotiated on behalf of Nova Classical Academy, and HP released a revised renewal of 10%. HealthPartners is renewing the same 2 plan designs and networks.

Current: Medical Plans: Creditable Rx coverage for 2024.

- \$500-75% OA & Achieve networks.
- \$2000-100% HDHP HSA OA & Achieve network.

Renewal: Medical Plans: Creditable Rx coverage for 2025.

- \$500-75% OA & Achieve networks.
- \$2000-100% HDHP HSA OA & Achieve network.

HealthPartners alternative plan options 1 & 2

- **Plan Option 1:** \$1000-\$40 & \$2500-100% HSA = 4.8% increase.
- **Plan Option 2:** \$1000-\$40 & \$3000-100% HSA = 2.2% increase.

2025 Benefit Changes:

- For HDHP, the deductible will apply to all forms of telehealth, including Virtuwell, that are not preventative in nature.
- Medical injectables and orally administered chemotherapy drugs automatically changed from \$2 copayment not subject to deductible to the plan coinsurance after the deductible for the Copayment plan.

The Minnesota Legislature passed the following benefit mandates for 2025. HealthPartners applies these mandates upon renewal.

New State Benefit Mandates:

- **Amino acid-based formula** (Minnesota Statute 62Q.531)
- **Chronic diseases** (Minnesota Statute 62Q.481)
- **Expanded biomarker testing** (Minnesota Statute 62Q.473)
- **Gender-affirming care** (Minnesota Statute 62Q.585)
- **Intermittent catheters** (Minnesota Statute 62Q.666)
- **Maternity-related facility transfers** (Minnesota Statutes 62A.0411 and 256B.0625)
- **Orthotic and prosthetic devices** (Minnesota Statute 62Q.665)
- **Psychiatric Collaborative Care Model** (Minnesota Statute 62Q.47)
- **Psychiatric Residential Treatment Facilities** (Minnesota Statutes 62A.152 and 62Q.47)
- **Rapid whole genome sequencing** (Minnesota Statute 62A.3098)
- **Scalp hair prostheses** (Minnesota Statutes 62A.28 and 256B.0625)
- **Termination of pregnancy** (Minnesota Statute 62Q.524)

Nice Health Care | Premium increase \$1.00/pepm; 2025 premium: \$39/pepm. A copay will apply for HDHP subscribers beginning 1.1.2025.

Mutual of Omaha Dental | Premium increase of 3% increase until 1.1.2026.

Employee

Lives	Volume	Current Rate	Renewal Rate
69	N/A	\$54.28	\$55.91

Employee and Family

Lives	Volume	Current Rate	Renewal Rate
15	N/A	\$158.75	\$163.51

Mutual of Omaha Life/AD&D, Voluntary Life/AD&D, Short-Term, and Long-Term Disability | No change to premiums.

Avesis Vision Plan | No change to premium; 2nd year of 3-year rate guarantee.

Section 125 Plan | Further is transitioning to Health Equity

- Renewal fee changes:
 - Participant fees are not changing for groups transitioning to HealthEquity.
 - Nova Classical can re-establish their Section 125 POP plan with HealthEquity after the end of their plan year with Further. The cost of the HealthEquity POP plan is \$225.

COBRA Administration | Wex Inc - No fee changes until 9.1.2027



Nova Classical Academy
 Medical Plan
 Benefit Outline and Cost Summary
 January 1, 2025 Upcoming Renewal Date

In-Network Benefit Outline	Current				Renewal				Negotiated Renewal								
	\$500 - \$25 -75%		\$2,000 - 100% HSA		\$500 - \$25 -75%		\$2,000 - 100% HSA		\$500 - \$25 -75%		\$2,000 - 100% HSA						
Carrier	HealthPartners								HealthPartners								
Plan Number	Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 4					
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		\$500 / \$1,500		\$2,000 / \$4,000		\$500 / \$1,500		\$2,000 / \$4,000						
Deductible Embedded / Non-Embedded	Embedded		Embedded		Embedded		Embedded		Embedded		Embedded						
Out-of-Pocket Maximum (Individual / Family)	\$3,000 / \$6,000		\$2,000 / \$4,000		\$3,000 / \$6,000		\$2,000 / \$4,000		\$3,000 / \$6,000		\$2,000 / \$4,000						
Coinsurance (In / Out)	75% after deductible		100% / 50%		75% after deductible		100% / 50%		75% after deductible		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		\$25 OVC		100% after deductible		\$25 OVC		100% after deductible						
Urgent Care / Emergency Room	\$25 UC / 75% ER		100% UC / 100% ER		\$25 UC / 75% ER		100% UC / 100% ER		\$25 UC / 75% ER		100% UC / 100% ER						
Outpatient Lab / X-Ray	75% after deductible		100% after deductible		75% after deductible		100% after deductible		75% after deductible		100% after deductible						
Complex Imaging (MRI, CAT, PET, et al.)	75% after deductible		100% after deductible		75% after deductible		100% after deductible		75% after deductible		100% after deductible						
Outpatient Surgical Facility	75% after deductible		100% after deductible		75% after deductible		100% after deductible		75% after deductible		100% after deductible						
Inpatient Hospital Facility	75% after deductible		100% after deductible		75% after deductible		100% after deductible		75% after deductible		100% after deductible						
Retail Prescription Drug Copays	Formulary: \$15 Generic / \$35 Brand Non-Formulary: 50% after deductible		0% after deductible for Formulary & Non-Formulary		Formulary: \$15 Generic / \$35 Brand Non-Formulary: 50% after deductible		0% after deductible for Formulary & Non-Formulary		Formulary: \$15 Generic / \$35 Brand Non-Formulary: 50% after deductible		0% after deductible for Formulary & Non-Formulary						
Rates & Total Cost	1	2	3	4													
Employee	14	8	33	17	\$623.46	\$586.05	\$580.30	\$545.48	\$695.37	\$653.65	\$651.58	\$612.48	\$682.95	\$641.98	\$639.94	\$601.54	
Employee + Spouse	0	0	1	1	\$1,433.96	\$1,347.92	\$1,334.68	\$1,254.60	\$1,599.35	\$1,503.39	\$1,498.62	\$1,408.70	\$1,570.79	\$1,476.54	\$1,471.86	\$1,383.55	
Employee + Child(ren)	2	2	1	0	\$1,246.91	\$1,172.10	\$1,160.58	\$1,090.95	\$1,390.73	\$1,307.28	\$1,303.14	\$1,224.95	\$1,365.89	\$1,283.94	\$1,279.87	\$1,203.08	
Family	1	0	0	0	\$2,088.58	\$1,963.27	\$1,943.98	\$1,827.35	\$2,329.48	\$2,189.71	\$2,182.77	\$2,051.80	\$2,287.88	\$2,150.61	\$2,143.79	\$2,015.16	
Total Employees by Plan	17	10	35	18													
Total Employees Overall	80																
Annual Subtotal		\$159,730	\$84,391	\$259,742	\$126,333	\$178,153	\$94,125	\$291,647	\$141,850	\$174,972	\$92,445	\$286,437	\$139,317				
Percent Change by Plan										12%	12%	12%	12%	9.5%	9.5%	10.3%	10.3%
Annual Premium Total (without HSA)			\$630,196					\$705,776				\$693,170					
Change from Current								\$75,579				\$62,974					
Percentage Change								12.0%				10.0%					

Notes

- (dw) = deductible waived
- Enrollment is from the 2024 HP Renewal



**Nova Classical Academy
Medical Plan
Benefit Outline and Cost Summary
January 1, 2025 Renewal Date**

In-Network Benefit Outline	Current				Alternate 1				Alternate 2							
	\$500 - \$25 - 75%		\$2,000 - 100% HSA		\$1,000 - \$40		\$2,500 - 100% HSA		\$1,000 - \$40		\$3,000 - 100% HSA					
Carrier	HealthPartners								HealthPartners							
Plan Number	Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3	Plan 4				
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		\$1,000 / \$3,000		\$2,500 / \$5,000		\$1,000 / \$3,000		\$3,000 / \$6,000					
Deductible Embedded / Non-Embedded	Embedded		Non-embedded		Embedded		Non-embedded		Embedded		Non-embedded					
Out-of-Pocket Maximum (Individual / Family)	\$3,000 / \$6,000		\$2,000 / \$4,000		\$4,250 / \$8,500		\$2,500 / \$5,000		\$4,250 / \$8,500		\$3,000 / \$6,000					
Coinurance (In / Out)	75% after deductible		100% / 50%		75% after deductible		100% / 50%		75% after deductible		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		\$40 OVC		100% after deductible		\$40 OVC		100% after deductible					
Urgent Care / Emergency Room	\$25 UC / 75% ER		100% UC / 100% ER		\$40 UC / 75% ER		100% UC / 100% ER		\$40 UC / 75% ER		100% UC / 100% ER					
Outpatient Lab / X-Ray	75% after deductible		100% after deductible		75% after deductible		100% after deductible		75% after deductible		100% after deductible					
Complex Imaging (MRI, CAT, PET, et al.)	75% after deductible		100% after deductible		75% after deductible		100% after deductible		75% after deductible		100% after deductible					
Outpatient Surgical Facility	75% after deductible		100% after deductible		75% after deductible		100% after deductible		75% after deductible		100% after deductible					
Inpatient Hospital Facility	75% after deductible		100% after deductible		75% after deductible		100% after deductible		75% after deductible		100% after deductible					
Retail Prescription Drug Copays	Formulary: \$15 Generic / \$35 Brand Non-Formulary: 50% after deductible				0% after deductible for Formulary & Non-Formulary				Formulary: \$15 Generic / \$35 Brand Non-Formulary: 50% after deductible				0% after deductible for Formulary & Non-Formulary			
Rates & Total Cost																
	1	2	3	4												
Employee	13	11	31	21	\$623.46	\$586.05	\$580.30	\$545.48	\$653.14	\$613.95	\$608.30	\$571.80	\$653.14	\$613.95	\$585.24	\$550.13
Employee + Spouse	0	0	1	2	\$1,433.96	\$1,347.92	\$1,334.68	\$1,254.60	\$1,502.21	\$1,412.08	\$1,399.08	\$1,315.14	\$1,502.21	\$1,412.08	\$1,346.05	\$1,265.29
Employee + Child(ren)	3	3	2	0	\$1,246.91	\$1,172.10	\$1,160.58	\$1,090.95	\$1,306.26	\$1,227.89	\$1,216.58	\$1,143.59	\$1,306.26	\$1,227.89	\$1,170.47	\$1,100.24
Family	0	0	1	1	\$2,088.58	\$1,963.27	\$1,943.98	\$1,827.35	\$2,188.00	\$2,056.72	\$2,037.78	\$1,915.52	\$2,188.00	\$2,056.72	\$1,960.54	\$1,842.91
Total Employees by Plan	16	14	35	24												
Total Employees Overall	89															
Annual Subtotal		\$142,149	\$119,554	\$283,069	\$189,500	\$148,915	\$125,245	\$296,728	\$198,643	\$148,915	\$125,245	\$285,480	\$191,115			
Percent Change by Plan						4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	0.9%	0.9%			
Annual Premium Total (without HSA)			\$734,272					\$769,532				\$750,755				
Change from Current								\$35,260				\$16,483				
Percentage Change								4.8%				2.2%				

Notes

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- Enrollment is from the 2025 HP Renewal