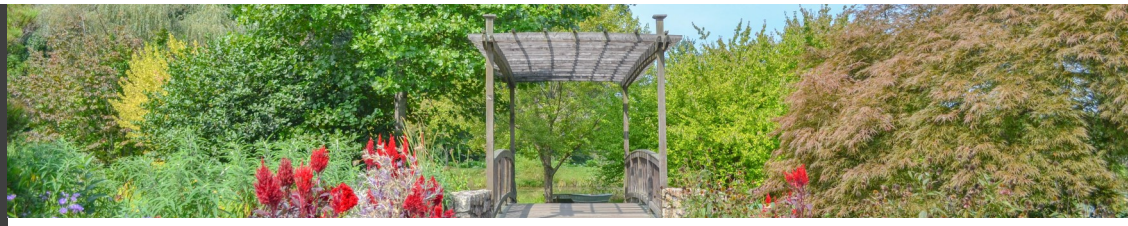
NOVA PARKS

2026

BENEFITS GUIDE

Full-Time Employees



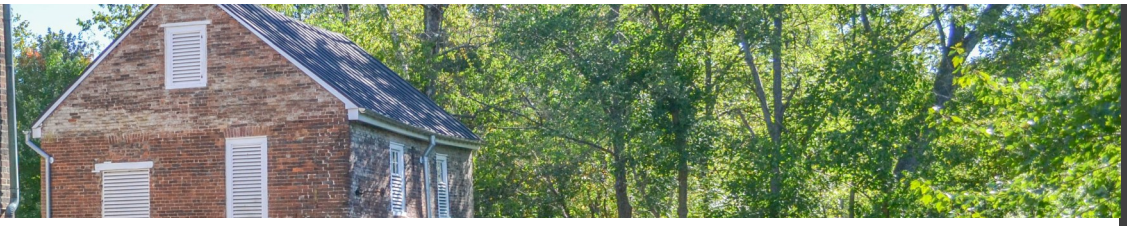
CONTENTS

Dear NOVA Parks Colleague:

NOVA Parks cares about the health and well-being of you and your family, and we are dedicated to providing you with a comprehensive benefits package. We encourage you and your dependents to become familiar with the resources and providers listed in this benefits guide.

As an active, full-time employee, you are eligible for a variety of valuable benefits such as health insurance, dental and vision benefits, flexible spending plans, and an employee assistance program. NOVA Parks is also pleased to provide employer-paid life, AD&D, short term disability, and long term disability insurance, as well as access to optional employee-paid voluntary benefits including additional life and AD&D insurance. Premiums for all health, dental, and vision benefits are deducted on a bi-weekly, pre-tax basis over 26 pay periods. Premiums for the additional life, accident, critical illness and pet coverages are deducted over 24 pay periods.

Consider your benefit options carefully before you make your benefit elections. The benefits you choose will be in place from your eligibility date through the end of the calendar year, unless you have an IRS qualifying event during the year such as marriage, birth, death, etc. It is the employee's responsibility to notify Human Resources of any mid-year qualifying events that affect their coverage within 30 days of the event.



BenefitsVIP®
Help starts here.

HELP STARTS HERE

BenefitsVIP is a powerful, one-stop contact center staffed by seasoned professionals. Your dedicated team of employee benefits advocates is ready to help you and your family members resolve your **Kaiser, MetLife, Avēsis, Renaissance, iSolved, MetLife, Pet Benefit Solutions,** and **INOVA EAP** benefits issues.

For service that's confidential and responsive, contact:

866.293.9736

Monday—Friday
8:30am—8:00pm (ET)
Fax: 856.996.2755
solutions@benefitsvip.com

QUESTIONS ANSWERED HERE

COMPLETELY CONFIDENTIAL! Your dedicated BenefitsVIP advocates understand your benefit plans and are able to answer benefit questions and quickly resolve claims and eligibility issues. A majority of inquiries are resolved the same day and all calls adhere to privacy best practices.

Please note, BenefitsVIP is limited in their ability to service questions and concerns that apply to the Cigna medical and EyeMed plans.

BenefitsVIP.com

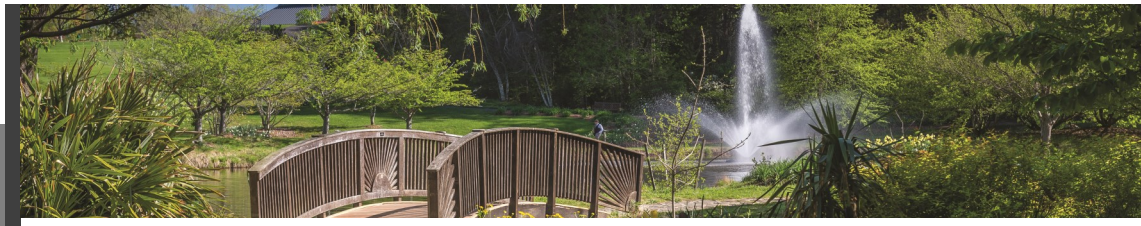
ADVOCACY

BENEFITSVIP.COM

Request member assistance and order ID cards with a click.

HEALTHDISCOVERY.ORG

Get vital, useful and fun health insurance and wellness facts.



MEDICAL

CIGNA PLANS

NOVA Parks offers two medical plans, managed by Cigna. These plans offer out-of-network coverage and include vision benefits (pg.9). To find a doctor, log on to www.mycigna.com.

CO-INSURANCE

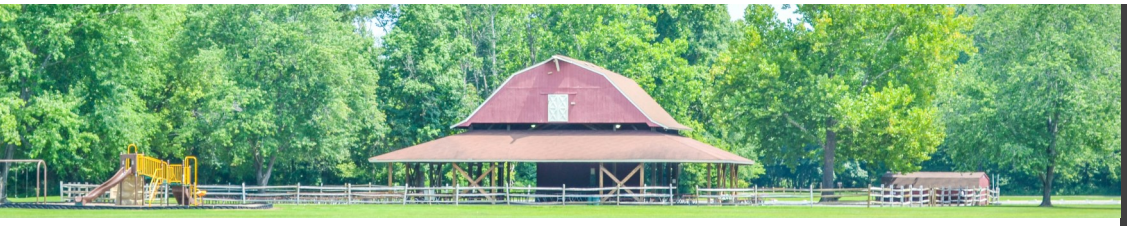
Cigna's share of the cost of a covered health service, calculated as a percent of the allowed amount for the service. You pay the remaining co-insurance, copays, and any deductibles you owe.

OAP 80% CO-INSURANCE

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician (PCP)	80%*	60%*
Specialty Care	80%*	60%*
Annual Deductible	**$500 Individual** **$1,000 Family**	**$1,000 Individual** **$2,000 Family**
Out-of-Pocket Maximum	**$3,000 Individual** **$6,000 Family**	**$6,000 Individual** **$12,000 Family**
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	100%	**Through age 17:** 60% **Ages 18 and older:** 60%*
Inpatient Hospital Facility	80%*	60%*
Outpatient Hospital Facility	80%*	60%*
Outpatient Professional Service	80%*	60%*
Chiropractic Care	80%*	60%*[1]
Hearing Aids	80%*[2]	80%*[2]
Emergency Room	80%*	80%*
Urgent Care Facility	80%*	80%*
Mental Health & Substance Abuse Treatment (In-Patient)	80%*	60%*
Annual Prescription Drug Deductible	$200 Individual $400 Family	
Annual Prescription Drug Out-of-Pocket Maximum	$2,500 Individual $5,000 Family	
Prescription Drug **Retail** 30 day supply	Generic: $10 copay* Preferred Brand: 80%* (max. $55) Non-Preferred: 65%* (max. $110) Specialty: 65%* (max. $110)	60%*
Prescription Drug **Home Delivery** 90 day supply	Generic Maintenance: $0 copay* Generic Non-Maintenance: $20 copay* Preferred Brand: 80%* (max. $110) Non-Preferred: 65%* (max. $220)	Not Covered

BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS
Individual	$64.85	$367.51
Employee + 1	$210.61	$631.85
Family	$314.26	$942.79

* After applicable deductible
[1] Maximum 12 visits per year
[2] Maximum benefit is $3,000 every 24 months



MEDICAL

OAP 90% CO-INSURANCE

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician (PCP)	90%*	70%*
Specialty Care	90%*	70%*
Annual Deductible	**$350 Individual** **$700 Family**	**$700 Individual** **$1,400 Family**
Out-of-Pocket Maximum	**$2,500 Individual** **$5,000 Family**	**$5,000 Individual** **$10,000 Family**
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	100%	**Through age 17:** 70% **Ages 18 and older:** 70%*
Inpatient Hospital Facility	90%*	70%*
Outpatient Hospital Facility	90%*	70%*
Outpatient Professional Service	90%*	70%*
Chiropractic Care	90%*	70%*[1]
Hearing Aids	90%*[2]	90%*[2]
Emergency Room	90%*	90%*
Urgent Care Facility	90%*	90%*
Mental Health & Substance Abuse Treatment (In-Patient)	90%*	70%*
Annual Prescription Drug Deductible	$75 Individual $150 Family	
Annual Prescription Drug Out-of-Pocket Maximum	$2,000 Individual $4,000 Family	
Prescription Drug **Retail** 30 day supply	Generic: $7 copay* Preferred Brand: 80%* (max. $50) Non-Preferred: 70%* (max. $100)	70%*
Prescription Drug **Home Delivery** 90 day supply	Generic Maintenance: $0 copay* Generic Non-Maintenance: $14 copay* Preferred Brand: 80%* (max. $100) Non-Preferred: 70%* (max. $200)	Not Covered

BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS
Individual	$93.47	$529.72
Employee + 1	$305.97	$917.93
Family	$450.02	$1,350.08

* After applicable deductible

[1] Maximum 12 visits per year

[2] Maximum benefit is $3,000 every 24 months

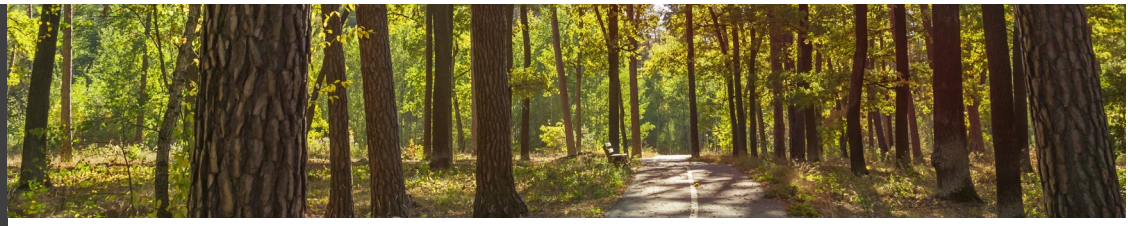
CIGNA PRESCRIPTION

Most diabetic medications and supplies are free for participants in all Cigna managed plans when the prescription is filled via home delivery pharmacy or at a retail pharmacy.

Generic Preventive Medications are $0 and any deductible is waived.

A 90-day supply from a Retail Pharmacy is only available at a Cigna 90 Now Participating Pharmacy.

MEDICAL



KAISER PERMANENTE®

KAISER PERMANENTE INSURANCE PLANS

NOVA Parks offers two Kaiser Permanente insurance plans; the HMO Signature and HMO Select. These plans only provide in-network coverage — **no out-of-network benefits are available.**

The HMO Select plan has the same benefits as the HMO Signature plan, but offers a larger network of doctors to choose from. In other words, the HMO Select plan does not require you or your dependents to visit a Kaiser Permanente medical facility for care, while the HMO Signature plan is a local HMO medical center based design.

Visit www.kp.org or call 1.855.249.5018 for a list of network providers.

	HMO SIGNATURE	HMO SELECT
BENEFIT	**IN-NETWORK ONLY**	**IN-NETWORK ONLY**
Primary Care Physician (PCP)	$10 copay[1]	$10 copay[1]
Specialty Care	$20 copay	$20 copay
Annual Deductible	**None**	**None**
Out-of-Pocket Maximum	**$3,500 Individual $9,400 Family**	**$3,500 Individual $9,400 Family**
Preventive Care—All Ages Routine Preventive Care Immunizations Mammogram, PAP, PSA Tests	No charge	No charge
Inpatient Hospital Facility	$100 per admission	$100 per admission
Outpatient Hospital Facility	$50 per visit	$50 per visit
Outpatient Professional Service	$50 copay	$50 copay
Chiropractic Care	Not covered	Not covered
Hearing Aids	Not covered	Not covered
Emergency Room	$50 copay[2]	$50 copay[2]
Urgent Care Facility	$20 copay	$20 copay
TMJ, Surgical and Non-Surgical Physician's Office	Copay costs vary based on location of service	Copay costs vary based on location of service
In-Patient Mental Health & Substance Abuse Treatment	$100 per admission[3]	$100 per admission[3]
Annual Prescription Drug Deductible	None	None
Annual Prescription Drug Out-of-Pocket Maximum	Combined with medical	Combined with medical
Prescription Drug **Kaiser Pharmacy** 30 day supply	Generic: $10 copay Preferred Brand: $20 copay Non-Preferred: $35 copay Mail Order[4]: $20/$40/$70	Generic: $10 copay Preferred Brand: $20 copay Non-Preferred: $35 copay Mail Order[4]: $20/$40/$70
Prescription Drug **Community Pharmacy** 30 day supply	Generic: $20 copay Preferred Brand: $40 copay Non-Preferred: $55 copay	Generic: $20 copay Preferred Brand: $40 copay Non-Preferred: $55 copay

BI-WEEKLY CONTRIBUTIONS	EMPLOYEE	NOVA PARKS	EMPLOYEE	NOVA PARKS
Individual	$52.88	$299.71	$55.23	$312.97
Two-Party	$176.29	$528.90	$184.10	$552.30
Family	$255.63	$766.90	$266.94	$800.84

[1] No charge for children under 5 years old
[2] Copay waived if admitted
[3] Outpatient: $10 per individual visit / $5 per group visit
[4] 90 day supply

DENTAL

MetLife

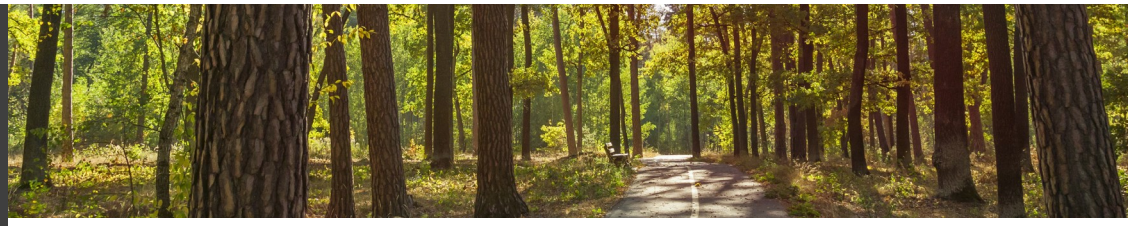
METLIFE DENTAL

NOVA Parks offers two MetLife dental plans; a low plan and a high plan. To locate a dentist, visit www.metlife.com/dental or call 1.800.275.4638.

You may choose either an in or out-of-network dentist. However, if you choose an out-of-network dentist, your out-of-pocket costs may be higher. Before receiving service, MetLife recommends that you request a pre-treatment estimate for services in excess of $300. Your dentist can submit a request online at dentalprovider.metlife.com/presignin or can call 1.877.MET.DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office!

	LOW PLAN		HIGH PLAN	
BENEFIT	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	**Individual:** $50 **Family:** $150	**Individual:** $50 **Family:** $150	**Individual:** $50 **Family:** $150	**Individual:** $50 **Family:** $150
Annual Maximum	$1,000		$2,000	
Diagnostic & Preventive Services Prophylaxis (Cleanings, up to 4 per plan year); Oral Examinations; Topical Fluoride (up to age 14); Bitewing; X-rays	100%	60%	100%	100%
Basic Services Problem Focused Examinations; Fillings; Extractions; Oral Surgery; Endodontics; Scaling, Root Planning, and Periodontal Surgery; Anesthesia; Repairs; Sealants and Space Maintainers (up to age 14)	80%*	40%*	90%*	90%*
Major Services Bridge and Dentures; Crowns, Inlays, Onlays, Implants; Consultations	50%*	10%*	60%*	60%*
Orthodontia Services	Not Covered		Not Covered	
BI-WEEKLY CONTRIBUTIONS	**EMPLOYEE**		**EMPLOYEE**	
Individual Two-Party Family	$12.76 $26.11 $45.14		$19.39 $39.48 $66.77	

* After deductible



VISION

avēsis ESSENTIAL BENEFITS

AVESIS VISION

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	$10 copay	Up to $35 reimbursement
Frequency Exam/Lenses or Contacts/Frames	12 /12 /12 months	
Frames	$120 allowance[1]	Up to $45 reimbursement
Lenses		
Single Vision Lenses	Covered in full after $15 copay	Up to $25 reimbursement
Bifocal Vision Lenses	Covered in full after $15 copay	Up to $40 reimbursement
Trifocal Vision Lenses	Covered in full after $15 copay	Up to $50 reimbursement
Polycarbonate Lenses (Single/Multi-Focal)	Covered in Full	Up to $10
Standard Scratch-Resistant Coating	Covered in Full	Up to $5
Ultra-Violet Screening	Covered in Full	Up to $6
Solid or Gradient Tint	Covered in Full	Up to $4
Standard Anti-Reflective Coating	Covered in Full	Up to $24
Level 1 Progressive	$75 copay	Up to $40
Level 2 Progressive	$110 copay	Up to $40
Transitions (Single/Multi-Focal)	$70/$80 copay	N/A
Polarized	$75 copay	N/A
PGX/PBX	$40 copay	N/A
Other Lens Options	Up to 20% discount	N/A
Contact Lenses[2]		
Standard Contact Lens Fitting & Follow-up	$50 maximum copay	n/a
Elective Contact Lenses	$110 allowance	Up to $85 reimbursement
Medically Necessary Contact Lenses[3]	Covered in full	Up to $250 reimbursement

BI-WEEKLY CONTRIBUTIONS	EMPLOYEE
Employee Only	$3.65
Employee + Spouse	$7.01
Employee + Child(ren)	$7.65
Employee + Family	$9.88

[1] Up to 20% discount above frame allowance
[2] In lieu of frame and spectacle lenses
[3] Prior authorization is required for medically necessary contacts

To locate in-network providers, call 800.828.9341 or visit www.avesis.com. Members who use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement.

VISION

	EYEMED		KP*
BENEFIT	**IN-NETWORK**	**OUT-OF-NETWORK**	**ONLY IN-NETWORK & DEPENDENT COVERAGE**
Eye Exam	No charge	Up to $40 reimbursement	$10-20 copay[1]
Frequency Exam/Frames & Lenses/Contacts	12/12/12 months		12/12/12 months[2,3]
Frames	$150 allowance[4]	Up to $50 reimbursement	No charge[5]
Lenses			
Single Vision Lenses	No charge	Up to $50 reimbursement	No charge[5]
Bifocal Vision Lenses	No charge	Up to $75 reimbursement	No charge[5]
Trifocal Vision Lenses	No charge	Up to $100 reimbursement	Not covered
Contact Lenses			
Standard Fitting & Follow-up	Up to $40 copay	Not covered	Not covered
Premium Fitting & Follow-up	10% off retail price	Not covered	Not covered
Conventional Lenses	$150 allowance[6]	Up to $140 reimbursement	1 pair covered in full
Disposable Lenses	$150 allowance	Up to $140 reimbursement	1 pair covered in full
Medically Necessary Lenses[7]	No charge	Up to $225 reimbursement	2 pair covered in full

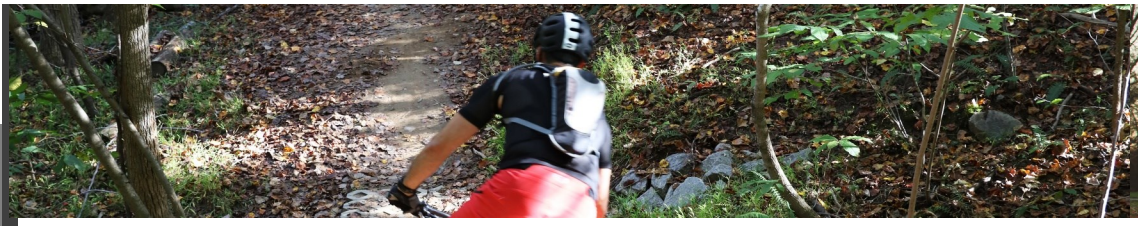
*No coverage for ages 19 and older, discounts available
1 Optometrist $10 copay / Ophthalmologist $20 copay
2 Frames & Lenses in lieu of contact lenses
3 Contact Lenses in lieu of frames & lenses
4 20% off balance over $150
5 Some limitations apply
6 15% off balance over $150
7 Medically Necessary Lenses require prior approval

EYEMED VISION

If you are enrolled in a Cigna insurance plan, vision insurance, provided by EyeMed, is included. You have access to providers such as Target Optical, LensCrafters, MyEyeDr, and America's Best. To find a vision provider or discounts, visit www.eyemed.com.

KAISER PERMANENTE (KP) VISION

If your dependents under age 19 are enrolled in the Kaiser Permanente insurance plan offered by NOVA Parks, they have vision benefits included. You and your dependents over the age of 19 have an exam benefit included with your medical insurance. A routine exam is a $10 copay. You may be eligible to receive a discount on your eyeglass lenses, contacts and frames. Visit www.kp.org for more information.



FSA

BUDGET APPROPRIATELY

FSAs are typically "use it or lose it" type programs meaning if you do not use all of the funds you elect to contribute to your FSA during the plan year, you will lose those remaining funds. This is why it is important for you to budget appropriately and use all of the funds within the FSA plan year. With a Health Care FSA, you will be eligible to carryover amounts up to $680 into the next plan year. The only time you may make a change to your contribution amount is during open enrollment or if you experience an IRS qualified status change.

Internal Revenue Service tax regulations require participants to make a new election each year. In other words, you must complete a new enrollment form each year.

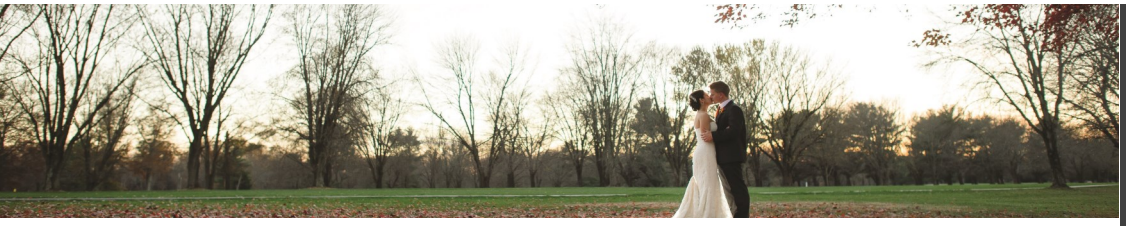
WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars from your pay which may be used to cover out-of-pocket health care expenses incurred by you or your dependents, as well as dependent day care expenses throughout the year.

SAVE ALL RECEIPTS

You must save all receipts from purchases made on your FSA debit card, if provided one. iSolved may request that you substantiate your FSA health care purchases.

ACCOUNT TYPE	EXAMPLES OF ELIGIBLE EXPENSES	CONTRIBUTION LIMITS	ACCESS TO FUNDS	PRE TAX BENEFIT
Health Care FSA	• Medical Plan Deductibles • Most Insurance Co-payments • Prescription Drugs • Vision Exams • Eyeglasses/Contacts • Laser Eye Surgery • Dental • Orthodontia (Braces)	2026 maximum contribution is $3,400 per year	Allows immediate access to the entire contribution amount from the 1st day of the benefit year, before all scheduled contributions have been made	Save 20% - 40% on your health care expenses Save on purchases not covered by insurance Reduce your taxable income
Dependent Care FSA	• Daycare • Day Camp • Eldercare • Before and After School Care	2026 maximum contribution is $7,500 per year ($3,750 if married and file separate tax returns)	You will be able to submit claims up to your year-to-date accumulated amount in your account (You will only be reimbursed based on your accumulated contribution amounts)	Save 20% - 40% on your dependent care expenses Reduce your taxable income



ACCIDENT AND CRITICAL ILLNESS

MetLife

Voluntary Accident and Critical Illness

NOVA Parks offers employees the opportunity to enroll in Accident and Critical Illness coverage through MetLife. Even with medical insurance, you could still be subject to unexpected out-of-pocket expenses in the form of copays, deductibles, and coinsurance. Voluntary Benefits provide lump sum payments to be used toward your health care expense, or however you see fit.

Please note that availability of these coverages is dependent on NOVA Parks meeting minimum participation requirements.

Accident

Accident Insurance is an extra layer of protection that gives you a cash payment to cover out-of-pocket expenses when you suffer an unexpected, qualifying accident. This add-on provides a lump sum benefit after you suffer an accident such as a severe burn, broken bone, or emergency room visit. This is a voluntary benefit. *Employees are responsible for the cost of this benefit.*

ACCIDENT (PER PAY PERIOD CONTRIBUTIONS)	LOW PLAN	HIGH PLAN
Employee Only	$4.48	$5.88
Employee + Spouse	$8.87	$11.59
Employee + Child(ren)	$10.60	$13.81
Family	$12.56	$16.37

Critical Illness

Critical Illness Insurance is designed to provide payment for expenses not covered by your health insurance relating to a serious injury like cancer, heart attack, or stroke. This is a supplemental policy for people already covered by health insurance to help cover expenses such as deductibles, treatments, and living costs. This is a voluntary benefit. *Employees are responsible for the cost of this benefit.*

Critical illness premiums vary based on age, tier, and benefit amount. The critical illness plan allows for the choice of either a $15,000 or $30,000 benefit for the employee, with a spouse and children benefit amount of 50% of the employee's election.

Premiums can be obtained from Human Resources.

PET BENEFITS

Pet Benefit Solutions (PBS)

NOVA Parks offers employees the opportunity to enroll in pet benefits through PBS because pets are family too! The Total Pet and Wishbone Plans include a variety of benefits to meet the needs of employees and their animal companions.

Total Pet Plan - (Total Pet Plan Intro Video)

- **ASKVET** Connect with a licensed veterinarian 24/7 and have access real-time vet support, even when your vet's office is closed. AskVet provides unlimited support on your pet's health, wellness, behavior and more. Covers dogs & cats.
- **PET ASSURE** Veterinary Discount Plan that provides a 25% discount on in-house medical services at any participating vet and Lost Pet Recovery Service from ThePetTag. You can search for participating practices by visiting www.petbenefits.com/search. Mention that you're a Pet Assure member when you call to make an appointment. If a vet you would like to visit does not participate, you can invite them to join by clicking the "Invite to Pet Assure" button. Pet Assure offers no exclusions for type, breed, age, or pre-existing conditions. Covers all pets.
- **PETPLUS** Receive member-only pricing (up to 40% off) on prescription medications, preventatives, food, toys, treats & more. Shipping is always free and same-day pickup is available for human-grade medications. PetPlus covers dogs & cats.
- **PETTAG** A durable tag can be scanned from any smart phone to access your contact information. Instantly update contact information online, even after your pet goes missing. PetTag covers any pet wearing a collar!

TOTAL PET PLAN RATES	PER PAY PERIOD CONTRIBUTIONS
1 Pet	$5.88
2+ Pets	$9.25

Wishbone Accident and Illness Pet Plan - (Wishbone Intro Video)

- **Benefits** 80% reimbursement (90% if also enrolled in Wishbone Wellness) and a $250 deductible means that your pet will get quality care at a price that is right for you.
- **PETTAG** A durable tag can be scanned from any smart phone to access your contact information. Instantly update contact information online, even after your pet goes missing. PetTag covers any pet wearing a collar!
- **ASKVET** Get help anytime from an AskVet veterinarian 24/7 via live chat.

Wishbone Wellness Plans:

- **Plans** Two care plan options with up to $575 of annual benefits, no accident and illness coverage required to enroll.
- **Benefits** Receive reimbursement on wellness visits, vaccinations, preventatives and more

WISHBONE WELLNESS RATES	DIRECT PAY
Essential	$14 a month
Premium	$25 a month

Wishbone Accident and Illness Rates:

Wishbone Accident and Illness rates vary and are based on zip code, age of pet, and additional factors, starting at $12/month.

Wishbone Enrollment and Direct Pay:

Enrollments and Payments for Wishbone Wellness Plans and Accident and Illness Plans are made directly at www.wishboneinsurance.com/novaparks.

Wishbone Enrollment, Coverage and Contact Info:

The Wishbone Insurance plan covers dogs and cats only. If you are interested in enrolling or have questions on the Wishbone Wellness Plan or Accident and Illness Coverage, please contact: customercare@petbenefits.com or call (800) 891-2565.

LIFE & DISABILITY

Renaissance
Life & Health Insurance Company of America

TERM LIFE AND AD&D INSURANCE

Life Insurance coverage provides important financial protection for your family in the event of your death. Accidental death and dismemberment (AD&D) insurance coverage provides financial protection in the event of death, loss of hand, feet, and/or vision due to a covered accident. NOVA Parks provides all active full-time employees with Term Life and AD&D coverage through Renaissance. The benefit amount is your annual salary rounded to the nearest thousand not to exceed $100,000. Benefit reductions begin when the employee reaches the age of 65. NOVA Parks pays the full cost of this benefit.

VOLUNTARY TERM LIFE AND AD&D INSURANCE

Full-time employees are eligible to purchase voluntary life insurance through Renaissance in increments of $10,000, with an overall benefit up to the lesser of five times their annual salary or $500,000. Spouse insurance is available in $5,000 increments, up to a maximum of $100,000, not to exceed 50% of the employee's amount. Dependent children can have coverage amounts in $1,000 increments, up to $10,000. During open enrollment, Renaissance allows for employees with existing coverage to increase their election by $10,000 (up to $100,000) without a medical questionnaire. Medical underwriting is required for all other increases outside of the initial enrollment window or initial elections over $100,000. Any costs associated with record requests or testing for the medical underwriting will be at the employee's expense. Premiums are based on employee age and amount of coverage elected. Employees are responsible for 100% of the cost of this benefit.

SHORT TERM DISABILITY

Short term disability (STD) is designed to provide income replacement if you become disabled due to an accident or illness and are unable to work. NOVA Parks provides all active full-time employees with STD coverage through Renaissance. The STD benefit replaces 60% of your gross salary with a maximum of $1,200 per week. NOVA Parks pays the full cost of this benefit.

LONG TERM DISABILITY

Long term disability (LTD) is designed to provide income replacement if you become disabled due to an accident or extended illness and are unable to work. NOVA Parks provides all active full -time employees with LTD coverage through Renaissance. The LTD benefit replaces 60% of your gross salary to a maximum of $5,000 per month. NOVA Parks pays the full cost of this benefit.

MissionSquare RETIREMENT

DEFERRED COMPENSATION ELIGIBILITY

Employees are eligible to enroll at any time. Changes to the amounts that you contribute can be made on a bi-weekly basis.

Important to note is that you are not allowed to borrow or withdraw any funds from this account while employed with NOVA Parks.

RETIREMENT PLAN ELIGIBILITY

Full-time employees are automatically enrolled and covered.

RETIREMENT PLAN MANDATORY WITHHOLDINGS

Employees contribute 5% of their salary through 26 bi-weekly pre-tax payroll deductions per calendar year.

DEFERRED COMPENSATION

The NOVA Parks Deferred Compensation Plan is administered by MissionSquare Retirement. This plan provides employees with an opportunity to save a portion of their wages for retirement on a pre-tax basis. The program is governed by Section 457 of the Internal Revenue Code and is designed to complement NOVA Parks' defined benefit retirement plan.

The annual deferral limit is set each year, with some employees eligible to make catch-up contributions. If you have questions about your account or catch-up contributions, please contact Human Resources or reach out to MissionSquare Retirement directly at www.missionsq.org or 1.800.669.7400.

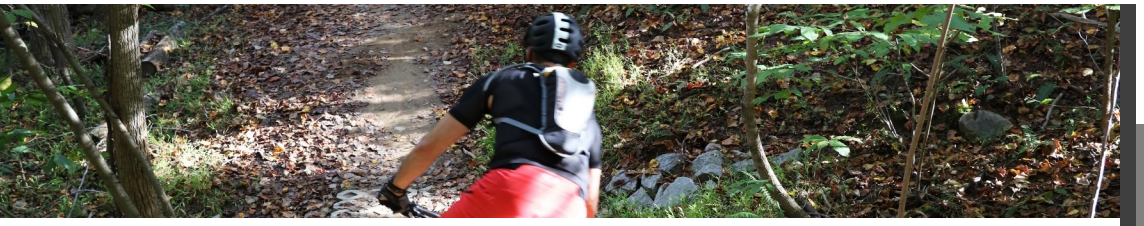
DEFINED BENEFIT RETIREMENT PLAN

The NOVA Parks Defined Benefit Retirement Plan is an annual annuity (payable monthly) equal to the employee's average final compensation, multiplied by the number of years of creditable service and 1.9% or 2.1%.* Various annuity forms are available, including survivor benefits for married retirees. There are options for both early and normal retirement. Detailed information is in the Retirement Plan document.

* 1.9% for employees hired after July 1, 2002 and 2.1% for employees hired prior to July 1, 2002.

RETIREE HEALTH INSURANCE

Qualified retirees may participate in the health insurance program. Retirees are subject to the same procedures and rules as active employees. The Retirement Plan will pay a portion of the premium, not to exceed the cap, based on years of service.



LIFE ASSIST

Renaissance
Life & Health Insurance Company of America

TRAVEL ASSISTANCE

Whether employees are traveling on business or pleasure, an unexpected illness, virus exposure, toothache, or lost baggage can ruin a trip. With travel assistance services, you have access to emergency transportation, travel support, personal and security assistance, and concierge services while traveling. With a local presence in 200 countries and territories, and 365 24/7 assistance centers staffed with multilingual assistance coordinators, case managers, medical staff and security, travel assistance helps you obtain the care you need in case of an emergency while traveling. In the event of a life-threatening emergency, call local emergency authorities first for immediate assistance, then contact Generali Global Assistance (GGA).

IDENTITY THEFT RESOLUTION ASSISTANCE

With increasing cyber security risks and the significant stress that may be associated with having one's identity stolen, employees may benefit from a resource that will help them restore their identity if they find themselves to be victims of ID Theft.

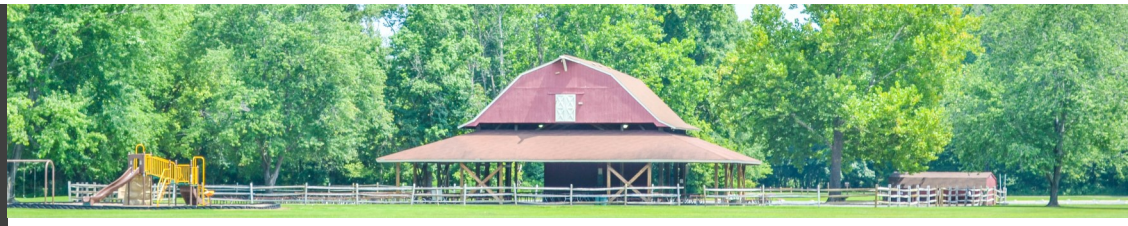
- Certified Resolution Specialists available 24/7 to help resolve any issues that arise
- Assistance with affidavit submission-used to dispute any fraudulent activity to the authorities, credit bureaus and creditors on a Member's behalf
- Creditor Notification, Dispute and Follow-Up
- Assistance in reporting fraudulent activity to the law enforcement and forwarding a report to creditors

BENEFICIARY COMPANION ASSISTANCE

At a time of loss, many survivors may not want to make phone calls and handle paperwork. Our Beneficiary Companion Assistance helps take care of the administrative details involved in closing a loved one's affairs, and helps relieve the stress of paperwork, allowing beneficiaries to focus on the healing process.

- 24/7 counsel and guidance
- Identity protection and resolution assistance in the event of theft
- Notification assistance, third-party vendor and bank communications, social media closure
- Assistance in managing insurance and a loved one's final affairs

To contact Life Assist, call their 24/7 assistance line at **1.833.960.1152** (Toll-free)



Inova™

EAP ON THE GO

iConnectYou is your EAP app that instantly connects you with professionals for instant support and help finding resources for you and your family. App features:

- Calls
- Instant messaging
- Video
- Make appointments
- Your app history
- Self-help resources and articles
- Account information

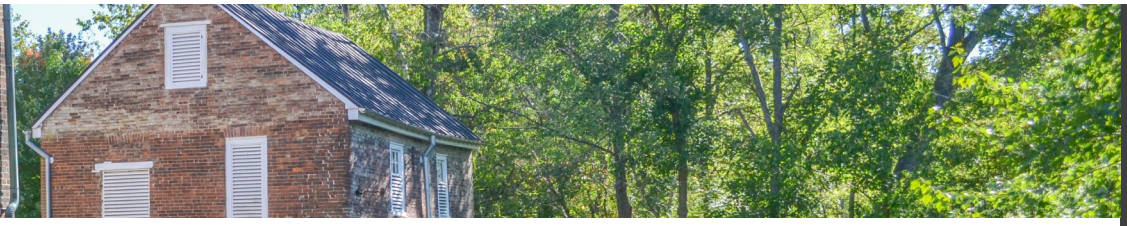
To access iConnectYou, download the app from the App Store (iPhone) or Google Play (Android) and register using the iCY passcode: 28185.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) is a free, confidential employee assistance service that offers practical, real-world solutions to help you manage problems before they adversely affect your personal life, health, and job performance. Full time employees and their household members are eligible for EAP services. The EAP includes:

- Confidential counseling
  Short-term counseling services can help you find solutions to problems ranging from family or workplace frustrations to alcohol or drug abuse. Professional counselors define the problem, provide support, and offer guidance and referrals.
- Legal services
  One free 30-minute consultation with an in-network attorney and a 25% discount off the attorney's hourly rate if you choose to retain that attorney. Access wills, advance directives and other legal documents online.
- Financial services
  Speak with a financial professional at no charge regarding such issues as retirement planning, debt consolidation, funding a child's college education, mortgage loan options and a variety of other financial concerns. Callers receive up to 60 minutes of telephonic consultation per issue. Financial information, tools and calculators are available online.
- Work Life referral services
  Work Life consultants will assess your needs, pinpoint appropriate resources, and suggest guidelines for evaluating those resources. Consultants can locate resources in a variety of areas, including child care, elder care, identity theft, education information, health and wellness, pet services, and more.
- Online resources
  An interactive web service that provides 24-hour access to an extensive library of nationwide Work Life resources and interactive tools.

Call 1.800.346.0110 or log in to www.inova.org/eap for support, referrals, and resources. Username: NVRPA Password: NVRPA



VACATION

- Less than 3 years of service – 4 hours per pay period (equivalent to 13 days per year)
- 3 years but less than 15 years of service – 6 hours per pay period plus 4 hours on anniversary date (equivalent to 20 days per year)
- 15 years of service or more – 8 hours per pay period (equivalent to 26 days per year)

SICK LEAVE

- 4 hours per pay period (equivalent to 13 days per year)

HOLIDAYS

- New Year's Day
- Martin Luther King, Jr. Day
- Inauguration Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veterans Day
- Thanksgiving and following Day
- Christmas Eve
- Christmas Day

TUITION ASSISTANCE PROGRAM

NOVA Parks offers eligible full-time employees benefits under a Tuition Assistance Program. This program provides you tuition assistance to pursue undergraduate or graduate courses from accredited educational institutions so long as the course is related to your current job duties, advancement/promotional opportunities with NOVA Parks, or is required as a core course to complete a job-related degree.

Eligible full-time employees are regularly scheduled to work 40 hours per week and have worked 12 consecutive months. If you are eligible, you can apply to receive reimbursement for up to 9 credit hours per fiscal year. This reimbursement is a tax-free benefit.

For questions or to apply for Tuition Assistance, please reach out to Human Resources.

PARK USE PASS

Full-time NOVA Parks employees are eligible to receive a Park Use Pass for themselves, their spouse, and their children under 18 years of age. Employees are allowed to have one guest accompanying them when using the Park Use Pass for one of the free services. Family members are not permitted a free guest.

Free Services:

Pass holders will have access to the following services at no charge. These services are subject to limits on their availability, facility capacity, and time of day.

- Admission to waterparks
- Admission to Carlyle House
- Admission to Meadowlark Botanical Gardens
- Admission to the Festival of Lights, Meadowlark's Winter Walk of Lights, and Ice & Lights
- Admission to the Temple Hall Fall Festival
- Admissions to NOVA Parks interpretive programs
- Mini Golf
- Batting Cages
- Climb Upton Ropes Course
- Golf round, cart, and rental clubs (Monday – Thursday anytime, Weekends after 12:00)
- Golf driving range
- Disc Golf
- Shooting Center gun rental and Learn to Shoot course Ammunition and target fees not included.
- Boat and motor, kayak, or stand up paddle board rental or launch
- Campground site for tent or RV

Discount Services:

Pass holders are also offered the following discounts for service that they directly use. A pass holder may not convey the discounts to other non-pass holders. These services are subject to limits on their availability, facility capacity, and time of day or year.

40% off the current price for:

- Picnic Shelter Rentals; does not include Corporate Pavilions or Eagle's Nest.
- Cottage and Cabin Rentals during non-peak seasons or weekdays (Monday – Thursday) during peak seasons.
- Event Venue Rentals for The Atrium, The River View, Rust, and The Woodlands. Discounts only apply to event venue rentals from Monday – Thursday during the months of March – October and Fridays or Sundays during the months of November – February.

25% off the current price for:

- Catering Services (excluding alcohol; group catering only; does not apply to individual food sales)
- Birthday Packages
- Summer Camps

Products & Services where discounts are not offered:

Unless otherwise noted, boat and RV storage, retail items like individual food sales, or retail items carried at our pro shop, gift shop, camp store, on-line store, and/or other retail outlets are for sale at their listed price. Park Managers may authorize certain food items at a discount for park employees.

Many special events are produced by outside organizations and held at NOVA Parks facilities. Pass holders have no discounted or free admissions to such events hosted by an outside group.

MEDICARE PART D

IMPORTANT NOTICE FROM NOVA PARKS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

If you and/or your covered dependents are not Medicare eligible, this document is for information purposes only.

However, if any of your covered benefit eligible dependents are Medicare eligible, please read this information carefully so that you and your dependents can make an informed decision regarding their prescription drugs.

Please read this notice carefully and keep it where you can find it.

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

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

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

2. NOVA Parks has determined that the prescription drug coverage offered by Cigna and Kaiser Permanente 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, your current NOVA Parks group health plan coverage may be affected.

You have the following options regarding your health and prescription drug coverage:

- Keep your current NOVA Parks health plan coverage (which includes prescription drug coverage) and don't enroll in a different Medicare Part D plan; or

- Opt out of your current NOVA Parks health plan coverage (which includes prescription drug coverage) and enroll in a different Medicare Part D plan. You will not be able to get your NOVA Parks health plan coverage back if you opt out of it, unless (as a dependent) you become eligible to re-enroll due to a Qualifying Change in Status Event.

Remember: Your current NOVA Parks health coverage pays for other health expenses, in addition to prescription drugs, and you will not be eligible to receive all your current health and prescription drug benefits if you choose to enroll in a different Medicare prescription drug plan and drop your health coverage with NOVA Parks.

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

You should also know that if you drop or lose your current coverage with NOVA Parks 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 NOVA Parks Human Resources at (703) 352-5900 for further information or call CIGNA at (800) 244-6224 or Kaiser Permanente at (800) 777-7902.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through NOVA Parks 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).

DISCLOSURES

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996 (NEWBORN'S ACT)
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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA, ALSO KNOWN AS JANET'S LAW)
Under WHCRA, group health plans, insurance companies and health maintenance organizations (HMOs) offering mastectomy coverage must also provide coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. Call your Plan Administrator for more information.

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO)
QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

SPECIAL ENROLLMENT RIGHTS (HIPAA)
If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. 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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SPECIAL ENROLLMENT RIGHTS CHIPRA – CHILDREN'S HEALTH INSURANCE PLAN
You and your dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:
You or your dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminated because you ceased to be eligible.
You become eligible for a CHIP premium assistant subsidy under state Medicaid or CHIP (Children's Health Insurance Program). You must request special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy.

Coverage Extension Rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA)
If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents (including spouse) for up to 24 months while in the military. Even if you do not elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions for pre-existing conditions except for service-connected injuries or illnesses.

MICHELLE'S LAW
Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan. Coverage will be continued until:
1. One year from the start of the medically necessary leave of absence, or
2. The date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008
This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that:

The financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive that the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

GENETIC INFORMATION NON-DISCRIMINATION ACT (GINA)
GINA broadly prohibits covered employers from discriminating against an employee, individual, or member because of the employee's "genetic information," which is broadly defined in GINA to mean (1) genetic tests of the individual, (2) genetic tests of family members of the individual, and (3) the manifestation of a disease or disorder in family members of such individual.

GINA also prohibits employers from requesting, requiring, or purchasing an employee's genetic information. This prohibition does not extend to information that is requested or required to comply with the certification requirements of family and medical leave laws, or to information inadvertently obtained through lawful inquiries under, for example, the Americans with Disabilities Act, provided the employer does not use the information in any discriminatory manner. In the event a covered employer lawfully (or inadvertently) acquires genetic information, the information must be kept in a separate file and treated as a confidential medical record and may be disclosed to third parties only in very limited situations.

NO SURPRISES ACT
When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.
What is "balance billing" (sometimes

DISCLOSURES

called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network. "Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays, and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service. You're protected from balance billing for:

Emergency services
If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.
Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.
If you get other types of services at these
in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections. You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.
When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:

Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").

- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

PREMIUM ASSISTANCE UNDER MEDICAID AND 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 **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 **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 July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: **http://myalhipp.com/**
Phone: **855-692-5447**

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: **http://myakhipp.com/**
Phone: **866-251-4861**
Email: **CustomerService@MyAKHIPP.com**
Medicaid Eligibility: **https://health.alaska.gov/dpa/Pages/default.aspx**

ARKANSAS – Medicaid
Website: **http://myarhipp.com/**
Phone: **855-MyARHIPP (855-692-7447)**

CALIFORNIA – Medicaid
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+)
Health First Colorado Website:
https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center: **800-221-3943/State Relay 711**
CHP+: **https://hcpf.colorado.gov/child-health-plan-plus**
CHP+ Customer Service:
800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): **https://www.mycohibi.com/**
HIBI Customer Service: **855-692-6442**

FLORIDA – Medicaid
Website:
https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
Phone: **877-357-3268**

GEORGIA – 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**

INDIANA – Medicaid
Health Insurance Premium Payment Program

DISCLOSURES

All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: **800-403-0864**
Member Services Phone: **800-457-4584**

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: **800-338-8366**
Hawki Website:
Hawki - Healthy and Well Kids in Iowa | Health & Human Services
Hawki Phone: **800-257-8563**
HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)
HIPP Phone: **888-346-9562**

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: **800-792-4884**
HIPP Phone: **800-967-4660**

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website:
https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: **855-459-6328**
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: **877-524-4718**
Kentucky Medicaid Website:
https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: **888-342-6207** (Medicaid hotline) or
855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: **800-442-6003/TTY: Maine relay 711**
Private Health Insurance Premium Webpage:
https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 800-977-6740 /TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website:
https://www.mass.gov/masshealth/pa
Phone: **800-862-4840/TTY: 711**
Email:
masspremassistance@accenture.com

MINNESOTA – Medicaid
Website:
https://mn.gov/dhs/health-care-coverage/
Phone: **800-657-3672**

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: **573-751-2005**

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: **800-694-3084**
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website:
http://www.ACCESSNebraska.ne.gov
Phone: **855-632-7633**
Lincoln: **402-473-7000**
Omaha: **402-595-1178**

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: **800-992-0900**

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: **603-271-5218**
Toll free number for the HIPP program: **800-852-3345, ext. 15218**
Email:
DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: **800-356-1561**
CHIP Premium Assistance Phone: **609-631-2392**
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: **800-701-0710 (TTY: 711)**

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: **800-541-2831**

NORTH CAROLINA – Medicaid
Website: https://medicaid.ncdhhs.gov/
Phone: **919-855-4100**

NORTH DAKOTA – Medicaid
Website: https://www.hhs.nd.gov/healthcare
Phone: **844-854-4825**

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: **888-365-3742**

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: **800-699-9075**

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: **800-692-7462**
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: **800-986-KIDS (5437)**

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: **855-697-4347**, or
401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: **888-549-0820**

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: **888-828-0059**

TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: **800-440-0493**

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website:
https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: **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
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: **800-250-8427**

VIRGINIA – Medicaid and CHIP
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: **800-432-5924**

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: **800-562-3022**

WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
Medicaid Phone: **304-558-1700**
CHIP Toll-free phone: **855-MyWVHIPP (855-699-8447)**

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: **800-362-3002**

WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/
Phone: **800-251-1269**

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

DISCLOSURES

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

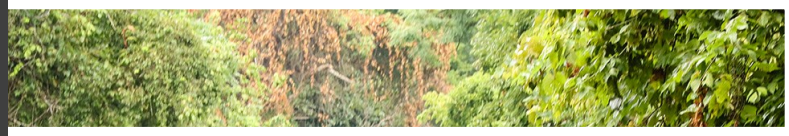
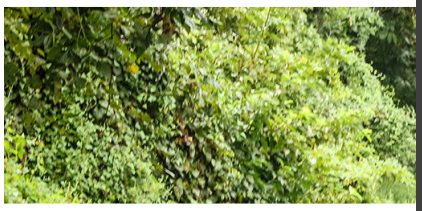
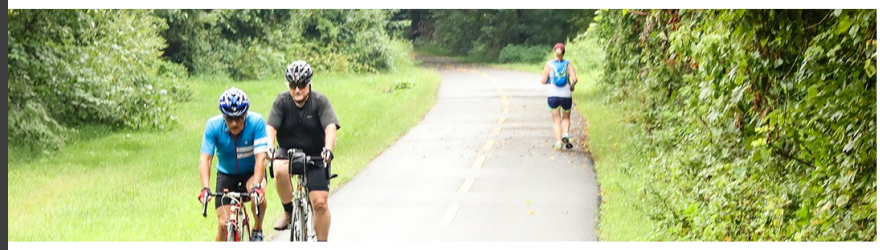
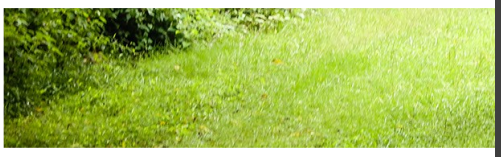
U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services **www.cms.hhs.gov**
877-267-2323, Menu Option 4, Ext. 61565

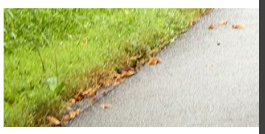
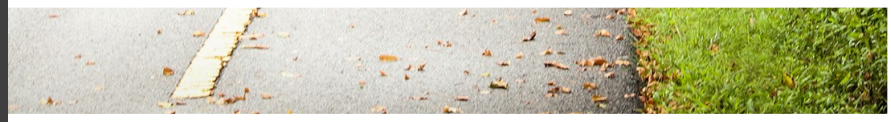
PAPERWORK REDUCTION ACT STATEMENT
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal 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)

NOVA PARKS



This benefit summary provides selected highlights of the employee benefits program available. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Our company reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

CORPORATE SYNERGIES®

A Foundation Risk Partners Company