



2025 BENEFITS GUIDE



Iñuuniałiq Nakuuraukun
To Be Well



ABOUT THIS GUIDE

This guide provides an overview of your benefit plans. While we strive to ensure accuracy, if you have questions or find differences between this guide and official plan documents, the formal plan wording will take priority.

For detailed information, check the Summary Plan Description (SPD) available online for medical plans or through the company intranet for other benefits. You can also contact your insurance provider or the benefits department for assistance.

Some benefits are fully covered by NANA, while others require your enrollment and contribution. By opting into elective benefits, you're agreeing to payroll deductions for your share of the monthly premiums. Please note that premiums are due even if you don't receive a paycheck, and missed payments will be deducted once funds are available.

Disclaimer: Benefits outlined here may change at any time and are not a contractual guarantee from NANA.



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YOUR BENEFITS

Your 2025 Benefits: Supporting Your Growth & Well-Being

We're excited to offer you a variety of benefits to support your overall well-being. This guide covers your 2025 benefits program—take a moment to explore your options and select the coverage that suits you best. At NANA, we're committed to partnering with you to meet your health and financial goals.

NANA



THE BENEFITS OF OUR EMPLOYEES

- + RETIREMENT PLANNING & SAVINGS
- + NANA DISCOUNTS
- + STRONG CORPORATE CULTURE & VALUES
- + PAID TIME OFF & HOLIDAYS

- + HEALTH INSURANCE
- + COMPANY PAID BENEFITS
- + COMPETITIVE PAY
- + SERVICE AWARDS

Employee-Elected

VS

Company-Provided

Employee-elected benefits are chosen by you during open enrollment or as a new hire, with premiums deducted from your paychecks.

- FEHB Medical Insurance
- Dental
- Vision
- Voluntary Life
- Voluntary AD&D
- Voluntary Accident
- Voluntary Critical Illness
- Voluntary Hospital Indemnity
- Voluntary Identity Theft Protection
- Voluntary Legal Services
- Voluntary Pet Insurance
- Flexible Spending Account (FSA)
 - Dependent
 - Health
- Retirement Savings
 - 401(k)
 - Roth 401(k)

Company-provided benefits are offered to NANA employees at no cost to you.

- Basic Life Insurance
- Accidental Death and Dismemberment (AD&D)
- Short-Term Disability (STD)
- Long-Term Disability (LTD) *
- Employee Assistance Program and Health Advocacy
- Travel Assistance
- Retirement Savings
 - Discretionary 401(k) Employer Match Contribution

* Not all companies participate.



YOUR ELIGIBILITY

The benefits you are eligible for are dependent on whether you are a full-time or part-time employee.

Full-Time

If you are regularly scheduled to work an average of **30 hours or more per week**, you are eligible for full-time employee benefits.

Part-Time

If you are regularly scheduled to work **less than an average of 30 hours per week for more than six months**, you are eligible for part-time employee benefits.

Benefit Type	Full-time Employee	Part-time Employee	Dependent Coverage
FEHB Medical Insurance	●	●	●
Dental Insurance	●	●	●
Vision Insurance	●	●	●
Flexible Spending Account (FSA)	●	●	
Retirement Savings	●	●	
Employee Assistance Program and Advocacy	●	●	●
Life Insurance	●		●
Accidental Death and Dismemberment (AD&D)	●		
Disability Insurance	●		
Voluntary Accident	●	●	●
Voluntary Critical Illness	●	●	●
Voluntary Hospital Indemnity	●	●	●
Voluntary Identity Theft Protection	●	●	●
Voluntary Legal Services	●	●	
Voluntary Pet Insurance	●	●	

Dependent Coverage

If you elect coverage, your dependents are also eligible for medical, dental, vision and voluntary life insurance coverage. Eligible dependents include:

- Your legal spouse.
- Your legal child(ren) including your natural, adopted or foster child(ren), stepchild(ren) or any children for whom you have legal custody. They are eligible up to age 26 or if disabled regardless of age (see plan documents for further information).



IMPORTANT DATES

Key Dates for Adding, Changing, or Ending Coverage.

	Add or Change	Start	End
FEHB <i>Federal Employees Health Benefits</i>	Within 60 days of hire, eligibility, or qualifying life event.	First day of the pay period after hire, eligibility, or qualifying life event, and receipt of your election.	Last day of the pay period when you terminate or become ineligible, followed by a 31-day extension of coverage at no extra cost.
Dental	Within 60 days of hire, eligibility, or qualifying life event.	New Hires: First of the month following hire date and receipt of your election. Midyear changes: First of the month following the qualifying event and receipt of your election change.	Last day of month when you terminate or become ineligible for the benefit. **
Vision	Within 60 days of date of hire, eligibility, or qualifying life event.	New Hires: First of the month following hire date and receipt of your election. Midyear Changes: First of the month following the qualifying event and receipt of your election change.	Last day of month Last day of the month when you terminate or become ineligible for the benefit. **
Basic Life, AD&D	Automatic enrollment.	First of the month following hire date or eligibility.	Midnight on the day you are no longer a full-time employee.
Voluntary Life, AD&D	Can be requested at any time.	First of month following evidence of insurability (EOI) approval.***	Last day of month in which you are no longer a full-time employee.
Voluntary Benefits	Can be requested at any time.	First of month	Last day of month in which you are no longer an employee.

* If coverage is ending due to a qualifying event, the end date will be determined by the specific qualifying event, and there will be no extension of coverage.

** If coverage is ending due to a qualifying event, the end date will be determined by the specific qualifying event.

*** New hires electing guaranteed coverage levels will be covered the first of the month following date of hire. The guaranteed coverage level for voluntary life insurance at time of hire is three times the employee's annual salary or \$200,000, whichever is greater. Voluntary life insurance for employee spouses is \$30,000.



KEY CONSIDERATIONS

✓ Educate Yourself

Explore your benefit options in the 2025 guide and visit <https://benefits.nana.com> for resources and tools to help with your decisions.

✓ Ask for Help

Still unsure about your medical plan? Call Health Advocate at 1-866-799-2728 for expert guidance to choose the best plan for you and your family.

✓ Enroll in Your FSA

Decide if you want to enroll in a healthcare or dependent FSA. Remember, you must re-enroll annually, and unused funds will be forfeited at the end of the plan year.

✓ New Hire Deadline

Time of hire: Complete enrollment forms and submit them to benefits@nana.com within 60 days of your hire date. If your forms are not received within 60 days of your hire date, you will not be able to elect benefits until the following year's benefit open enrollment period or you experience a qualifying life event.

✓ Update Your Beneficiaries

Life Insurance: Visit <https://prudential.benselect.com/nana> to update your company-provided and voluntary life and AD&D beneficiaries.

401(k): Visit www.lfg.com, the Lincoln Financial Group website to update retirement plan beneficiaries.

✓ Confirm & Save

New Hires: Save copies of all benefit paperwork and your email confirmation.

Open Enrollment (Nov. 11 – Dec. 9, 2024): Enroll online through Deltek ESS. Changes take effect on Jan. 1, 2025. Current medical, dental, and vision coverage will roll forward unless you make a new election. If you've previously waived coverage and don't make a new choice, it will remain waived for 2025.

After enrolling, confirm your Deltek Costpoint summary, update dependent info if needed, and save/print your confirmation for your records.

✓ Verify Your 2025 Benefits

Check your 2025 benefit deductions after the first payday. Report any errors to the benefits department at (907) 265-3710 or benefits@nana.com immediately.

Note: You are responsible for all health benefit premiums. If your paycheck doesn't cover them, missed payments will be deducted once funds are available.



MIDYEAR BENEFIT CHANGES

The IRS has strict rules on changing pre-tax elections during the year. If you have a qualifying life event, you can adjust your benefits within 60 days of the event.

How to Change Benefits After a Qualifying Event

- 1 Qualifying event occurs (see list below).
- 2 Notify your benefits department at **benefits@nana.com** within 60 days of the qualifying event and provide the required documentation. If submitted after 60 days, the change request will be denied. All necessary documents must be included to process the change.
- 3 Ensure you receive a confirmation from your benefits department after submitting your documentation.

Common Qualifying Events & Required Documentation

Below is a list of common qualifying events and the necessary documentation. Your requested change must align with the event, and any required documentation must be submitted within 60 days of the event.

Life Event	Documentation Required
Marriage, divorce or annulment	Marriage license or divorce decree
Birth of a child	Birth certificate or hospital declaration
Placement of a foster child or child for adoption with you, or assumption of legal guardianship of a child	Court order
Change in your spouse's or dependent's employment status that affects benefits eligibility, including termination or commencement of employment, or change in workplace	Letter from prior carrier or HR department
You or your spouse return from an unpaid leave of absence	Follow return-to-work process
You or your dependent becomes eligible or loses eligibility for Medicare or Medicaid	Medicare or Medicaid statement
Death of your spouse or dependent	Death certificate
Court-ordered coverage of your child by you or your spouse, allowing you to add or drop the child's coverage	Court order
Change in your employment that affects benefits eligibility (working at least 20 hours per week)	Personnel action notice from HR department
Loss of eligibility for a dependent	Statement if other than age
Change in dependent care provider or cost for dependent care flexible spending account	Explanation of circumstances



YOUR MEDICAL COVERAGE

NANA participates in the Federal Employees Health Benefits (FEHB) program for medical insurance.

This gives NANA employees access to the same medical plans as federal government employees, offering excellent options at competitive rates. Explore your many choices by visiting <https://benefits.nana.com> for more information.

Checklist: Choosing the Best Medical Plan



Assess Your Medical Needs

Frequent doctor visits? Choose a plan with lower out-of-pocket costs. Need daily prescriptions? Opt for a plan that covers them at a low cost.



Select a Plan Type

- Traditional PPOs
- HMO (Check if it covers your area)
- High Deductible Plan with HSA
- Consumer-driven high deductible plans



Consider your budget.

- Choose an affordable plan for your family.
- HSA plans include contributions you keep.
- HRA plans cover initial claims with no out-of-pocket cost.
- Be aware of an annual union fee for some plans.



Check In-Network Providers

- Plans with larger networks reduce costs.
- Using out-of-network providers can increase expenses.
- Check preferred provider lists on plan websites.

IMPORTANT REMINDER:

All plans provide 100% coverage for in-network preventive care, with no deductible. Check your plan's brochure for full details.



CHOOSING A MEDICAL PLAN

Through the FEHB program, NANA offers a variety of medical insurance plan types. To help you narrow your search for a plan that is right for you, please read the table below.

Plan Type	Plan Features	Things to Consider
Traditional Plan Types		
Fee-for-Service (FFS) with Preferred Provider	No referral needed to see any doctor. Lower rates with network providers. Nationwide and sometimes worldwide coverage.	<ul style="list-style-type: none"> Higher out-of-pocket costs than other plans. Premiums may be higher. Significant costs if using non-network providers.
Account-Based Plan Types These plans include accounts funded by part of your monthly premium, which can be used to cover out-of-pocket medical expenses.		
High Deductible Health Plan (HDHP) with Health Savings Account (HSA)	<ul style="list-style-type: none"> Covers high-cost medical events. Typically lower premiums. Use HSA funds for health care expenses. HSA is yours to keep, even if you leave the plan. Funds can be used for the deductible. 	<ul style="list-style-type: none"> You cannot have an HSA if you're covered by a non-HDHP, Medicare, IHS, or if you/your spouse has an FSA. Funds will go to an HRA instead. Investment options become available once your account reaches a certain balance. You can make additional HSA contributions, subject to IRS limits. No co-pays; deductible must be met before co-insurance applies, including for prescriptions.
Consumer-Driven High Deductible Plan (CDHD) with Health Reimbursement Account (HRA)	<ul style="list-style-type: none"> Your health plan contributes to a medical fund. Typically the lowest premiums. Funds cover expenses before the deductible applies. 	<ul style="list-style-type: none"> The medical fund doesn't earn interest, and you cannot add contributions. You lose the balance if you leave the plan. The full annual fund amount is available immediately. Unused funds roll over if you re-enroll, up to a set maximum. Funds can only cover expenses under this plan.
Health Maintenance Organization Plan Types		
Health Maintenance Organization (HMO)	<ul style="list-style-type: none"> Care is managed by a primary care physician. Some HMOs have little to no deductible. Typically lower premiums than traditional plans. 	<ul style="list-style-type: none"> Referral may be needed to see a specialist. Full cost applies for care outside the HMO network. HMO plans are unavailable in some states, including Alaska.



MEDICAL PLANS

The FEHB online plan comparison tool provides a listing of available plans.

Visit <https://benefits.nana.com/> for the link to the FEHB plan comparison tool. You will find summaries of benefits and coverage (SBCs), plan documents and additional options on the plan comparison results page.

Comparing Plan Costs

To see how much each plan costs, visit the **Compare Plans Tool page**, and follow these steps:

- 1 Enter your zip code.
- 2 Select **Tribal Employee**.
- 3 Choose the number of members (**Self, Self+1, or Self+Family**).
- 4 Select **Search** button.

You'll see the plans available in your state, including the monthly premium cost.



STILL NOT SURE WHICH PLAN TO CHOOSE?

Contact a **Health Advocate enrollment specialist** at **1-866-799-2728** for assistance.

IMPORTANT

The enrollment code identifies the plan and coverage tier. As you make your election, ensure this code corresponds to your choice.



DENTAL COVERAGE

NANA offers dental insurance through Premera Blue Cross Blue Shield of Alaska that helps pay for the cost of routine checkups — and just about any other type of dental work you might need: Crowns, root canals, night guards and even dependent orthodontia.

Note: This is a stand-alone benefit, not affiliated with Federal Blue Cross Blue Shield medical plans.

Other advantages include:

- Visit any dentist for care.
- Coverage is available for you, your spouse and/or dependent children.
- Lower out-of-pocket costs when you visit a network provider.

Premera Blue Cross Blue Shield - No annual deductible!	
Employee	\$0
Employee + Family	\$0
Preventive & Diagnostic Care	100%
Enhanced Basic Care (fillings, endodontics, periodontics, extractions, oral)	90%
Enhanced Major Care (crowns, bridges, dentures)	55%
Enhanced Annual Maximum Benefit	\$2,250
Lifetime Orthodontia (children up to age 26 only)	80% up to a maximum of \$2,000

Find dental providers at www.premera.com. If you use a non-network provider, you may be responsible for charges above the plan's limits.

For extensive dental work, it's recommended to get a pre-treatment estimate to understand any out-of-pocket costs.

Note: Some FEHB medical plans include dental benefits. Check your plan for coordination details, as dental coverage is typically supplemental and may be limited.

Enhanced Benefit

Preventive and diagnostic care charges will be paid at 100% and will not be deducted from the \$2,250 annual benefit!



Create a member account to order new ID cards or print a temporary ID card.

Go to www.premera.com. You will need your ID number and your group number to create your account. If you do not have this information, please contact customer service at **1-800-508-4722**.

Important note: Each member, 13 years or older, will need to set up their own account (for possible sensitive claims purposes per Washington state law); a different email address will also be needed for each member setting up a member account.

Create a new member account by selecting the SIGN- IN box in the upper-right corner and following the prompts to register a new account:

- Select **MEMBER**.
- Enter **USER ID** created and **PASSWORD**; then select **SECURE LOG IN**.
- On the left side of the homepage there is a Member Services menu. Select **MANAGE MY ACCOUNT** and then **PRINT AND ORDER ID CARD**.



VISION COVERAGE

NANA offers quality vision coverage through VSP.

Your voluntary vision program covers eye exams, eyeglasses and contact lenses for you and your eligible dependents. VSP is one of the nation's most complete eyecare plans.

Get quality care that focuses on your eyes and overall wellness.

Choose any eyecare provider — your local VSP doctor, a retail chain affiliate or any other provider.

Using your VSP benefit is easy:

- 1 To find a VSP doctor or retail chain affiliate, visit www.vsp.com or call **1-800-877-7195**.
- 2 Before your appointment, visit www.vsp.com to review your plan coverage.
- 3 At your appointment, tell the provider you have VSP — no ID card is necessary.

Costco optical stores are part of VSP's affiliate network, but not all Costco optometrists participate. Verify participation before scheduling your eye exam.

VSP members also get access to TruHearing's discount hearing aid program.

Visit www.truhearing.com/vsp or call **1-877-396-7194** for more information.

VSP Vision Benefits Coverage	In-Network	Out-of Network
Annual Eye Exam (every 12 months)	\$10 co-pay	Up to \$50 plan allowance
Frames (every 12 months)	\$25 co-pay, \$225 frames allowance	\$70 allowance
Prescription Lenses (every 12 months)	In-Network	Out-of-Network
Standard Anti-Reflective	Covered in full	No Coverage
Standard Progressives	Covered in full	\$75 allowance
Custom/Premium Progressives	Included with prescription glasses	
Single Vision	Included with prescription glasses	\$50 allowance
Bifocal	Included with prescription glasses	\$75 allowance
Trifocal	Included with prescription glasses	\$100 allowance
Contact Lenses (in lieu of lenses/every 12 months)	In-Network	Out-of-Network
Conventional	\$150 allowance for lenses; exam and fitting not to exceed \$60	\$105 allowance including exam
Disposables	Co-pay; 15% off exam and fitting	Including exam and fitting
Medically Necessary	\$25 co-pay	\$240 allowance
Laser Vision Correction	Discounts available. Contact VSP for details.	
Additional pair of: Prescription Glasses, Prescription Sunglasses	30% off additional glasses and sunglasses from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.	

Out-of-Network Providers

You may be required to pay your provider upfront and submit a claim form for reimbursement from VSP.

TruHearing Choice Program

All VSP members and their eligible family members have access to the TruHearing Choice Program. TruHearing offers you significant savings per hearing aid on a wide variety of the latest digital hearing aids, as well as access to a professional network of more than 5,000 provider locations nationwide. Visit www.truhearing.com/vsp or call **1-877-396-7194** for more information.

In addition, each TruHearing purchase includes:

- Three follow-up visits with a provider for fitting and adjustments.
- 45-day trial.
- Three-year manufacturer warranty for repairs and one-time loss and damage replacements.
- 48 free batteries per aid.





FLEXIBLE SPENDING ACCOUNTS (FSAs)

Out-of-pocket medical and dependent day care expenses can be difficult to manage.

Maximize Your Savings with FSAs

NANA offers two types of Flexible Spending Accounts (FSAs) to help you save on taxes by setting aside pre-tax dollars for out-of-pocket expenses:

Health FSA: Covers healthcare expenses (max \$3,200 for 2025).

Dependent Care FSA: Covers daycare expenses (max \$5,000 or \$2,500 if married filing separately).

You can enroll in an FSA even without NANA's medical insurance. FSAs help you pay less in taxes, but remember to estimate carefully—unused funds are forfeited at year-end.

How It Works

Choose an annual amount to contribute, and it will be deducted from your paycheck throughout the year. For Health FSAs, you'll get an FSA debit card from TRI-AD to easily manage your expenses.

Dependent Care FSAs reimburse only the funds contributed so far and don't come with a debit card.

FSAs follow IRS rules, so for a full list of eligible expenses, check IRS Publications 502 and 503 at www.irs.gov. For more details, visit www.tri-ad.com/fsa or call 1-888-844-1372.

DEPENDENT DAY CARE

This account is for day care expenses and is not to cover your dependents' medical costs – use the health care FSA for that.



LIFE INSURANCE

NANA provides basic life insurance at no cost to you.

Full-time employees are automatically enrolled in basic life insurance through Prudential. You can purchase voluntary life insurance for extra protection, but an online Evidence of Insurability (EOI) form may be required for you or your spouse to get approved.

Voluntary Life Insurance Options

Employee: Available in \$10,000 increments. No EOI required for up to \$200,000 at initial eligibility. Maximum benefit: \$750,000 or 8x annual earnings.

Spouse: Coverage in \$10,000 increments up to \$250,000 (not exceeding 100% of the employee's benefit). No EOI required for up to \$30,000 at initial eligibility. Employee coverage required.

Children: Coverage in \$2,000 increments, max \$10,000. One price covers all children up to age 26. Employee coverage required.

Rates are based on age as of Jan. 1.

DESIGNATE A BENEFICIARY

Your beneficiary is the person or entity (e.g., a charity or your estate) who will receive your life insurance benefits when you pass away. You can name one or multiple beneficiaries. Be sure to review and update your beneficiary if your family situation changes.

If no beneficiary is named, your benefits will be distributed according to legal procedures.



TO ENROLL IN, REMOVE COVERAGE OR MAKE CHANGES TO YOUR VOLUNTARY LIFE AND AD&D ELECTIONS

Please visit <https://prudential.benselect.com/nana>.



ACCIDENTAL DEATH AND DISMEMBERMENT

NANA provides accidental death and dismemberment (AD&D) insurance at no cost to you.

AD&D insurance covers non-job-related accidental death or dismemberment. Full-time employees are automatically enrolled through Prudential, and you can also purchase additional voluntary AD&D coverage for yourself and your family.

Employee

Coverage in \$10,000 increments, up to \$750,000 or 8x annual earnings.

Family

- Spouse only: 60% of your AD&D coverage
- Children only: 15% of your voluntary AD&D coverage
- Spouse and children: 50% for spouse, 10% for each child

Voluntary term life insurance is not required to enroll in voluntary AD&D insurance.

HOW TO UPDATE IN VOLUNTARY LIFE AND AD&D ELECTIONS

Visit the website for easy enrollment and to use the life insurance needs estimator.

Go to <https://prudential.benselect.com/nana>:

1. Enter your Social Security number.
2. Enter your date of birth: MMDDYYYY.
3. Once logged in, make your coverage selections and designate your beneficiaries.





DISABILITY INSURANCE

Disability insurance plays an important part in your overall financial health by protecting your income.

NANA pays the full cost of short-term disability and for certain companies, long-term disability, which replace a portion of your wages while you're unable to work. Claims are approved and administered by Prudential.

Short-Term Disability (STD)

- Coverage provides a benefit equal to 66.66% of your weekly earnings, up to a maximum weekly benefit of \$1,500 (before reduction by deductible income) for a period up to 180 days, if your claim for benefits is approved.
- 14 calendar-day waiting period.
 - A waiting period is the length of time between your last day actively at work and the point at which you would be eligible to begin receiving the STD benefit.

Long-Term Disability (LTD)

Contact your benefits department for LTD coverage details and information on whether your company offers LTD benefits.



ADDITIONAL BENEFITS

TRAVEL ASSISTANCE

Our travel assistance program, provided through IMG, is free to you and members of your family when traveling more than 100 miles from home on personal travel.

Through the program, you'll be connected to:

- Emergency medical transport.
- Medical and travel assistance.
- Security assistance.

Services are available 24/7 worldwide and include medical, dental and legal referrals, lost document and lost luggage help, transportation of a family member to your location if you are hospitalized and/or transportation of minor children back home, political evacuation and emergency cash or bail.

Consult www.imglobal.com for more details or call 1-855-847-2194.



VOLUNTARY BENEFITS

NANA offers voluntary benefits through Prudential and MetLife. When you enroll through **Selerix**, these benefits can complement your core elections and provide additional financial protections for you and your family.



These pay for a variety of injuries, medical services and/or medical conditions (depending on the plan) including, but not limited to:

Accident Insurance

- Injuries like fractures, burns, concussions, lacerations and broken teeth.
- Medical services like ambulance (ground, air or water), emergency room visits, medical tests and appliances (like crutches).

Hospital Indemnity Insurance

- Hospital services like admissions, daily in-hospital stays, intensive care unit (ICU) admission and daily hospital ICU stays.

Critical Illness Insurance

- Medical conditions like Alzheimer's disease, cancer, coma, coronary artery disease (severe), heart attack, major organ failure, paralysis and stroke.

Each plan also includes a \$50 wellness benefit per person enrolled. The wellness benefit is a reimbursement for preventative screenings such as annual checkups, dental cleanings and immunizations.

Each of these plans pays a lump-sum amount directly to you to use however you choose. Use the payment for out-of-pocket medical expenses (such as co-pays or deductibles) or everyday living expenses, like childcare and groceries. **Enroll online at <https://prudential.benselect.com/nana>**

These supplemental plans are not health insurance coverage (often called "major medical coverage").

This type of supplemental plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.



Enroll in a Metlife legal plan through NANA and access attorneys for personal matters.

Enroll through **Selerix** and enjoy convenient and cost-effective access to a large network of highly qualified attorneys available to help with planned — and unplanned — personal legal matters.

Once you enroll, it's like having access to an attorney on retainer for all covered services for you and everyone in your immediate family (up to age 26). Covered matters include:

- Wills, living wills, health care proxy, power of attorney.
- Purchase or sale of a home.
- Divorce and post decree matters.
- Family law including adoption, surrogacy support and domestic partnership agreements.
- Traffic offense protection (does not cover DUI).

Enroll online at <https://prudential.benselect.com/nana> and enjoy unlimited nationwide access to a network of 18,000+ top attorneys for all legal matters covered under the plan. The attorney will advocate for your best interests and help you navigate legal issues.



NANA offers supplemental health benefits to help keep you covered – no matter what life throws at you.



Identity and fraud protection is offered by NANA to keep your digital life safe.

Another option with enrollment through **Selerix**, MetLife Identity & Fraud Protection powered by Aura is an all-in-one digital security solution that helps safeguard what matters to you most: Your identity, money and assets, family, reputation and privacy.

Aura scans billions of online sources, assesses personal identity risks, raises suspicious activity alerts, and empowers users with access to 24/7 U.S.-based support and remediation services. **Enroll online at <https://prudential.benselect.com/nana>.**

- Extensive identity theft protection, financial fraud protection, digital security and privacy tools.
- Receive alerts for credit inquiries, suspicious bank account transactions and potential threats to your personal information.
- Cyber footprint protection through VPN, ad blocker, antivirus protection, social media monitoring and strong child protection for minors.
- The family plan includes up to 10 additional adults and unlimited minors (under 18).
- 24/7 customer support to answer account, technical or billing questions.
- Access to resolution specialists who provide case management services to victims of fraud.



NANA cares about your pets too!

You can enroll in MetLife Pet Insurance and feel confident that your pet's health and your wallet are protected if you're faced with an unexpected trip to the vet.

This plan is not available for payroll deductions. You will make payment arrangements directly with MetLife Pet when you enroll. You will find a link in the Prudential online enrollment site (**<https://prudential.benselect.com/nana>**) to connect you to the MetLife Pet Insurance enrollment site.

- Flexible coverage with up to 100% reimbursement and freedom to visit any U.S. licensed vet.
- 24/7 access to telehealth concierge services — because accidents and illnesses don't always wait for your vet's office to be open.
- Optional preventive care coverage.
- Coverage of previously covered pre-existing conditions when switching providers.
- Use the MetLife Pet mobile app to submit and track claims, manage your pet's health and wellness and find nearby pet services.



RETIREMENT SAVINGS

Retirement may be just around the corner or far on the horizon. It is never too late or too early to start planning and saving.

NANA partners with Lincoln Financial to offer a 401(k) plan available to all employees, regardless of classification or age.

New hires and rehires are automatically enrolled at a 6% contribution rate. Unless you choose otherwise, your investments will default to the American Funds target date fund aligned with your retirement age.

Below are the plan highlights: Refer to the current plan year summary plan description (SPD).

Provision	Plan Summary
Eligibility – Service	All employees are immediately eligible.
Eligibility – Class	All employee classifications are eligible.
Eligibility – Age	No age restrictions: Employees can contribute to 401(k) regardless of age.
Employees Deferrals	New hires and rehires will be automatically enrolled at 6%; Employees can contribute 1% to 100% of compensation on a pre-tax basis up to the maximum allowed by the IRS (limits at time of publication): <ul style="list-style-type: none"> • \$23,000 • \$30,500 if age 50 or older
Discretionary Match	Employer match is discretionary and reviewed annually.

Pay Taxes Now or Later?

Your retirement plan offers both 401(k) (pre-tax) and Roth 401(k) (after-tax) contribution options. With a 401(k), you get an immediate tax break, while Roth 401(k) contributions offer tax advantages in retirement. Understanding these options helps you make informed decisions for your future savings.

401(k): Pay Taxes Later	Roth 401(k): Pay Taxes Now
Take home more pay today in exchange for paying taxes on your account when you retire.	Take home less pay today in exchange for not having to pay taxes on your account when you retire.
Pre-tax: Pay no taxes now on the money you invest, which lowers your taxable income right away.	After-tax: Pay taxes now on the money you invest, so you can enjoy a tax break later.
In retirement, you'll pay taxes on the money you invested — and on the earnings.	In retirement, you won't pay taxes on the money you invested — or on the earnings.
You'll pay a penalty if you begin withdrawing money before age 59½.	You'll pay a penalty if you begin withdrawing money before age 59½. Also, you can't withdraw funds until they've been in your account for five years.
Discretionary match.	Employer match is discretionary and reviewed annually.



EMPLOYEE ASSISTANCE PROGRAM

The following additional benefits are available to help you balance the demands of work, family and home life.

Mental Health and Family Support

We offer resources to help with personal, work, and health challenges. Health Advocate's Employee Assistance Programs (EAPs) provide confidential support for issues like family concerns, stress, depression, addiction, and more.

You and your family can access up to five face-to-face sessions per issue, with complete confidentiality. EAP counselors can also refer you to additional resources. If referred to a provider outside the EAP, costs may be covered by your health insurance. For more details, check your NANA medical insurance materials.

Work/Life Services

Specialists are available to help you when you are in a pinch to:

- Find local childcare.
- Locate eldercare options.
- Connect you with professional legal and financial experts for 30-minute consultations.

Web Resources

Health Advocate offers live webinars on health and work-life balance, available for playback 24/7. Their website provides helpful resources for life events like buying a house, having a child, budgeting, and saving for retirement. You'll find articles, how-to guides, and checklists to support you through these transitions.

Manager Resources and Communications

An easy to access link to bookmark when you need information or support on the fly.

Skill Builders Online Training

With over 80 online trainings, personal growth and professional development is only a click away. Each course is self-paced, takes approximately 45 to 60 minutes to complete, and concludes with a custom completion certificate.

You will need to log in to the member portal to access this information.

To get started, call Health Advocate EAP's toll-free number **1-866-799-2728**. Information is also available online at **healthadvocate.com/nana**.



EMPLOYEE DISCOUNTS – PERKS AT WORK

Start saving on everyday electronics, household items, store memberships, vacations and wellness activities. **Contact your NANA benefits departments if you have questions about available discounts.**

- Go to: **healthadvocate.com/NANA**.
- **Create an account** or **log in**.
- From the EAP+ Work/Life drop down menu at the top of the page, **select Savings Center**.



ADVOCACY

Use Health Advocate's election specialists to find a doctor, clarify your treatment options and manage your health and well-being.

Health Advocate Services

Health Advocate provides personalized support from registered nurses and health care experts for you, your immediate family, parents, and in-laws. They help you navigate health insurance, understand co-pays, deductibles, and covered procedures, as well as:

- Support with medical issues, simple or complex.
- Answer questions about diagnoses and treatments.
- Research treatment options and find the best doctors.
- Assist with claims, negotiate fees, and more.

Need Help Choosing a Plan?

New hires and employees during open enrollment can meet with a Health Advocate specialist to review benefits and identify gaps in coverage. Eligible employees, their families, and parents can all use this benefit. However, only those enrolled in a NANA medical plan can access full Health Advocate services.

HEALTH ADVOCATE Turn to us - we can help

Phone:
(866) 799-2728

Website:
<https://healthadvocate.com/NANA>

Email:
answers@healthadvocate.com

REQUIRED 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 its 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, dial **1-877-KIDS-NOW** or head to www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your state for more information on eligibility.

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: customerservice@myakhipp.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: (916) 445-8322
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: 1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

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
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Health and Well Kids in Iowa (Hawki) Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid
Website: www.medicare.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

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: 1-800-694-3084
Email: HSHIPPPProgram@mt.gov

NEBRASKA – Medicaid
Website: <http://www.accessnebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

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: 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: (919) 855-4100

NORTH DAKOTA – Medicaid
Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: www.pa.gov
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347 or (401) 462-0311 (Direct Rte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
HIPP Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <https://dhhr.wv.gov/bms/>
HIPP Website: <http://mywvhipp.com/>
Medicaid Phone: (304) 558-1700
CHIP Toll-Free Phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To check if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact:

U.S. Department of Labor

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

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



REQUIRED NOTICES

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prosthesis.
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call **(907) 265-3710**.

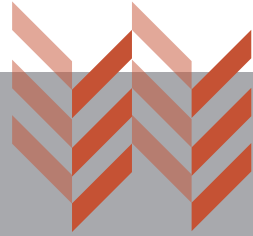
All medical plans are fully insured or administered by a third party (FSA-TRI-AD).

Newborns' and Mothers' Health Protection Act Notice

Maternity Benefits

Under federal and state law you have certain rights and protections regarding your maternity benefits under the plan.

Under federal law known as the **Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act)** group health plans and health insurance issuers generally may not 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).



Special Enrollment Rights Notice

Under the special enrollment provisions of HIPAA, you may be eligible, in certain situations, to enroll in a NANA medical plan during the year, even if you previously declined coverage. This right extends to you and all eligible family members.

You will be eligible to enroll yourself (and eligible dependents) if, during the year you or your dependents have lost coverage under another plan because:

- Coverage ended due to termination of employment, divorce, death or a reduction in hours that affected benefits eligibility.
- Employer contributions to the plan stopped.
- The plan was terminated.
- COBRA coverage ended.

You must notify the plan within 60 days of the loss of coverage to enroll on the NANA medical plan during the year. Otherwise, you will need to wait until the plan's open enrollment period.

- If you gain a new dependent during the year as a result of marriage, birth, adoption or placement for adoption, you may enroll that dependent, as well as yourself and any other eligible dependents in the plan, even if you previously declined medical coverage.

You must notify the plan within 60 days of the event to enroll on the NANA medical plan during the year. Otherwise, you will need to wait until the plan's open enrollment period. Coverage will be retroactive to the date of birth or adoption for children enrolled during the year under these provisions.

- Effective April 1, 2009, you will be eligible to enroll yourself and eligible dependents if either of two events occur:
 - You or your dependent loses Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible.
 - You or your dependent qualifies for state assistance in paying your employer group medical plan premiums.

Regardless of other enrollment deadlines, you will have 60 days from the date of the Medicaid/CHIP event to request enrollment in the NANA medical plan.

Please note that special enrollment rights allow you to either:

- Enroll in your current medical coverage; or
- Enroll in any medical plan benefit option for which you and your dependents are eligible.



HEALTH INSURANCE MARKETPLACE

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace (Marketplace)?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I save money on my health insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit¹.

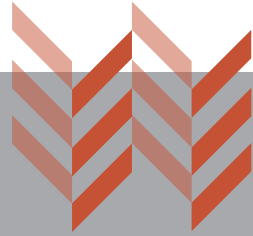
Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact benefits@nana.com or (907) 265-3710.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit healthcare.gov for more information, including an online application for health insurance coverage and contact information for a health insurance marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



PART B: Information about health coverage offered by your employer.

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name: NANA Regional Corporation Inc	Employer Identification Number (EIN): 92-0042024	
5. Employer address: 909 W. Ninth Ave.	6. Employer phone number: (907) 265-3710	
7. City Anchorage	8. State: Alaska	9. Zip code: 99501
10. Who can we contact about employee health coverage at this job? Benefits Department		
11. Phone number (if different from above)	12. Email address: benefits@nana.com	

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

As your employer, we offer a health plan to:

- All employees. Eligible employees are:
- Some employees. Eligible employees are: Full-Time and Part-Time

With respect to dependents:

- We do offer coverage. Eligible dependents are: The employee's legally married spouse, natural-born children, adopted children, step-children, or any child for whom you have legal custody. They are eligible up to age 26 or if disabled, regardless of age.
- We do not offer coverage.
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **healthcare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **healthcare.gov** to find out if you can get a tax credit to lower your monthly premiums.



NOTES

