Big Blue Marble Academy

2026-27 BENEFITS GUIDE

NOVEMBER 1, 2026—OCTOBER 31, 2027
Owner and Salary Employees

Welcome

At Big Blue Marble Academy (BBMA), we view our benefits program as a valuable addition to our overall compensation package. We are proud to offer our employees and their families a high-quality, well-rounded set of benefits. Our goal is to help you live a healthy life, while maintaining a productive work-life balance. We want to help you make informed, confident decisions at enrollment and beyond. Review it carefully and let us know if you have any questions.

Inside

Statement of Material Modification

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the 2026 BBMA summary plan descriptions (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

Enrollment

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you elect for yourself. Eligible family members include:

- Your legal spouse
- Children up to age 26 (includes your biological child, adopted child, stepchild, a child of your child who is your dependent for federal income tax purposes at the time application for coverage is made, a child to whom you are a legal guardian)
- A child of any age who is medically certified as disabled and dependent on you for support and maintenance.

Required Information

At enrollment, you are required to enter the Social Security Number and Date of Birth for all covered dependents. Health Care Reform law requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

When Coverage Begins

If you're electing benefits for the first time as a new hire, your **benefits will begin the first day of the month after 60 days of active employment**. You have 60 days from your hire date to complete and submit your elections.

Example: If you're hired May 15th, you must submit benefit elections by July 14th (60 days after hire), and your benefits will begin August 1st (first of month following 60 days).

If you're electing or changing benefits during open enrollment, your elections take effect the first day of the next plan year, which is November 1, 2026.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period unless you have a Qualifying Event during the year. Following are examples of the most common Qualifying Events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- Change in child custody
- Change in coverage election made by your spouse during his/her employer's Open Enrollment period
- You lose coverage under your spouse's plan

To make changes to your benefit elections, you MUST notify BBMA Human Resources Department about your Qualifying Event change (including newborns) and complete a Change Form within 31 days of the event.

How to Enroll

This year you only have one way to enroll.

You can self enroll by logging into your Paycor account, by your enrollment deadline.

The HUB Employee Benefits Hotline

The only call you need to make for employee benefit and wellness questions.

The HUB Employee Benefits Hotline is here to answer your questions and help make your employee benefits easier to use…
and best of all, **it's free!**

Within 24 hours of your initial call, The HUB Employee Benefits Hotline will either have the issue resolved or will update you on any further actions including the time frame for resolution.

Below are some of the questions Call Center can answer.

Benefit Questions

I need to have surgery; does my insurance cover it? How much will my portion of the cost be?

Claims Assistance

I received a bill from my doctor. I thought these services were covered. What do I do now?

Referral

I need to see a specialist, but I'm having trouble getting a referral. What do I do?

Eligibility Issues

I tried to pick up a prescription today, but the pharmacy is saying that I'm not covered. Why?

877.838.4779

advocates@hubinternational.com

Fax: 855.204.7146

Monday - Friday
10:00 a.m. to 8:00 p.m. EST
9:00 a.m. to 7:00 p.m. CST
7:00 a.m. to 5:00 p.m. PST

Medical Plans

We offer three medical plans through BCBS of Alabama. All plans include prescription drug coverage, and they cover essential preventive care at no cost to you when you visit in-network providers.

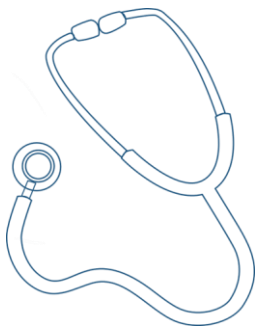
Effective Date: 11/1/26, or 1st of the month following 60 days of active employment.

Find a Network Provider: **To find network providers, go to bcbsal.org/web/provider-finder#/. Search using the BlueCard PPO network.**

Medical Plan Quick Facts: All plans include coverage for both in-network and out-of-network providers, although you'll save money by staying in-network.

	Base Plan HDHP		Mid Plan PPO 3k		Buy Up Plan PPO 3.5k	
	In-Network	Out of Network **	In-Network	Out of Network **	In-Network	Out of Network **
Deductible	$5,000 $10,000	$7,000 $14,000	$3,000 $6,000	$6,000 $12,000	$3,500 $7,000	$7,000 $14,000
Out-of-Pocket Maximum	$7,000 $14,000	$14,000 $28,000	$7,500 $15,000	$15,000 $30,000	$7,500 $15,000	$15,000 $30,000
Coinsurance*	30%	50%	30%	50%	10%	40%
Preventive Care	$0	Not Covered	$0	Not Covered	$0	Not Covered
Office Visit	30%	50%	$50	50%	$25	40%
Specialist	30%	50%	$50	50%	$45	40%
Online Dr Visit	30%	Not Covered	$50	Not Covered	$25	Not Covered
Diagnostic Lab & X-ray Lab/Low-Tech Imaging High-Tech Imaging	 30% 30%	 50% 50%	 30% 30%	 50% 50%	 10% 10%	 50% 50%
Urgent Care	30%	50%	$50	50%	$45	40%
Emergency Room	30%		30%		10%	
Outpatient Care	30%	50%	30%	50%	10%	40%
Inpatient Care	30%	50%	30%	50%	10%	40%
Prescription Drugs						
Generic, Retail 31-day	30%	Not Covered	$8	Not Covered	$10	Not Covered
Preferred, Retail 31-day	30%	Not Covered	$45	Not Covered	$35	Not Covered
Non-Preferred, Retail 31-day	30%	Not Covered	$65	Not Covered	$65	Not Covered
Specialty, Retail 31-day	30%	Not Covered	30%	Not Covered	0%*	Not Covered
Mail Order, 90-day	30%	Not Covered	2.5x Retail	Not Covered	2.5x Retail	Not Covered

*Coinsurance in this chart refers to the percentage of costs you pay after the deductible is met. The plan will pay the remaining percentage.
**Out of Network benefits shown are for services incurred in Alabama. There is a different OON benefit if service is incurred outside of Alabama.



Bi-weekly Contributions			
	Base Plan HDHP	Mid Plan PPO 3k	Buy Up Plan PPO 3.5k
Employee	$46.21	$85.98	$136.64
Employee + Spouse	$187.27	$306.39	$393.13
Employee + Children	$151.06	$247.13	$317.11
Family	$265.01	$433.56	$556.31

BCBS of AL Program Extras

Health Coaching

Health coaching from Blue Cross can prevent or reverse certain health risks to improve your quality of life – now and for the future. Your health coaching support team can include nurses, registered dietitians, certified diabetic educators, licenses clinical social workers, licensed professional counselors and pharmacists.

With this team you will be able to:

- Learn about recommended healthcare services
- Create a personalized nutrition and exercise plan
- Explore strategies to achieve your personal health goals
- Receive ongoing motivational and educational support

Health Coaching: 855-699-6168
Monday—Friday 8am—6pm central time

BlueCare Advocacy

BlueCare Advocacy provides the answers you need about your benefits and your health.

With personalized support from your Health Advisor, you can:

- Advocate for yourself and your dependents
- Research the healthcare topics that matter to you
- Find out which preventive screenings are recommended
- Enroll in available health and wellness programs
- Connect with support groups and community services
- Enjoy less stress when it comes to addressing your healthcare needs

BlueCare Advocacy: 888-759-2764
Monday—Friday 8am—6pm central time

Chronic Condition Management

Blue Cross offers one-on-one support to help those with a chronic health condition stay on track with their care plans. With your clinical team you can learn effective self-management techniques, ensure medication and care plan compliance and identify lifestyle changes and opportunities.

The program focuses on specialized conditions including:

- Asthma
- Chronic kidney disease
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure
- Coronary artery disease
- Diabetes (types 1 and 2)
- Musculoskeletal pain

Chronic Condition Management: 888-841-5741
Monday—Friday 8am—6pm central time

Baby Yourself

Baby Yourself is a maternity program that helps ensure you and your baby receive the best possible healthcare during pregnancy. It is administered by registered nurses who have experience in prenatal care, labor and delivery and newborn care.

With Baby Yourself you can receive:

- Personalized support and educational materials
- Personal nurse you can call throughout your pregnancy
- Support for high-risk pregnancies
- Gifts that promote healthy habits

3 Ways to Enroll in Baby Yourself:

1. **800-222-4379**
2. **Alabamablue.com/babyyourself**
3. **Baby Yourself app**

Minimum Essential Coverage (MEC) Plans

Pan-American is the administrator for the MEC plans. The minimum essential coverage plans outlined below are not major medical coverage. Instead, these are limited benefit indemnity plans that pays a fixed benefit amount to help cover the cost of common medical services. Please review the plans carefully, and note these are not designed to cover the costs of serious or chronic illnesses. Pan-American utilizes First Health as their Network.

Minimum Essential Coverage (MEC) Plans		
	MEC Plan 1	**MEC Plan 2**
Preventive Care	Included - no cost share	Included - no cost share
Teladoc Telemedicine (Through HealthiestYou)	Unlimited No Cost Visits	Unlimited No Cost Visits
Doctor Office Visit	Pays $100/day, 4 days per year	Pays $100/day, 6 days per year
Diagnostic X-ray	Pays $70/day, 4 days per year	Pays $100/day, 2 days per year
Lab Tests	Pays $35/day, 3 days per year	Pays $45/day, 3 days per year
Major Diagnostic & Imaging	Pays $300/day, 2 days per year	Pays $400/day, 2 days per year
Emergency Room - Sickness	Pays $100/day, 2 days per year	Pays $200/day, 2 days per year
Emergency Room - Accident	"$100 deductible, then pays up to $2,500 per occurrence"	"$100 deductible, then pays up to $5,000 per occurrence"
Outpatient Surgery	Not Covered	Pays $500/day, 1 day per year
Outpatient Anesthesia	Not Covered	25% of Surgical Benefit
Hospital Admission Benefit	Pays $500 when admitted	Pays $1000 when admitted
Inpatient Daily Hospital Benefit	Pays $50/day, 30 days per year	Pays $300/day, 30 days per year
Inpatient Surgery	Not Covered	Pays $1,000/day, 1 day per year
Inpatient Anesthesia	Not Covered	25% of Surgical Benefit
AD&D	$5,000	$10,000
Specified Illness Benefit	Not Covered	$2,500 Lump Sum
Prescription Drugs		
Generic Rx Coverage	$10 indemnity/day, 12 days per year	$10 indemnity/day, 24 days per year
Brand Rx Coverage	Discount	$50 indemnity/day, 24 days per year

MEC Contributions		
	Plan 1	**Plan 2**
Employee	$0.00	$11.70
Employee + Spouse	$18.96	$36.85
Employee + Childr(en)	$19.44	$32.46
Family	$47.06	$52.08

Health Savings Account (HSAs)

The HSA is a personal savings account that you can use for eligible healthcare expenses, like prescription drug copays, the cost of doctor's office visits, and dental and vision expenses.

Our HSA is administered by Medcom and is available to anyone enrolled in the Base HDHP plan. It helps you set aside pre-tax dollars for healthcare now or in the future.

Triple Tax-Advantaged

- No tax on contributions
- No tax on interest earned
- No tax when you withdraw for eligible expenses

Your HSA is your own individual account:

- You decide how to spend the money
- The funds go with you, even if you leave BBMA
- Money rolls over from year to year; no use it or lose it

IRS Maximum Amount of HSA Contributions

	2026	2027
Single	$4,400	$4,500
Family	$8,750	$9,000

The amounts above are for the 2026 or 2027 tax year.

Catch Up Contributions

- If you are between age 55 to 65, you may contribute an additional $1,000.

How Does It Work?

- **When funds are available:** as soon as BBMA receives your account number, the account is funded as you contribute to it. Unused funds roll over from year to year and can earn interest.
- **How to use funds:** Use your HSA debit card from Medcom or pay out of pocket and reimburse yourself later from your available funds by making a manual withdrawal.
- **Eligible expenses:** Medical, prescription, dental and vision expenses listed in www.irs.gov/pub/irs-pdf/p502.pdf. Keep your receipts in case of IRS audit.
- **Managing your HSA:** you can manage your HSA through medcom.wealthcareportal.com

Eligibility Criteria

To be HSA-eligible, an individual must:

- Be covered by a HDHP medical plan that meets IRS requirements;
- Not be covered by other health coverage that is not a qualified HDHP (with certain exceptions);
- Not be participating in your spouse's non-HDHP, FSA, or HRA
- Not be enrolled in Medicare; and
- Not be eligible to be claimed as a dependent on another person's tax return

Important Reminder: Employees 65+ Enrolled in Medicare

If you are 65+ and enrolled in Medicare Part A or B:

- You may not open an HSA.
- Existing HSA's can remain open.
- No additional contributions can be made.
- If you will become Medicare eligible between January 1 and June 30, you must notify HR. CMS requires you to stop contributing to the HSA within 6 months of becoming covered.

Dental Plan

BBMA is proud to offer you dental coverage through Lincoln.

Effective Date: 11/1/26, or 1st of the month following 60 days of active employment.

Find a Network Provider: Go to https://clients.go2dental.com/lfg/FindADentist

The chart below provides a high-level overview of your dental plan.

Key Dental Benefits	Low Plan	High Plan
Deductible (Individual / Family)	$50 / $150	$50 / $150
Coinsurance		
Preventive Services (Exams, bitewing x-rays, cleanings, fluoride treatments (up to age 14), space maintainers, sealants)	Covered in Full	Covered in Full
Basic Services (Fillings, periodontics, endodontics, non-surgical extractions)	20%	20% Includes surgical extractions
Major Services (Crowns, inlays, onlays, bridges, dentures)	Not Covered	50%
Orthodontia —for children through age 26	Not Covered	50%
Benefit Maximum		
Per Individual Per Year	$1,500	$2,000 + Rollover
Orthodontia Lifetime Max	Not Applicable	$2,000

Dental Contributions	Low Plan	High Plan
Employee	$7.68	$13.41
Employee + Spouse	$17.62	$25.29
Employee + Child(ren)	$19.51	$37.98
Family	$29.80	$53.58

Vision Plan

You have an opportunity to enroll in the vision plan through Lincoln.

Effective Date: 11/1/26, or 1st of the month following 60 days of active employment.

Find a Network Provider: Go to https://lincolnfinancial.yourvisionplan.com/

The chart provides a high-level overview of the vision plan.

Vision Contributions	Biweekly
Employee	$3.01
Employee + Spouse	$6.44
Employee + Child(ren)	$5.22
Family	$8.64

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	$10	Up to $40
Prescription Glasses (once every 12 months for lenses; every 24 months for frames)		
Frame	$0, $130 Allowance	Up to $45
Lenses Single Bifocal Trifocal Lenticular	$25 Copay	 Up to $40 Up to $60 Up to $80 Up to $80
Contact Lenses (once every 12 months; instead of glasses)		
Conventional	Up to $125 Allowance	Up to $125 Allowance
Disposable	Up to $125 Allowance	Up to $125 Allowance
Medically Necessary	$0, covered in full	Up to $210

Voluntary Short Term Disability (STD)

BBMA offers voluntary STD through Lincoln to all full-time employees for purchase at group rates. These benefits help replace a portion of your income if you're unable to work because of an illness or injury. Because this benefit is priced specific to your income, the Paycor online portal will contain the pricing information.

Short Term Disability	
Benefit Amount	60% of covered weekly earnings
Benefit Maximum	$1,250
Benefits Begin On	Injury / Sickness: on the 15th day of disability
Maximum Benefit Period	Up to 11 weeks
Pre-Existing Condition Limitations	3/6/12

Voluntary Long Term Disability (LTD)

If you are still in need of benefits once your STD benefits end, BBMA offers voluntary LTD through Lincoln to all full-time employees for purchase at group rates. Because this benefit is priced specific to your income, the Paycor online portal will contain the pricing information.

Long Term Disability	
Benefit Amount	60% of covered monthly earnings
Benefit Maximum	$6,500
Benefits Begin On	On the 91st day of disability
Maximum Benefit Period	Up to Social Security Normal Retirement Age
Pre-Existing Condition Limitations	3/12

Life and AD&D Insurance

Basic Life and AD&D

Life and accidental death and dismemberment (AD&D) insurance help protect your family's financial security against the unexpected. BBMA provides a basic life and AD&D insurance benefit of a flat amount bases on years of employment with BBMA. This benefit is provided at no cost to all eligible employees.

Salary Employees:

- $10,000 up to 1.9 year of employment
- $25,000 for 2 - 4.9 years
- $50,000 for 5+ years

Voluntary Life and AD&D

Full-time employees are eligible to purchase voluntary life and voluntary AD&D benefits for yourself and your dependents. You pay the entire cost at group rates on an after-tax basis.

Rates are based on your age.

You must be enrolled in voluntary life to enroll your spouse or child(ren) in this coverage.

	EMPLOYEE	SPOUSE	CHILD (Up to age 26)
Benefit Amount	Increments of $10,000 (minimum $10,000)	Increments of $5,000 (minimum $5,000)	Increments of $1,000 (minimum $2,000)
Benefit Maximum	5x covered annual earnings up to $500,000	100% of EE amount up to $250,000	$10,000
Guarantee Issue	5x covered annual earnings up to $150,000	100% of EE amount up to $50,000	$10,000
Benefit Limitations	35% at age 65, 50% at age 70 and 75% at age 75	Spouse coverage terminates when you reach age 70	14 days to age 26

Bi-Weekly Voluntary Life and AD&D Rates (Per $1,000 of Benefit)										
Age	**<29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70+**
Employee/ Spouse	$0.092	$0.104	$0.156	$0.252	$0.389	$0.633	$0.995	$1.38	$2.549	$4.312
Child	$0.20									

Voluntary Benefits

The following benefits are offered through Lincoln. For more details and rates, please consult the plan documents. You can only sign up for these benefits during open enrollment.

Accident Insurance

Accident insurance can pay you money based on the injury and the treatment you receive, whether it's a simple sprain or something more serious, like an injury from a car accident. Your plan can pay you a benefit for an emergency room treatment, stitches, crutches, injury-related surgery and a list of other accident-related expenses. The money is paid directly to you, and you decide how to spend it. If you elect coverage for yourself, you can also elect to cover your eligible dependents. You can also get a $50 benefit per year if you get certain health screenings.

Hospital Indemnity

Our hospital indemnity plan helps cover unexpected costs when you're admitted to the hospital for a covered illness or injury, or for childbirth. You receive a lump-sum payment for hospital admission and daily hospital benefit. You can use the money for any expenses (medical or non-medical). If you elect coverage for yourself, you can also elect to cover your eligible dependents.

Critical Illness Insurance

Critical illness insurance can help by paying a lump sum payment directly to you when you're diagnosed with a covered condition, whether it's early stage diagnosis or a more serious illness. You decide how to spend it. You can also purchase coverage for your spouse or your dependent children. The dependent amount is a percentage of the employee's benefit, but the spouse can elect in increments of 5,000 (not to exceed 100% of employee benefit).

Covered conditions include heart attack, stroke, end stage kidney failure, cancer and more. You can also get a $50 benefit per year if you get certain health screenings that help prevent these illnesses or detect them early on.

Employee Assistance Program (EAP)

BBMA recognizes that personal and family problems can impact your life at home and at work. That's why we offer the EAP to give you access to help when you need it most.

The EAP is completely confidential and free for you. Through this program, you and your household family members can get up to five in-person confidential sessions with a counselor per person, per issue, per year. Use the EAP when you need help with things like:

- Family, parenting or relationship concerns
- Child or elder care
- Financial questions
- Depression, stress and anxiety
- Legal issues
- Drug or alcohol abuse

Contact Lincoln at 855-891-3684 or www.lincolnfinancial.com.

WellnessPATH

Lincoln WellnessPATH® is an online tool that helps you improve your financial wellness.

See all your accounts in one place
Allows you to securely link all your account information, including checking, savings, investment, and student loans so you have a full financial picture.

Create a simple budget
Featuring a breakdown of expenses and incomes by category, the tool makes it easy to identify spending trends and create a budget.

Set goals and track your progress
Helps you set and track your progress toward your short- and long-term goals, motivating you to achieve what you envision.

Use resources to make informed decisions
The tool offers articles and videos featuring topics that cover different life stages and big moments — so you can learn about what's important to you.

Pet Insurance

Did you know that every 6 seconds, a pet owner faces an unexpected vet bill of $1,000 or more. SpotPet plans help you get up to **90% Cash Back** on covered vet bills.

Help get peace of mind with a
special discount of up to 20%:
https://spotpet.link/bigblue or call 888.343.2340
Priority Code is EB_DPS

Plan Documentation

For your benefits, there will be times you may need to review the full plan documents to determine the scope of your benefits. You can view your Summary of Benefits and Coverage (SBC) for each benefit in the Resource Benefits Library inside your Paycor account.

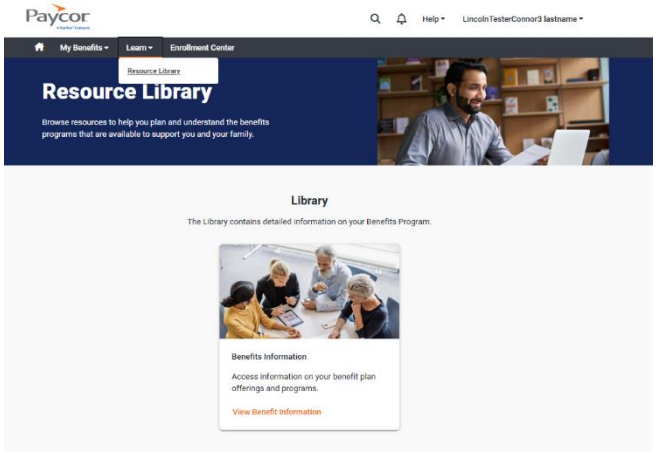
To access these, go to:

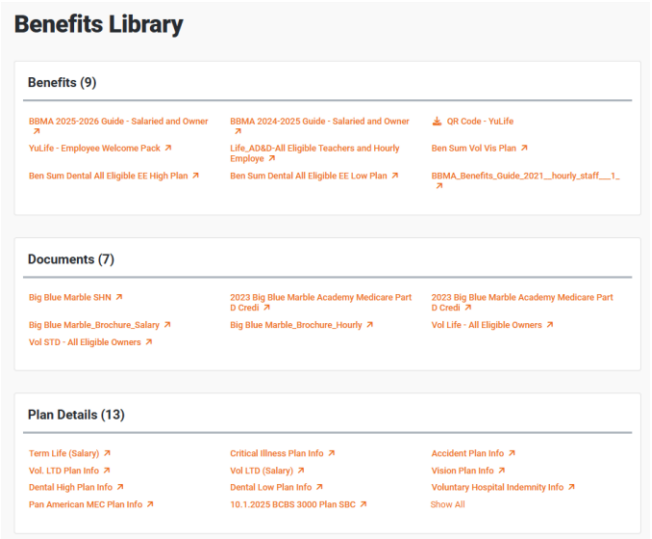
https://hcm.paycor.com/authentication/signin

Click the Benefits tab to access your bSwift account.

From the bswift homepage (top panel), click Learn, then Resource Library.

View Benefit information will take you to all the documents available in the Benefits Library.





Contact Information

Coverage	Carrier	Phone #	Website/Email
Major Medical and Prescription Drugs	BCBS of AL	855-525-7283	bcbsal.org/web/#/
MEC	Pan-American Group #: SE781	800-999-5382	mypalic.com
HSA	Medcom	800-523-7542 Option 1	medcom.wealthcareportal.com/Page/ Home
Dental	Lincoln	866-534-5831	www.lincolnfinancial.com
Vision	Lincoln	866-534-5831	lincolnfinancial.yourvisionplan.com
Disability	Lincoln	866-534-5831	www.lincolnfinancial.com
Life and AD&D	Lincoln	866-534-5831	www.lincolnfinancial.com
EAP	Lincoln	855-891-3684	www.lincolnfinancial.com
Voluntary Benefits	Lincoln	866-534-5831	www.lincolnfinancial.com
Pet Insurance	SpotPet	888-343-2340	https://spotpet.link/bigblue

Benefits Website

Our benefits can be accessed anytime you want additional information through your Paycor account.

Questions?

If you have additional questions, you may also contact Human Resources at:

Tomi Laditan
HR Director
tladitan@bbmacademy.com

or

HUB Employee Benefits Hotline
877-838-4779

Important Note: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The Company will distribute all required notices annually.

Federal Notices

Important Notice from BBMA 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 BBMA 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. BBMA has determined that the prescription drug coverage offered by the major medical plans are, 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 BBMA coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under the Major Medical plans are creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your BBMA prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

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 BBMA 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.

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 BBMA 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 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 800-MEDICARE (800-633-4227). TTY users should call 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 socialsecurity.gov, or call them at 800-772-1213 (TTY 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: August 26, 2026

Name of Entity/Sender: Big Blue Marble Academy

Contact-Position/Office: Mary Marietta

Address: 100 Hartsfield Center Pkwy Suite 500, Atlanta, GA 30354

Phone Number: 334-212-9067

Federal Notices

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 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 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 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, 2026. Contact your State for more information on eligibility.

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

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

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

Federal Notices

Alabama – Medicaid
myalhipp.com
1-855-692-5447

Alaska – Medicaid
AK Health Insurance Premium Payment Program
myakhipp.com
1-866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility:
health.alaska.gov/dpa/Pages/default.aspx/

Arkansas – Medicaid
myarhipp.com
1-855-MyARHIPP (855-692-7447)

California – Medicaid
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

Colorado – Health First Colorado
(Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
healthfirstcolorado.com
1-800-221-3943/ State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI)
mycohibi.com

Florida – Medicaid
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
1-877-357-3268

Georgia – Medicaid
GA HIPP: medicaid.georgia.gov/ health-insurance-premium-payment-program-hipp
678-564-1162, press 1
GA CHIPRA: https://medicaid.georgia. gov/programs/third-party-liability/ childrens-health-insurance-program-reauthorization-act-2009-chipra
678-564-1162, press 2

Illinois – Medicaid
Health Insurance

Indiana – Medicaid
Health Insurance Premium Payment Program
All other Medicaid
www.in.gov/Medicaid/
www.in.gov/fssa/dfr/
Family and Social Services Administration
1-800-403-0864 / 1-800-457-4584

Iowa - Medicaid and CHIP (Hawki)
dhs.iowa.gov/ime/members

Medicaid Phone: 1-800-338-8366
Hawki Website: dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: 1-888-346-9562

Kansas – Medicaid
kancare.ks.gov
1-800-792-4884, HIPP: 800-967-4660

Kentucky – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
chfs.ky.gov/agencies/dms/member/ Pages/kihipp.aspx
1-855-459-6328
KIHIPP.PROGRAM@ky.gov
KCHIP Website: kidshealth.ky.gov
1-877-524-4718
Kentucky Medicaid Website:
chfs.ky.gov/agencies/dms

Louisiana – Medicaid
medicaid.la.gov or
ldh.la.gov/lahipp
1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

Maine – Medicaid
Enrollment website: www. mymaineconnection.gov/benefits
1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium
maine.gov/dhhs/ofi/applications-forms
1-800-977-6740 TTY: Maine relay 711

Massachusetts – Medicaid and CHIP
www.mass.gov/masshealth/pa
1-800-862-4840 TTY: 711
Email: masspremassistance@ accenture.com

Minnesota – Medicaid
mn.gov/dhs/health-care-coverage/
1-800-657-3672

Missouri – Medicaid
dss.mo.gov/mhd/participants/pages/hipp.htm
573-751-2005

Montana –Medicaid
dphhs.mt.gov/ MontanaHealthcarePrograms/HIPP
1-800-694-3084
Email: HHSHIPPProgram@mt.gov

Nebraska –Medicaid
ACCESSNebraska.ne.gov
1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

Nevada – Medicaid
dhcfp.nv.gov
1-800-992-0900

New Hampshire – Medicaid
dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 15218
DHHS.ThirdPartyLiabi@dhhs.nh.gov

New Jersey – Medicaid and CHIP
state.nj.us/humanservices/dmahs/clients/medicaid
1-800-356-1561
CHIP Premium Assistance: 609-631-2392
CHIP Website: www.njfamilycare.org
CHIP Phone: 1-800-701-0710

New York – Medicaid
health.ny.gov/health_care/medicaid
1-800-541-2831

North Carolina – Medicaid
medicaid.ncdhhs.gov
919-855-4100

North Dakota – Medicaid
hhs.nd.gov/healthcare
1-844-854-4825

Oklahoma – Medicaid and CHIP
insureoklahoma.org
1-888-365-3742

Oregon – Medicaid
healthcare.oregon.gov/Pages/index.aspx
1-800-699-9075

Pennsylvania – Medicaid ands CHIP
pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
1-800-692-7462
CHIP Website: pa.gov/en/services/dhs/apply-for-childrens-health-insurance-program-chip.html
CHIP Phone: 1-800-986-KIDS (5437)

Rhode Island – Medicaid and CHIP
eohhs.ri.gov
1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

South Carolina – Medicaid
scdhhs.gov
1-888-549-0820

South Dakota - Medicaid
dss.sd.gov
1-888-828-0059

Texas – Medicaid
www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
HIPP Helpline: 1-800-440-0493

Utah – Medicaid and CHIP
Medicaid Website: medicaid.utah.gov
Medicaid Phone: 1-888-222-2542
CHIP Website: chip.utah.gov
CHIP Phone: 1-877-543-7669

Vermont – Medicaid
dvha.vermont.gov/members/medicaid/hipp-program
1-800-250-8427

Virginia – Medicaid and CHIP
coverva.dmas.virginia.gov/learn/ premium-assistance/famis-select
https://coverva.dmas.virginia. gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
1-800-432-5924

Washington – Medicaidand CHIP
hca.wa.gov
1-800-562-3022

West Virginia – Medicaid and CHIP
dhhr.wv.gov/bms
mywvhipp.com
304-558-1700 Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

Wisconsin – Medicaid and CHIP
dhs.wisconsin.gov/badgercareplus/p-10095.htm
1-800-362-3002

Wyoming – Medicaid
health.wyo.gov/healthcarefin/ medicaid/programs-and-eligibility/
800-251-1269

Federal Notices

Alabama – Medicaid
myalhipp.com
1-855-692-5447
Alaska – Medicaid
AK Health Insurance Premium Payment Program
myakhipp.com
1-866-251-4861
CustomerService@MyAKHIPP.com
Medicaid Eligibility:
health.alaska.gov/dpa/Pages/default.aspx/
Arkansas – Medicaid
myarhipp.com
1-855-MyARHIPP (855-692-7447)
California – Medicaid
Health Insurance Premium Payment (HIPP) Program
http://dhcs.ca.gov/hipp
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov
Colorado – Health First Colorado
(Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
healthfirstcolorado.com
1-800-221-3943/ State Relay 711
CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI)
mycohibi.com
Florida – Medicaid
www.flmedicaidtplrecovery.com/
flmedicaidtplrecovery.com/hipp/index.html
1-877-357-3268
Georgia – Medicaid
GA HIPP: medicaid.georgia.gov/ health-insurance-premium-payment-program-hipp
678-564-1162, press 1
GA CHIPRA: https://medicaid.georgia. gov/programs/third-party-liability/ childrens-health-insurance-program-reauthorization-act-2009-chipra
678-564-1162, press 2
Illinois – Medicaid
Medicaid: https://abe.Illinois.gov
HIPP Hotline: 217-524-8268
HIPP Email: mhfs.boc.hipp@illinois.gov
Indiana – Medicaid
Health Insurance Premium Payment Program All other Medicaid
www.in.gov/Medicaid/
www.in.gov/fssa/dfr/
Family and Social Services Administration 1-800-403-0864 / 1-800-457-4584
Iowa - Medicaid and CHIP (Hawki)
dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: dhs.iowa.gov/Hawki
Hawki Phone: 1-800-257-8563
HIPP Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: 1-888-346-9562
Kansas – Medicaid
kancare.ks.gov
1-800-792-4884, HIPP: 800-967-4660
Kentucky – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
chfs.ky.gov/agencies/dms/member/ Pages/kihipp.aspx
1-855-459-6328
KIHIPP.PROGRAM@ky.gov
KCHIP Website: kidshealth.ky.gov
1-877-524-4718
Kentucky Medicaid Website:
chfs.ky.gov/agencies/dms
Louisiana – Medicaid
medicaid.la.gov or
ldh.la.gov/lahipp
1-888-342-6207 (Medicaid hotline) or
1-877-697-6703 (LaHIPP)
Maine – Medicaid
Enrollment website: www. mymaineconnection.gov/benefits
1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium
maine.gov/dhhs/ofi/applications-forms
1-800-977-6740 TTY: Maine relay 711
Massachusetts – Medicaid and CHIP
www.mass.gov/masshealth/pa
1-800-862-4840 TTY: 711
Email: masspremassistance@ accenture.com
Minnesota – Medicaid
mn.gov/dhs/health-care-coverage/
1-800-657-3672
Missouri – Medicaid
dss.mo.gov/mhd/participants/pages/hipp.htm
573-751-2005
Montana –Medicaid
dphhs.mt.gov/ MontanaHealthcarePrograms/HIPP
1-800-694-3084
Email: HHSHIPPProgram@mt.gov
Nebraska –Medicaid
ACCESSNebraska.ne.gov
1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178
Nevada – Medicaid
dhcfp.nv.gov
1-800-992-0900
New Hampshire – Medicaid
dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 15218
DHHS.ThirdPartyLiabi@dhhs.nh.gov
New Jersey – Medicaid and CHIP
state.nj.us/humanservices/dmahs/clients/medicaid
1-800-356-1561
CHIP Premium Assistance: 609-631-2392
CHIP Website: www.njfamilycare.org
CHIP Phone: 1-800-701-0710
New York – Medicaid
health.ny.gov/health_ care/medicaid
1-800-541-2831
North Carolina – Medicaid
medicaid.ncdhhs.gov
919-855-4100
North Dakota – Medicaid
hhs.nd.gov/healthcare
1-844-854-4825
Oklahoma – Medicaid and CHIP
insureoklahoma.org
1-888-365-3742
Oregon – Medicaid
healthcare.oregon.gov/Pages/index.aspx
1-800-699-9075
Pennsylvania – Medicaid ands CHIP
pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
1-800-692-7462
CHIP Website: pa.gov/en/services/dhs/apply-for-childrens-health-insurance-program-chip.html
CHIP Phone: 1-800-986-KIDS (5437)
Rhode Island – Medicaid and CHIP
eohhs.ri.gov
1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
South Carolina – Medicaid
scdhhs.gov
1-888-549-0820
South Dakota - Medicaid
dss.sd.gov
1-888-828-0059
Texas – Medicaid
www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
HIPP Helpline: 1-800-440-0493
Utah – Medicaid and CHIP
Medicaid Website: medicaid.utah.gov
Medicaid Phone: 1-888-222-2542
CHIP Website: chip.utah.gov
CHIP Phone: 1-877-543-7669
Vermont – Medicaid
dvha.vermont.gov/members/medicaid/hipp-program
1-800-250-8427
Virginia – Medicaid and CHIP
coverva.dmas.virginia.gov/learn/ premium-assistance/famis-select
https://coverva.dmas.virginia. gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
1-800-432-5924
Washington – Medicaidand CHIP
hca.wa.gov
1-800-562-3022
West Virginia – Medicaid and CHIP
dhhr.wv.gov/bms
mywvhipp.com
304-558-1700 Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
Wisconsin – Medicaid and CHIP
dhs.wisconsin.gov/badgercareplus/p-10095.htm
1-800-362-3002
Wyoming – Medicaid
health.wyo.gov/healthcarefin/ medicaid/programs-and-eligibility/
800-251-1269

Federal Notices

Women's Health Act

The Women's Health and Cancer Rights Act ("WHCRA") requires BBMA to notify participants and beneficiaries of the BBMA Group Health Plan (the "Plan"), of their rights to mastectomy benefits under the Plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician 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 are subject to the same deductible and copays applicable to other medical and surgical benefits provided under your plan. For further details, please refer to the plan's Summary Plan Description.

Newborns' and Mothers' Health Protection 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).

Health Insurance Portability and Accountability Act (HIPAA)

We maintain the HIPAA Notice of Privacy Practices for BBMA describing how health information about you may be used and disclosed. You may obtain a copy of the Notice of Privacy Practices by contacting Human Resources. A copy of our notices are also available by request from Human Resources.

Notice of Special Enrollment Rights for Medical Plan Coverage

If you decline enrollment in a BBMA medical plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a BBMA medical plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request medical plan enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in BBMA's medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.
Note: If your dependent becomes eligible for a special enrollment rights, you may add the dependent to your current coverage or change to another medical plan