



2022

Employee Benefits



Welcome to Choctaw Nation of Oklahoma's Benefits Guide

Choctaw Nation of Oklahoma is committed to providing our associates and their families with a comprehensive benefits program that combines a core level of protection with a variety of optional benefit choices. These benefits help to keep you healthy and secure while providing you with peace of mind. Eligible associates receive a group of company-paid benefits that are provided automatically. You can add to that core level of protection by choosing additional benefits that fit your own personal situation.

Your benefit needs are just as unique and individual as the life you lead, and they will more than likely change over time. Each year, as your needs change, you can put together a new package of benefits.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 31 for more details. There are notes pages in the back of the book to aid in your selections or keep track of contact info.



Nothing contained in this guide shall be construed to waive the sovereign rights of Choctaw Nation of Oklahoma, any subsidiaries and affiliates of Choctaw Nation of Oklahoma or any of their respective officers, directors, servants, agents, employees, successor assignees.

This guide highlights the main features of Choctaw Nation of Oklahoma associate benefit package. It is intended to provide you with an overview of your associate benefits. This guide does not include all plan rules and details and should not be considered as a substitute for plan documents or summary plan descriptions. The terms of your benefit plans are governed by legal plan documents, including insurance contracts. Should there be any inconsistencies between this guide and the legal plan documents, the plan documents are the final authority on the benefit plan. Choctaw Nation of Oklahoma reserves the right to change aspects of its benefits plan, including premiums, or to discontinue its benefit plans at any time with a 60-day notice.

Glossary of Terms

It is important to be familiar with benefit terms to better understand your options. Take a moment to review these definitions, which may be referenced throughout this guide.

Coinsurance: The amount (usually a percentage of the claim) shared by you and the plan, after you have met the deductible.

Copayment/Copay: A specific dollar amount you pay to receive services such as office visits.

Covered services or expenses: Services or expenses that your plan covers.

Deductible: The amount you pay each year before your plan begins paying; office and prescription copays not included.

Exclusions: Services or expenses that your plan does not cover.

Formulary: The list of prescription drugs covered by the plan.

Health Savings Account (HSA): An HSA is a personal health care account for those enrolled in an HDHP. You may use your HSA to pay for qualified medical expenses such as doctor's office visits, hospital care, prescription drugs, dental care, and vision care. You can use the money in your HSA to pay for qualified medical expenses now, or in the future. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP.

High Deductible Health Plan (HDHP): A qualified HDHP is defined by the Internal Revenue Service (IRS) as a plan with a minimum annual deductible and a maximum out-of-pocket limit. These minimums and maximums are determined annually and are subject to change.

In-Network: A designated list of health care providers (doctors, dentists, etc.) with whom the health insurance provider has negotiated special rates. Using in-network providers lowers the cost of services for you and the Company.

Out-of-Network: Health care providers that are not in the Plan's network and who have not negotiated discounted rates. The cost of services provided by out-of-network providers is much higher for you and the Company. Additional deductibles and higher coinsurance will apply.

Out-of-pocket maximum: Maximum dollar amount that you will pay per year before the plan begins paying covered expenses at 100 percent. The out-of-pocket maximum for full-time Select and Choice plans and the variable hour plan includes the deductible and copays.

Preferred Provider Organization: A group of doctors and facilities that provide services to patients at a reduced contracted rate. PPO plans allow you to visit whatever in-network physician or health care provider you wish without first requiring a referral from a primary care physician.

Premium: The amount you pay to receive coverage.

Preventive Care: Health care services that include check-ups, patient counseling and screenings to prevent illness, diseases and other health-related problems. The US Preventive Services Task Force defines which services are considered preventive care. These services are covered at no cost to you.

Usual and Customary: The base amount that is treated as the standard or most common charge for a particular medical service.

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Important Contacts

If you have any questions after you enroll, please call the benefit plan providers directly or log on to their websites. See the table below for contact information.

BENEFIT	CONTACT	PHONE NUMBER	WEBSITE / EMAIL
Medical	Accolade (UMR Medical)	866-406-0016	member.accolade.com
Free Maintenance Prescriptions	Choctaw Nation Employee Prescription Program	918-649-1112	pahickman@cnhsa.com
Prescription Coverage	Accolade (RxBenefits/ CVS Caremark)	866-406-0016	member.accolade.com
Dental	Cigna	800-244-6224	my.cigna.com
Vision	Vision Service Plan (VSP)	800-877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	UMR	866-663-9236	www.umar.com
Employee Assistance Program (EAP)	Optum EAP	866-248-4096	liveandworkwell.com Access Code: Choctaw
401(k) Savings Plan	Merrill	800-228-4015	www.benefits.ml.com
401(a) and 457 Retirement Plans for Housing	Standard	800-858-5420	www.standard.com/retirement
College Tuition Reimbursement	Employee Education Assistance Program	580-924-8280	tuition@choctawnation.com
Short Term Disability	Guardian	Initial Claims: 888-262-5670 Ongoing Claims: 800-268-2525	www.guardiananytime.com Email: group_std_claims@glic.com
Long Term Disability	Guardian	800-538-4583	www.guardiananytime.com Email: group_ltd_claims@glic.com
Life and AD&D Supplemental Employee & Dependent Life Insurance	Guardian	800-525-4542	Email: group_life_claims@glic.com
Accident & Critical Illness	Guardian	Accident & Cancer: 800-541-7846 Critical Illness: 800-268-2525	www.guardiananytime.com Email: ebh@glic.com
Voluntary Whole Life with Long-Term Care Insurance	Unum	866-752-3229	www.unum.com
Worker's Compensation	CNO Worker's Compensation	580-924-8280 Fax: 580-920-7017	worker.incident@choctawnation.com
Choctaw Nation of Oklahoma Wellness Center in Durant		580-931-8643	tlawrence@cnhsa.com
Benefits Department		580-924-8280	benefits@choctawnation.com

Benefits-at-a-Glance

Choctaw Nation of Oklahoma takes pride in offering a benefits program that provides flexibility for the diverse and changing needs of our associates. The following is an overview of the benefits provided to eligible associates and their dependents.

BENEFITS PLAN	OPTIONS
Medical and Pharmacy Accolade Care Coordinators (UMR/RxBenefits)	<ul style="list-style-type: none"> • Full-Time Select Plan • Full-Time High Deductible Health Plan (HDHP) • Full-Time Choice Plan • Variable Hour Plan
Dental Cigna	<ul style="list-style-type: none"> • Optional dental plan for full-time associates only • Provides comprehensive, competitive coverage for restorative care and dependent orthodontia • Preventive services covered at 100%
Vision VSP (Vision Service Plan)	<ul style="list-style-type: none"> • Optional vision plan for full-time associates only • Provides benefits for eye exams, lenses, frames, and/or contacts
Health Care Flexible Spending Account (FSA) UMR	<ul style="list-style-type: none"> • Set aside up to \$2,750 tax-free for eligible health care expenses • Full-time associates who are eligible for a medical plan can enroll, regardless of medical coverage status
Dependent Care Flexible Spending Account (FSA) UMR	<ul style="list-style-type: none"> • Set aside up to \$5,000 tax-free (\$2,500 if married and file taxes separately) to pay eligible day care expenses for your dependents • Full-time associates who are eligible for a medical plan can enroll, regardless of medical coverage status
Employee Assistance Program (EAP) Optum	<ul style="list-style-type: none"> • 24/7 services available to help you and your family with day-to-day work/life issues • Licensed counselors available to chat online or meet in person • Hundreds of resources and services to assist with things like budgeting, will preparation, elder care referrals, substance abuse, suicide prevention, professional development, health and wellness, and much more
Short Term Disability Insurance Guardian	<ul style="list-style-type: none"> • Paid by Choctaw Nation of Oklahoma • Pays a benefit if you are unable to work for a short time due to illness or injury; certain limitations apply • Full-time associates: 60% of salary up to \$2,500 per week • Part-time associates: 70% of salary up to \$150 per week
Long Term Disability Insurance Guardian	<ul style="list-style-type: none"> • Paid by Choctaw Nation of Oklahoma for both full-time associates and part-time associates • Provides up to 60% of pay when you are considered disabled according to plan provisions for more than 90 days
Basic Term Life / AD&D Insurance Guardian	<ul style="list-style-type: none"> • Paid by Choctaw Nation of Oklahoma • Full-time associates have term life insurance coverage equal to one times annual base salary, for a minimum of \$50,000 to a maximum of \$500,000 • All part-time associates who work at least 24 hours per week are provided \$20,000 of term life insurance coverage • Accidental Death & Dismemberment (AD&D) insurance is provided in the same amount as Basic Life
Supplemental Employee Term Life Insurance Guardian	<ul style="list-style-type: none"> • Optional associate-paid benefit • Associate coverage available in \$10,000 increments up to \$500,000 • No health questions required on amounts up to \$150,000 (for those who apply during initial eligibility period) • Full-time associates and eligible part-time associates who work at least 24 hours per week are eligible to participate
Supplemental Dependent Term Life Insurance Guardian	<ul style="list-style-type: none"> • Optional associate-paid benefit • Spouse: Up to 50% of the amount associate elected in Supplemental insurance in \$5,000 increments up to \$250,000 • Child(ren): \$5,000; \$10,000 or \$20,000 not to exceed 100% of associate's supplemental life benefit (associate must be enrolled in Supplemental Life insurance to elect child dependent life insurance) • Full-time associates and eligible part-time associates who work at least 24 hours per week are eligible to participate

Eligibility



FULL-TIME ASSOCIATES

You are eligible to enroll in Choctaw Nation of Oklahoma’s benefit plans on the first day of the month following 50 days of continuous service.

PART-TIME ASSOCIATES

Part-time associates of Choctaw Nation of Oklahoma scheduled to work at least 24 hours a week are eligible for the following benefits on the first day of the month following your initial 11-month waiting period: Long Term and Short Term Disability, Basic Life insurance, and Accidental Death & Dismemberment insurance. Part-time associates also have the option to elect Supplemental Life insurance and Critical Illness/Group Accident insurance.

VARIABLE HOUR ASSOCIATES

Under the Affordable Care Act, associates who have hours that vary from week to week will be referred to as “variable hour” associates, not full-time or part-time. Starting each October, all variable hour associates will begin a new 12-month “measurement period” to determine the average number of hours worked per week for the following plan year. If you averaged 30 hours per week or more between October 2020 and October 2021, you’ll be eligible for the Variable Hour medical plan for the 2022 plan year, in addition to the benefits listed above for Part-Time associates. And if your average is less than 30 hours per week, you won’t be eligible for Choctaw Nation’s health benefits and will need to find other coverage, such as through a spouse, parent or the Health Insurance Marketplace. The measurement period occurs every October to October, so your eligibility could change each plan year.

If you are a variable hour associate hired throughout the year, you will begin an 11-month measurement period on the first day of the month following your date of hire.

LATE ENROLLEES

If you do not enroll for coverage within 30 days of your eligibility date, you will be considered a late enrollee and must wait until the next Open Enrollment period to enroll for benefits, unless you experience a qualified change in family status. Pre-existing condition limitations may apply to some benefits, and some benefits may require proof of good health if you are a late enrollee.

DEPENDENT ELIGIBILITY

You may enroll your eligible dependents in the same plans you choose for yourself. The following are eligible dependents for benefits coverage:

- Your legal spouse
- Your children up to age 26, including stepchildren, foster children, legally adopted children, children for whom you have legal guardianship, and children placed with you for adoption
- Your dependent children over age 26 who are medically certified as disabled

Some dependent benefits may have a lower maximum age limit. See the specific benefit plan descriptions for further information.

Verification of dependent eligibility (e.g., tax documents, copy of marriage certificate, birth certificate, or other legal verification) is required when adding dependents to your coverage.

OPEN ENROLLMENT

Open Enrollment is held during the fall each year. You will have the opportunity to change your benefit selections once a year during the Open Enrollment period. The benefits you elect during Open Enrollment in the fall will be effective January 1st of the next plan year.

MAKING CHANGES DURING THE YEAR

The choices you make when you first enroll remain in effect for the entire plan year, which begins January 1 and ends December 31. Once you are enrolled, you must wait until the next Open Enrollment period to change your own benefits or add or remove coverage for dependents, unless you have a qualified change in family status as defined by the IRS. Keep in mind that appropriate documentation is required for any change in status.

Examples include, but are not limited to, the following:

- Marriage, divorce, legal separation, or death
- Birth or adoption of a child
- Qualified medical child support order
- Loss of other health coverage
- Special enrollment rights

You have 30 days to make changes to your coverage, and any change you make to your coverage must be consistent with the change in status.



Stay Healthy with Medical Coverage

Choctaw Nation offers three medical plan options for full-time associates and their families. These include two Preferred Provider Organization (PPO) plans and a High Deductible Health Plan (HDHP). With three plan options, you can choose the plan that makes the most sense for you and your family's needs.

In order to comply with the Affordable Care Act, Choctaw Nation offers a medical plan to eligible variable hour associates. This plan will be available to associates and their children.

At Choctaw Nation we provide our associates with expert customer support through Accolade. Accolade's care coordinators can help answer any benefit or healthcare-related questions for you or your family. Our benefit plans use the UnitedHealthcare Choice Plus network. This nationally respected network is also among the largest and most widely recognized throughout Choctaw Nation of Oklahoma.

PRIOR AUTHORIZATION REQUIRED FOR SOME SERVICES

Important: Prior authorization may be required before benefits will be considered for payment. Failure to obtain prior authorization may result in a penalty or increased out-of-pocket costs. The phone number to call for prior authorization is listed on the back of the medical plan ID card.

HDHP, SELECT & CHOICE PLANS (IN-NETWORK ONLY)

The Select, Choice, and High Deductible Health plans offer associates and their families access to UHC's largest network with more than 840,000 providers. Out-of-network benefits are not covered except in the case of emergency. Out-of-network means that the provider does not have a contract with UMR. If you receive services from an out-of-network provider, you will have to pay for the full cost.

VARIABLE HOUR PLAN

The Variable Hour plan is available to eligible part-time associates. This plan gives you the flexibility to choose between in-network and out-of-network providers. If you choose an out-of-network provider, however, your medical expenses will likely be much higher. The medical plan pays a lower benefit, you must file a claim to receive reimbursement for covered expenses, and the provider may bill you for any charges above Usual and Customary. To find a participating provider, go to member.accolade.com and click Find a Provider or call the toll-free number that will be located on the back of your medical ID card.

COVERAGE

Your monthly payroll deductions for each plan and coverage category for the plan year are shown in the table below.

Did you know that Choctaw Nation of Oklahoma pays 85% of the cost to provide health insurance for our associates and their dependents? Below is a look at Choctaw Nation of Oklahoma's average monthly contribution by tier.

MONTHLY RATES					
	WHAT CHOCTAW NATION PAYS	HDHP	SELECT PLAN	CHOICE PLAN	VARIABLE HOUR
Associate Only	\$672.27	\$59.33	\$65.92	\$93.77	\$96.00
Associate + Spouse	\$1,037.71	\$259.84	\$288.71	\$355.55	
Associate + Child(ren)	\$951.84	\$134.52	\$149.47	\$205.17	\$284.18
Family	\$1,545.49	\$269.86	\$299.85	\$388.97	

Full-Time Associates

SEE THE TABLE BELOW FOR A COMPARISON OF PLAN FEATURES:

PLAN COMPARISON	FULL-TIME HDHP	FULL-TIME SELECT PLAN	FULL-TIME CHOICE PLAN
	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK ONLY
ANNUAL DEDUCTIBLE			
Individual	\$2,800	\$2,250	\$1,250
Family	\$5,600	\$4,500	\$2,500
OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE AND MEDICAL AND RX COPAYS)			
Individual	\$3,600	\$4,500	\$2,500
Family	\$7,200	\$9,000	\$5,000
Coinsurance	100%	80%	90%
OFFICE VISITS			
Primary Care	100% after deductible	\$25 copay	\$25 copay
Specialist	100% after deductible	\$40 copay	\$40 copay
PREVENTIVE CARE			
Routine Visits	100%	100%	100%
Immunizations			
TELADOC			
General Medical	100% after deductible	\$10 copay	\$10 copay
Dermatology	100% after deductible	\$40 copay	\$40 copay
SERVICES			
Outpatient X-ray and Lab	100% after deductible	80% after deductible	90% after deductible
Emergency Facility	100% after deductible	1st visit: \$200 + 80% 2nd visit: \$300 + 80% 3rd visit and beyond: \$400 + 80%	1st visit: \$200 + 90% 2nd visit: \$300 + 90% 3rd visit and beyond: \$400 + 90%
Hospital Inpatient Services	100% after deductible	80% after deductible	90% after deductible
Urgent Care	100% after deductible	\$75 copay	\$75 copay
Chiropractic	100% after deductible	Not covered	\$25 copay (25 visit max)
MENTAL HEALTH			
Inpatient	100% after deductible	80% after deductible	90% after deductible
Outpatient Office Visit	100% after deductible	\$25 copay	\$25 copay
Outpatient Facility	100% after deductible	80% after deductible	90% after deductible
PRESCRIPTION DRUGS			
RETAIL RX (UP TO 30-DAY SUPPLY)			
Generic	100% after deductible	\$10	\$10
Brand	100% after deductible	\$30	\$30
Non-Formulary	100% after deductible	\$50	\$50
MAIL ORDER RX (UP TO 90-DAY SUPPLY)			
Generic	100% after deductible	\$10	\$10
Brand	100% after deductible	\$60	\$60
Non-Formulary	100% after deductible	\$100	\$100
SPECIALTY DRUGS			
Generic	100% after deductible	\$50	\$50
Brand	100% after deductible	\$100	\$100

For a detailed summary of plan features, please contact your local Human Resources Department for a Summary Plan Description.

Teladoc

Teladoc™ is a great alternative to urgent care and emergency room visits because it provides you 24/7/365 access to U.S. board-certified doctors — receive the treatment you need in an easy and timely manner. In addition, you have the ability to send your visit results to your primary care physician. Teladoc costs \$10 if you are on the Select, Choice or Variable Hour Plan, and \$49 if you are on the HDHP.



24/7/365



Quality Doctors



No ER Wait



100% Covered

REMOTE HEALTH CARE CAN TREAT MANY COMMON HEALTH ISSUES

Teladoc doctors can diagnose many health issues like cold and flu symptoms, allergies, rash, skin problems and so much more! If medically necessary, a prescription will be sent to the pharmacy of your choice.

HERE IS A SMALL SAMPLE OF THINGS TELADOC DOCTORS HAVE TREATED:

Abdominal Pain/Cramps

Bronchitis

Poison Ivy/Oak Rash

Allergies

Cold and Flu Symptoms

Respiratory Infection

Animal/Insect Bites

Dizziness

Sinusitis

Asthma

Eye Infection/Irritation

Sore Throat

Backache

Headaches/Migraines

Sprains and Strains

Blood Pressure Issues

Laryngitis

Strep

TALK TO THE DOCTOR. TAKE AS MUCH TIME AS YOU NEED — THERE'S NO LIMIT!

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.



Visit www.Teladoc.com and click on "Set Up Account"



Call **800-Teladoc (835-2362)**

PRESCRIPTION DRUG COVERAGE

We know that prescription drug coverage is important to you and your family. When you enroll in a medical plan, you also receive coverage for prescription drugs. You must use a participating pharmacy in order to receive benefits. When you need prescriptions, you have several options. As a Choctaw Nation employee, you can receive most medications for free through the Employee Prescription Program (more information below). Any prescriptions that do not qualify for the Employee Prescription Program can be purchased through a local retail pharmacy or through the CVS mail order program.

When you use the CVS mail order program, you receive a 3-month supply of medication for the cost of a 2-month supply. Your medications are mailed directly to your home or can be purchased at a participating pharmacy. To order prescriptions through the mail order program, you must fill out a mail order form and return it along with a 90-day prescription from your doctor and your payment. Mail order forms are available from the CVS Caremark website at www.caremark.com.

CNO EMPLOYEE PRESCRIPTION PROGRAM

In addition to the prescription benefit that is included with the medical plan, Choctaw Nation continues to offer the Employee Prescription Program. This plan provides access to the same medications that are available through CVS Caremark, but at a significantly reduced cost to both Choctaw Nation and our associates. All associates and applicable dependents enrolled in a medical plan are eligible to use the Employee Prescription Program when filling prescriptions. **Associates who participate can receive 90-day supplies of their eligible medications for free, mailed directly to their homes.** To register for an account, visit www.cnerx.com and click "Sign Up." For information about this program, email pahickman@cnhsa.com or help@cnerx.com.

HOW IT WORKS

PARTICIPATION GUIDELINES

- Participating employees and dependents must be covered by Choctaw Nation health insurance
- Participants do not have to have a CDIB
- Prescriptions may be from CNHSA providers, ERs, private practice, IHS or out-of-state providers

HOW THE PROGRAM WORKS

- Participants 18+ create an online account, provider submits prescription, participant approves the script online in their account, and EPP mails the prescription.
- Participants under 18 are handled through the parents online account, processed and mailed.

SPECIALTY PRESCRIPTION PROGRAM

If you have a chronic condition and take specialty medication, call Caremark Specialty Pharmacy at 800-237-2767 to receive the necessary information to fill your prescription.



Variable Hour Associates

VARIABLE HOUR PLAN		
	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE AND MEDICAL AND RX COPAYS)		
Individual	\$6,350	\$12,500
Family	\$12,700	\$25,000
Coinsurance	70%	50%
OFFICE VISITS		
Primary Care	70% after deductible	50% after deductible
Specialist		
PREVENTIVE CARE		
Routine Visits	100%	50% after deductible
SERVICES		
Outpatient X-ray and Lab	70% after deductible	50% after deductible
Emergency Facility	70% after deductible	70% after deductible
Hospital Inpatient Services	70% after deductible	50% after deductible
Urgent Care	70% after deductible	50% after deductible
Chiropractic	Not covered	Not covered
MENTAL HEALTH		
Inpatient	70% after deductible	50% after deductible
Outpatient Office Visit	70% after deductible	50% after deductible
Outpatient Facility	70% after deductible	50% after deductible
PRESCRIPTION DRUGS		
RETAIL RX (UP TO 30-DAY SUPPLY)		
Generic	\$10	Not covered
Brand	70% no deductible	
Non-Formulary	70% no deductible	
MAIL ORDER RX (UP TO 90-DAY SUPPLY)		
Generic	\$20	Not covered
Brand	70% no deductible	
Non-Formulary	70% no deductible	

For a detailed summary of plan features, please contact your local Human Resources Department for a Summary Plan Description.

YOUR COST FOR MEDICAL COVERAGE

MONTHLY RATES	
	VARIABLE HOUR PLAN
Associate Only	\$96.00
Associate + Child(ren)	\$284.18

Livongo

Choctaw Nation partners with Livongo to help our members better manage their health. This benefit is offered at no cost to you. Livongo helps you manage diabetes, hypertension, and other health goals like managing weight, stress, and more.

ELIGIBLE MEMBERS

The program is offered at no cost to Associates who qualify for Livongo and have coverage through the health plan.

Join to get access to:

- **Connected devices.** Receive a free blood glucose meter and/or a blood pressure monitor that automatically uploads your readings. Depending on your health goals, you could also receive a smart scale. Track your progress and manage your health all within a private account on an easy-to-use app!
- **Coaching anytime and anywhere.** Expert health coaches are ready to help. Together you'll create a custom plan to meet your needs and focus on health areas that are important to you.
- **Digital behavioral health support.** Get 24/7 access to practical tips and techniques that help you better manage stress, sleep, anxiety, depression, and more

To learn more or join: be.livongo.com/CHOCTAW/hi

To enroll in Livongo, you must opt into at least one program that Choctaw Nation of Oklahoma offers as a health benefit. You must also meet the health criteria for each program you wish to enroll in. If a Livongo program is not offered by Choctaw Nation of Oklahoma, or if you do not meet the specific health criteria of that program, you will not be able to enroll.

HAVE QUESTIONS OR NEED
HELP ENROLLING?

Call Livongo Member Support at 800-945-4355
and mention registration code CHOCTAW.

Wellness

Choctaw offers Associates an opportunity to greatly reduce monthly medical premiums by participating in our wellness program. The wellness incentive program is for associates enrolled in one of the Choctaw Nation of Oklahoma's medical plans. Participants can receive a \$50 monthly premium discount, which totals to \$600 in annual savings. There is no need to sign up as your progress will be tracked by claims data submitted to UMR by your Primary Care Physician. Also, the program's required exams and screenings are covered by the medical plans at no cost to you.

To participate, complete your annual physical, biometric screening and applicable cancer screenings recommended by your Primary Care Physician before September 30th. If you have any other questions, contact Benefits at 580-924-8280 or by email benefits@choctawnation.com and our benefits coordinators will gladly help you.





Accolade

We're pleased to announce that Choctaw has partnered with Accolade to provide you and your family personalized help for your health and benefits needs. This service is at no cost to you as part of your Choctaw benefits.

Accolade will be your first place to go whenever you have a health care or benefits question, big or small. Accolade Health Assistants and nurses take the time to get to know you and your family, and then connect you to benefits that would be most helpful. Accolade's team of nurses, doctors, pharmacists and claims specialists work together to get you the information and care you need, when you need it.

You can ask Accolade questions like these:

BENEFITS QUESTIONS

- What benefits are available to me?
- Is this procedure covered under my health insurance?
- Is there a more affordable option for my medication?
- When can I change my health plan?

HEALTH CARE QUESTIONS

- Can you help me find a doctor who is experienced in the care I need?
- Where is the nearest urgent care facility?
- I was just diagnosed with a condition — now what?
- Can you help me schedule and prepare for my next doctor visit?

You can connect with Accolade by phone or secure messaging in the member portal or mobile app, member.accolade.com.

Smile Brightly with Dental Coverage

Did you know that proper dental care improves overall health? Taking care of your teeth is an important step in preventing periodontitis (gum disease) and may help prevent coronary artery disease. Gum disease is also linked to diabetic control.

DENTAL PLAN FEATURES		
	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible (Waived for Preventive Services)	\$50 per person / \$150 maximum per family	
Diagnostic and Preventive Services (e.g., X-rays, Cleanings, Exams)	100%	100%
Basic and Restorative Services (e.g., Fillings, Extraction, Root Canals)	80%	80%
Major Services (e.g., Dentures, Crowns, Bridges)	50%	50%
Annual Benefit Maximum	\$1,500	
ORTHODONTIA FEATURES		
Dependent Children (up to age 26)	50%	50%
Separate Lifetime Orthodontia Benefit (Per individual)	\$2,000	

Note: Out-of-network benefits are based on dental charges limited to usual and customary fees and as determined by Cigna. If you use out-of-network providers, you may be billed for amounts above usual and customary fees.

DENTAL ASSOCIATE CONTRIBUTIONS

MONTHLY RATES	
	FULL-TIME
Associate Only	\$0
Associate + Spouse	\$25
Associate + Child(ren)	\$25
Family	\$40

If your dental treatment is expected to cost \$300 or more, ask your dentist to submit a pre-treatment estimate request to Cigna. He or she can quickly get a detailed list of what benefits the plan will pay by calling 800-244-6224 or using Cigna's online system.



See Clearly with Vision Coverage

Choctaw Nation's vision plan is designed to cover eye care needs that are visually necessary. You have to pay extra if you choose certain cosmetic or elective eyewear, so be sure to ask your eye doctor what items are covered by the plan before you purchase materials. Many optional benefits (such as special coatings and progressive lenses) are discounted if you use a network provider. There's even a discount on laser vision correction services (800-877-7195 or www.vsp.com)!

If you enroll for vision coverage, you can go to any eye care provider you choose for care. However, if you choose providers who are part of the VSP network, you will receive benefits based on the schedule below. You can find a provider by calling 800-877-7195 or going to www.vsp.com.

PLAN FEATURES		
	IN-NETWORK	NON-NETWORK PLAN ALLOWANCE
WellVision Exam	100% after \$15 copay	Plan pays up to \$45
Materials	\$30 copay	
Lenses	100% for single vision, lined bifocal, and lined trifocal lenses	Single Vision: Up to \$30 Lined Bifocal: Up to \$50 Lined Trifocal: Up to \$65 Progressive: Up to \$50
Frames	Up to \$130 allowance 20% off amount over allowance	Up to \$70 retail
Contact Lenses	\$150 allowance for contacts and contact lens exam (fitting and evaluation); 15% off the contact lens exam (fitting and evaluation)	Up to \$210 for medically necessary lenses; Up to \$105 for elective/cosmetic lenses
Lens Options	No additional charge for polycarbonate lenses, scratch-resistant coating, tints and dyes Standard, premium, and custom progressive lenses range from \$55-\$175 Average 20%-25% off other lens options	
Glasses and Sunglasses	20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.	

Frequency: Eye exam, lenses, and frames are available once every 12 months. Contact lenses may be purchased once every 12 months in lieu of eye glasses.

VISION ASSOCIATE CONTRIBUTIONS

MONTHLY RATES	
	FULL-TIME
Associate Only	\$6.43
Associate + Spouse	\$13.04
Associate + Child(ren)	\$13.98
Family	\$19.32



Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) save you money by allowing you to pay for certain out-of-pocket health care and dependent care expenses with pre-tax dollars. Expenses such as deductibles and copays can quickly add up, and dependent day care or elder care expenses can be even more expensive.

HOW THE FSAS WORK

Choctaw Nation of Oklahoma offers two types of FSAs:

- Dependent Care FSA
- Health Care FSA

Full-time associates who are eligible to enroll in a CNO medical plan may contribute to either or both accounts, even if they do not enroll in a CNO medical plan.

Each year you decide whether and how much you want to contribute to an FSA. If you elect to contribute to one or both of the FSAs, the annual total you authorize will be deducted in equal increments from each paycheck and deposited into your account(s) throughout the year.

Your contributions are taken out of your paycheck before you pay taxes, so you save money. Then, when you have eligible health care or dependent care expenses, you can use the account to reimburse yourself, up to the amount you have elected to contribute to your account for the year.

Each account functions separately, and the IRS has established different limits and rules for health care accounts and dependent care accounts. Plan carefully. **Funds cannot be transferred between accounts, and unused funds will be forfeited.**

Both FSA accounts are administered by UMR. Participation is even easier with a debit card. If you participate in an FSA you will receive a debit card that can be used at your doctor's office, pharmacy or for mail order prescriptions. **Always keep your receipts because you may be asked to substantiate a purchase.**

IMPORTANT FSA CONSIDERATIONS

FSAs offer sizeable tax advantages. The trade-off is that these accounts are subject to strict IRS regulations, including the following:

- Any money left in your FSAs at the end of the plan year may not be rolled over to pay for future expenses in another plan year. Any unused funds will be forfeited, per IRS rules. This is called the "use it or lose it" rule.
- For the Dependent Care FSA, you may only be reimbursed up to the amount in your account at the time you file a claim. If your eligible expenses are greater than the amount in your account, the unreimbursed amount will carry over and be reimbursed after your next deposit.
- For the Health Care FSA, you can be reimbursed up to the full amount you have elected to contribute for the year — even if you have not yet contributed that much to your account.
- The Health Care FSA and the Dependent Care FSA are separate accounts. You cannot use funds from one account to pay for expenses of the other. You also cannot transfer funds between the two accounts.
- If you use the Dependent Care FSA, you must provide your caregiver's Social Security number or tax ID when you file a claim for reimbursement.



ELIGIBLE DATES TO INCUR CLAIMS

Health Care and Dependent Care FSA claims have different dates during which you may incur claims.

Dependent Care claims must be incurred by December 31st of the plan year. Health Care FSA expenses have a two-and-a-half month grace period. That is, they may be incurred through March 15th of the following year.

For example, to be eligible for reimbursement under Choctaw Nation of Oklahoma's 2022 FSA plan year, dependent care expenses must be incurred between January 1, 2022 and December 31, 2022. However, health care expenses may be incurred between January 1, 2022 and March 15, 2023.

FILING CLAIMS FOR REIMBURSEMENT

ALL claims for dependent care and/or health care expenses must be filed by March 30th following the close of the plan year. For Choctaw Nation of Oklahoma's 2022 FSA plan year, all claims must be filed by March 30, 2023.

DEPENDENT CARE FSA

Eligible associates may contribute between \$100 and \$5,000 (\$2,500 if you are married and file your taxes separately) to the Dependent Care FSA.

The Dependent Care FSA helps you afford day care for your children under age 13 or for a disabled dependent. There are some special rules for participating in this account:

- The day care expenses must be necessary so you can work.
- You can only be reimbursed for expenses incurred during the plan year.
- If you are married, your spouse must be:
 - » Employed, or
 - » A full-time student at least five months during the plan year, or
 - » Mentally or physically disabled and unable to provide care for himself or herself.

ELIGIBLE DEPENDENT CARE EXPENSES

Generally, you may use the money in your Dependent Care FSA to care for:

- Your children under age 13 whom you claim as a dependent for tax purposes
- Other dependents of any age who are mentally or physically disabled and whom you claim as a dependent for tax purposes (spouses and dependents age 13 and older must spend at least eight hours a day in your home if you are reimbursing yourself for services provided outside the home)

Some typical expenses that are eligible for reimbursement under the plan are:

- Licensed nursery schools and day care centers for children
- Licensed day care centers for disabled dependents
- Services from a care provider over the age of 19 (inside or outside the home). You will have to provide the provider's tax ID or Social Security number.
- Day camps
- After-school care

For a complete list of eligible expenses, visit <http://www.irs.gov/pub/irs-pdf/p503.pdf>.



HEALTH CARE FSA

You can use the Health Care FSA to pay for eligible out-of-pocket expenses that are not covered by any health plan. Examples include, but are not limited to:

- Medical or dental deductibles, office visit copays, coinsurance amounts
- Chiropractic care not covered by a health plan
- Prescription drug copays and over-the-counter drugs for which you have a prescription
- Amounts you pay for other eligible over-the-counter items, such as bandages, crutches, vaporizers, etc.
- Eyeglasses, contacts and other vision-related expenses not covered by a vision plan; Lasik Surgery
- Orthodontia expenses not covered by a dental plan

For a complete list of eligible expenses, visit <http://www.irs.gov/pub/irs-pdf/p502.pdf>.

CONTRIBUTION LIMITS

Health Care FSA: You can elect to contribute any amount between \$100 to \$2,750 per year.

Dependent Care FSA: You can elect to contribute up to \$5,000 per year.

FSA REIMBURSEMENT OPTIONS

UMR offers multiple methods of reimbursement – debit card, automatic reimbursement, direct deposit, and even paper claims.

The debit card allows you to access available FSA dollars to reimburse eligible health care expenses without having to pay out of pocket at the time of service. Or you may prefer to use the automatic reimbursement option that allows medical expenses to be automatically forwarded from the medical claim payment system to the FSA claim payment system.*

You may want to receive your reimbursements by a direct deposit into your bank account when you have eligible claims for reimbursement. You may sign up at www.umar.com.

And, of course, you can always file claims manually. In all cases, you should keep your receipts from the providers since IRS regulations may require those receipts for documentation, even when you were already reimbursed.

* **Note:** To avoid duplicate payments, the automatic reimbursement feature is not available to members who select the debit card.

HOW THE DEBIT CARD WORKS

If you enroll in the Health Care FSA, you will receive two debit cards in the mail. To request additional debit cards for your family members, please contact UMR.

You can use your debit card at certain places to pay for eligible expenses up-front, such as prescription drugs and office visit copays, without having to pay with cash and wait for a reimbursement. If you use your debit card at a non-health care merchant, such as a grocery store, discount store, department store and most pharmacies for prescriptions and/or eligible OTC (over-the-counter) expenses, you will not have to submit a receipt if the merchant has an IIAS (Inventory Information Approval System). This system can identify FSA eligible items at the check out and will allow the card to pay for only those eligible items. For a list of vendors that have this software, go to www.sig-is.org.

Health care providers such as doctors and dentists do not have the IIAS system. UMR uses other methods to try to automatically substantiate these types of card transactions for you. However, there will be times when you will be requested to submit your Explanation of Benefits (EOBs) and/or itemized receipts as substantiation of your expense.

If you choose not to use your debit card, you can always pay for your eligible expense and file a claim for reimbursement.

Keep copies of ALL your receipts — even if you are not required to submit them as proof of your expense. That way, if the IRS asks for substantiation of your expenses, you will have the receipts.

Health Savings Account (HSA): High Deductible Health Plan Only

The High Deductible Health Plan (HDHP) offers associates an opportunity to open a Health Savings Account (HSA). An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pretax dollars. Contributions are not taxed, and you can invest the balance in a variety of options. Your account (including interest and investment earnings) grows tax-free, and as long as the funds are used to pay for qualified medical expenses, they are spent tax-free.

You can use the money in your HSA to pay for qualified medical expenses now or in the future. Your HSA can be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP.

Unlike a Flexible Spending Account, there is no “use it or lose it” rule — the money in your account will automatically roll over year after year. And since it is an individual account, the balance is yours even if you change health plans or separate employment.

WHO IS ELIGIBLE TO OPEN AN HSA?

You are eligible to open and fund an HSA if you:

- Are enrolled in an HSA-qualified HDHP
- Are not covered by other non high deductible qualified health plans, such as your spouse’s health plan, Health Care Flexible Spending Account, or Health Reimbursement Account
- Are not eligible to be claimed as a dependent on someone else’s tax return
- Are not enrolled in Medicare or TRICARE
- Have not received Veterans Administration benefits

You are not able to contribute to a Health Savings Account AND a Health Care Flexible Spending Account. If you are enrolled in the Health Care Flexible Spending Account, you are not eligible to begin contributing to a Health Savings Account until either 1) your Health Care Flexible Spending Account has a balance of zero as of January 1st , 2) your Health Care Flexible Spending Account reaches a zero balance during the grace period, which is January 1 – March 30 OR 2) the grace period has ended for the Health Care Flexible Spending Account (March 30th of the following year) – whichever of these comes first.

ELIGIBILITY FOR HEALTH SAVINGS ACCOUNTS AND OTHER HEALTH CARE SERVICES PROVIDED BY CHOCTAW NATION

Per IRS regulations, a HDHP cannot waive the deductible for any expense other than for permitted coverage, which includes preventive, dental and vision care. Medical expenses falling outside of these categories must be subject to the deductible.

Associates who utilize the Employee Health Clinic for services other than preventive, dental and/or vision care prior to meeting their deductible on the health plan would not be eligible to contribute to a Health Savings Account for that entire year.

Once you have met your deductible on the health plan, you would be eligible to use the Employee Health Clinic for all available services.

Associates who utilize the Employee Prescription Program prior to meeting their deductible on the health plan would not be eligible to contribute to a Health Savings Account for that entire year. Once you have met your deductible on the health plan, you would be eligible to fill prescriptions through the Employee Prescription Program.



OPENING AN HSA

You are responsible for setting up your HSA account at the financial institution of your choice.

Once you're enrolled in the HSA, you'll receive a debit card for managing your HSA reimbursements. Please note that the funds available for reimbursement are limited to the balance in your HSA.

You (not Choctaw Nation of Oklahoma) are responsible for maintaining all records and receipts for HSA contributions and reimbursements in the event of an IRS audit. You are also responsible for writing off your contributions on your taxes at the end of the year.

Always ask your doctor or provider to file charges with UMR so the network discount can be applied. Then, pay the provider with your HSA debit card based on the balance due after UMR has processed the claim.

MAXIMUM CONTRIBUTIONS

HSA contributions may not exceed the annual maximum amount established by the IRS. The annual contribution maximum is based on the coverage option you elect.

- **Individual** — \$3,650
- **Family** (filing jointly) — \$7,300

Associates age 55 and older are allowed to make an additional annual "catch-up" contribution of up to \$1,000.

FOR CDIB MEMBERS

For members who are Certified Degree of Indian Blood (CDIB), there are restrictions on when you can contribute to the HSA based on if/when you receive services from an Indian Health Clinic (IHC).

If the benefits you receive are only for preventive care, dental or vision, you may continue to contribute to an HSA. However, if services are received that fall outside of these particular categories, you are not eligible to contribute to your HSA for a period of three months after those services were incurred. Contributions would need to be adjusted for the months you were not eligible, which would reduce the maximum annual contribution allowed.

FOR EXAMPLE:

- John opened his HSA on January 1 and had not used any IHS Benefits in the previous 3 months.
- On March 15 he uses IHS Benefits for a medical expense that was not preventive care, dental, or vision related.
- He does not use his IHS Benefits for the rest of the year (except for some dental work in October).
- He can make deposits into his HSA for the months of January – March and July – December (a total of nine months).

Life Insurance

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Providing economic security for one's family is a major consideration in personal financial planning. Choctaw Nation of Oklahoma provides full-time associates Basic Life insurance through Guardian Life Insurance Company in an amount equal to annual base pay, for a minimum benefit of \$50,000 to a maximum benefit of \$500,000.

Eligible part-time associates are provided with \$20,000 in Basic Life insurance. Choctaw Nation of Oklahoma also provides Accidental Death & Dismemberment (AD&D) insurance to all eligible associates for an amount equal to your Basic Life insurance amount. Both of these are provided at no cost to you. If the value of the Basic Life insurance coverage that is provided to you by Choctaw Nation of Oklahoma exceeds \$50,000, the amount that exceeds \$50,000 will be reported to the IRS as imputed income.

- Open Enrollment is an excellent time to make sure that your beneficiary designations are up-to-date. A beneficiary designation is required for company-paid Basic Term Life and AD&D insurance. Beneficiary designation forms can be obtained from Choctaw Nation's Employee Benefits department.
- You can change your beneficiaries at any time during the year.
- If you do not name a beneficiary, or if your beneficiary dies before you, your Life and AD&D benefits will be paid to your estate.

SUPPLEMENTAL LIFE INSURANCE

In addition to Basic Life insurance, if you are an eligible full-time or part-time associate, you may also purchase Supplemental Life insurance for yourself, your spouse and/or your dependent children. However, you may only elect coverage for your dependents if you enroll for Supplemental Life coverage for yourself. You pay for the cost of Supplemental Life insurance on an after-tax basis through payroll deductions.

You may elect Supplemental Life insurance for yourself in \$10,000 increments up to a maximum of \$500,000. You may elect up to \$150,000 without Evidence of Insurability if you enroll when first eligible. Any amount above the guaranteed issue or any increase in insurance will be subject to proof of good health.

If you elect Supplemental insurance for yourself, you may elect insurance for your spouse and your dependent children to age 26.

Spouse amounts are available in \$5,000 increments up to 50% of the amount you elected for yourself; \$50,000 is guaranteed issue. Any amount above the guaranteed issue or any increase in Supplemental Life for your spouse will be subject to proof of good health.

Dependent coverage is available at \$5,000, \$10,000, or a maximum of \$20,000 up to 100% of the amount you elected for yourself, and all amounts are guaranteed issue. (Associate must be enrolled in Supplemental Life insurance to elect child dependent life insurance.)

You are always the beneficiary of any dependent Life and AD&D insurance you elect.





Disability Income Protection

Choctaw Nation recognizes the importance of your financial well being in the event of a disability. Most of us insure our homes, automobiles, and other assets, yet often overlook our most valuable asset — our ability to earn an income! Your regular monthly obligations such as your mortgage or rent, utility bills, food, and other necessities continue even if you are unable to work. For this reason, Choctaw Nation provides Short Term and Long Term Disability coverage through Guardian at no cost to you.

SHORT TERM DISABILITY (STD)

You may qualify for Short Term Disability (STD) benefits if you have been disabled as a result of a non work-related injury or accident longer than 14 days (called the elimination period). Once your claim is approved, STD benefits for eligible full-time associates replace 60% of base pay up to a maximum of \$2,500 per week. The benefit for eligible part-time associates is 70% of their base pay up to \$150 per week. You must use any available sick pay before STD benefits are payable.

The maximum STD benefit duration is 11 weeks after the elimination period.

You must notify your manager and Guardian to file a claim for STD benefits — even if you have available sick time. Filing a claim is important so that any future STD or LTD benefits are paid based on your original date of disability. To file a claim, call Guardian at 888-262-5670 or use Guardian's website: www.GuardianAnytime.com.

LONG TERM DISABILITY (LTD)

Long Term Disability coverage replaces up to 60% of base salary to a monthly maximum if you are disabled for more than 90 days and are unable to work. LTD benefits are offset with other sources of income, such as Social Security and workers' compensation. Once your claim is approved, LTD benefits for eligible full-time associates replaces 60% of base pay up to a maximum of \$12,000 per month. The benefit for eligible part-time associates is 60% of their base pay up to \$1,500 per month.

To file a claim, call Guardian at 888-262-5670 or use Guardian's website: www.GuardianAnytime.com.

Voluntary Group Critical Illness Insurance

Treatment of critical illnesses such as cancer, heart attack and stroke can lead to unexpected expenses that create an additional financial burden. Guardian's Critical Illness insurance helps fill in the gaps that medical insurance doesn't cover. This may include travel to treatment centers, ongoing household bills, copays, deductibles, and everyday expenses like groceries, rent and mortgage.

WHAT IS COVERED?

The following specified critical illnesses are covered under the comprehensive plan:

- Heart attack
- Loss of sight
- Major organ failure
- Kidney failure
- Occupational HIV
- Benign brain tumor
- Stroke
- Coma (resulting from severe injury lasting 14 consecutive days or more)

You may choose to purchase cancer coverage for an additional premium. Please refer to the policy for complete details about these covered conditions.



ADVANTAGES OF THE PLAN

- Coverage is available to eligible associates who are actively at work.* Benefit amount is \$5,000 to \$50,000 in \$5,000 increments.
- You can buy coverage for your spouse with purchase of associate coverage.** Benefit amount is from \$5,000 to \$50,000 in \$5,000 increments.
- All unmarried, eligible children (ages birth to 26) are automatically covered at no additional cost. Eligible children are covered for the same conditions as the associate and the following specific childhood conditions: Cerebral Palsy, cleft lip or palate, Cystic Fibrosis, Down syndrome and Spina Bifida. Diagnosis must occur on or after the child's coverage effective date.
- You get affordable rates when you buy this coverage through your employer, and the premiums are conveniently deducted from your paycheck on a post-tax basis.
- Coverage is portable. You may take this coverage with you if you leave the company or retire without having to answer new health questions. Guardian will bill you directly for the same premium amount.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

* Eligible associates must be actively at work to apply for coverage. Being actively at work means your performance of all the duties that pertain to your work at the place: (1) where it is normally done; or (2) where it is required to be done by your Employer.

** Associates and spouses may be covered under a policy or the Spouse Rider, but not both.

This policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Guardian representative for specific provisions and details of availability.

Voluntary Group Accident Insurance

Guardian Accident insurance helps offset the costs associated with both minor and major accidents:

- For every covered accident, Guardian can pay a benefit based on the injury you sustain and the various treatments and/or services received, regardless of what is covered by medical insurance.
- Plus, Guardian Accident insurance will increase covered benefits by 20% for a child who has an accident while playing organized sports.**

** The child must be insured by the plan on date the accident occurred. The child must be 18 years of age or younger.

WHAT IS COVERED?

The list of covered injuries includes:

- Fractures
- Burns
- Torn ligaments
- Coma due to a covered injury
- Eye injuries
- Dislocations
- Concussion

Some covered expenses include:

- Accident ER treatment
- Doctor office visit
- Hospitalization
- Occupational or physical therapy
- Speech therapy
- Chiropractic visit

See the schedule of benefits for a full list of covered injuries and expenses.

ADVANTAGES OF THE PLAN

- Coverage is available to all eligible associates who are actively at work.*
- You can buy coverage for your spouse and dependent children.
- No health questions to answer. If you apply, you automatically receive the comprehensive plan.
- Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Guardian will bill you directly for the same premium amount.
- This plan includes convenient payroll deduction, so you don't have to remember to write a check for your premiums. Deductions are taken on a post-tax basis.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.
- Benefits are paid for accidents that occur on and off the job.

* Eligible associates must be actively at work to apply for coverage. Being actively at work means your performance of all the duties that pertain to your work at the place: (1) where it is normally done; or (2) where it is required to be done by your employer.

This policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Guardian representative for specific provisions and details of availability.



Whole Life with Long-Term Care Insurance

Whole Life Insurance can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more.

HOW DOES IT WORK?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too — it doesn't decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also builds cash value at a guaranteed rate of 3.75%.* You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

WHAT'S INCLUDED?

- **A “Living” Benefit** – You can request an early payout of your policy's death benefit (up to \$150,000 maximum) if you're diagnosed with a terminal illness and expected to live 12 months or less. It can help cover your costs while you're still alive. The payout would reduce the benefit that's paid when you die.
- **Waiver of Premium** – If you're disabled for at least six months before age 65 and you remain disabled, you won't have to pay premiums until you recover and return to work.
- **Long-Term Care Rider** – You may be able to use your death benefit to pay for long term care. Subject to rider conditions. See your plan administrator for more information.

HOW TO ENROLL

For more information on how to enroll, go to <https://flimp.me/CHOCTAW-2022-BENEFITS-MICROSITE>, or call 866-752-3229

WHO CAN GET COVERAGE

You	You can purchase a minimum benefit amount of \$2,000, to a maximum of \$300,000 if you're between 15 and 80 years old. The cost is based on your age when coverage is issued and whether you use tobacco.
Your Spouse: Individual Coverage	Available for your spouse between the ages of 15 to 80, even if you don't purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase a minimum benefit amount of \$2,000, to a maximum of \$75,000. The cost is based on your spouse's age and whether they use tobacco.
Your Children: Individual Coverage	Your children and grandchildren can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a minimum benefit amount of \$5,000, up to a maximum of \$25,000 for each child.
Your Children: Term Life Coverage	You can also purchase a Child Term Life benefit up to \$10,000, which can be added to an employee or spouse policy. Eligible children, legally adopted children and stepchildren are covered from 14 days until the earlier of their 25th birthday or the date your policy ends. At that time, the child has a right to buy an individual Whole Life policy at up to 5 times the amount of their rider.

* The policy accumulates cash value based on a non-forfeiture interest rate of 3.75% and the 2017 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy. Eligible employees must be actively at work to apply for coverage.

WHY SHOULD I BUY COVERAGE NOW?

- It's more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole Life gives you valuable protection in addition to any term life insurance you might have.

WHAT ELSE CAN I ADD?

AN ACCIDENTAL DEATH BENEFIT

This increases the payment your family would receive if you die from a covered accident before age 70.

- Available for you and your spouse, age 15-65
- Doubles the death benefit, which could add up to \$150,000 extra coverage

This option will increase your cost.

Employee Assistance Program (EAP)

Because unresolved personal issues can affect every aspect of one's life, including work performance, Choctaw Nation of Oklahoma automatically provides full-time and part-time associates and their families with an Employee Assistance Program (EAP) called "Live and Work Well" through Optum. There is no charge to you for this program. Call the EAP line 24 hours a day, seven days a week, for unlimited confidential assistance with nearly any personal matter you may be experiencing — 866-248-4096.

Trained, licensed counselors can provide you up to three face-to-face counseling sessions with a local provider to help with parenting skills, elder care referrals, relationship issues, coping with grief and loss, budgeting, will-making, lifestyle and fitness management, other community referrals, and many other topics. The EAP also offers you online access to chat with a counselor or to view a range of health and wellness articles, research, and newsletters.

CONTACT US ANYTIME YOU NEED HELP WITH ANY OF LIFE'S CONCERNS

- **866-248-4093** or
- log on to liveandworkwell.com Access code: Choctaw
- TDD/TTY: Dial 711 and enter the toll-free number listed above



Maternity CARE



Whether you are considering having a baby or are already expecting, UMR Maternity CARE can teach you how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and a healthy baby.

HOW IT WORKS

Healthier women are more likely to have healthy babies. If you are thinking about starting a family, UMR's experienced OB/GYN nurses will help you understand your personal health risks and empower you to take action before you become pregnant. When the time arrives, UMR's registered nurses will support you with timely prenatal education and follow-up calls and will refer you to case management if a serious condition arises. Your CARE Nurse will call you each trimester during your pregnancy and once after your baby is born. If you are pregnant and are identified as high-risk, a CARE Nurse Manager will monitor your condition and work to reduce your claims costs throughout your pregnancy and the post-delivery period.

You can self-enroll in Maternity CARE or pre-pregnancy coaching, or you'll be contacted and invited to participate if you are identified as pregnant through a clinical health risk assessment, utilization review or other program referrals.

IT'S FREE AND CONFIDENTIAL

- **No cost:** Maternity CARE is a valuable benefit provided by your employer at no additional cost to you.
- **Confidential:** UMR takes confidentiality very seriously. It's important to know that we won't share any identifiable, personal health information with your employer. Your employer receives group information only. UMR care management programs operate in compliance with all federal and state privacy laws.

IT PAYS TO PARTICIPATE

If you enroll during the first or second trimester and continue to actively participate in the program each trimester of your pregnancy, you will receive a \$100 gift card.

HOW TO ENROLL

To enroll, simply go to www.umar.com, or call 888-438-8105

401(k) Retirement Plan

MERRILL 401(K)

Choctaw Nation of Oklahoma offers a 401(k) plan to assist you in saving for your retirement. Full-time and part-time associates are eligible to participate upon attaining age 18. Newly hired associates can enroll immediately, and any eligible associate who is not already participating may enroll at any time.

Newly hired associates have a 90-day 'opt-out' period to cancel contributions before they begin. If no action is taken within 90 days, the Employee Benefits department will automatically enroll the associate, contributing 6% of their eligible pay. Choctaw Nation will make a matching contribution of up to 5%, based on your individual contribution. In order to receive the full 5% match, associates must contribute a minimum of 6% of their eligible pay. You have the freedom to change or cancel your contribution at any time. To learn more, visit www.benefits.ml.com, email benefits@choctawnation.com, or call 800-228-4015.

You may elect to contribute up to a maximum of \$20,500* for 2022. The overall limit for defined contribution plan deferrals from all sources (employer and associate combined) for 2022 is \$58,000.*

*Adjusted periodically for cost of living by the IRS.

STANDARD 401(A) AND 457

The Choctaw Nation Housing Authority has two retirement plan offerings: a 401(a) and a 457. An associate is auto-enrolled in the 401(a) plan after reaching 3 months of employment, contributing 5.5% of the associate's pay and matching it with a 7.5% employer match from Choctaw Nation. The 457 plan is a voluntary, pre-tax, supplemental savings plan.

401(K) CATCH-UP CONTRIBUTIONS

HELP IS EASY TO ACCESS

Associates who are eligible to make Elective Deferral Contributions and are 50 years old by the end of the calendar year are allowed to contribute an additional \$6,500* per calendar year. This applies only to the 401(k) plan through Merrill.

* Adjusted periodically for cost of living by the IRS.



Other Benefits



EMPLOYEE EDUCATION ASSISTANCE PROGRAM

Choctaw Nation's Employee Education Assistance Program (EEAP) is the Nation's way of showing commitment and support for professional development and educational initiatives for the full-time and part-time associates of Choctaw Nation of Oklahoma. The EEAP will provide financial assistance to an accredited college or university for associate's, bachelor's, master's, or doctorate degrees with a specific concentration in disciplines that could reasonably be expected to lead to job advancement within Choctaw Nation of Oklahoma.

This program provides up to a maximum of \$5,000 per calendar year for the reimbursement of approved educational expenses, such as tuition, administrative fees, required textbooks and materials, and programs designed to give credit for work experience, such as CLEP. You must receive a "C" or better in order to be reimbursed. If you're an active, regular part-time or full-time associate who is regularly scheduled to work an average of 24 hours or more per week during the previous six months and have been employed for more than one year, you are eligible to participate in the EEAP.

WORKER'S COMPENSATION

Choctaw Nation of Oklahoma provides Worker's Injury protection at no cost to you. Please see the Human Resources Department at your location for details.

ACCRUED ANNUAL AND SICK LEAVE

At Choctaw Nation of Oklahoma, we understand your need for rest and relaxation. That's why we provide Accrued Annual Leave (vacation) to all regular full-time associates as part of your benefits package. The number of annual leave hours earned per pay period is generally based on the years of service, and hours can be used after you complete 90 days of employment. Please see your Human Resources Department for exact hours earned per pay period.

Illness or accidents can happen when we least expect it. Choctaw Nation of Oklahoma provides regular, full-time associates Accrued Sick Leave so that you don't have to worry about loss of income to care for yourself or an "immediate" family member. The amount of sick leave you earn per pay period varies by business entity, so please contact your Human Resources Department for a breakdown of hours that will be earned. You may use earned sick leave after you complete 90 calendar days of employment.

EMPLOYEE DISCOUNT

As a token of our appreciation, associates can receive discounts at various locations and retailers, which can help lower your costs on purchases and save you money. You can find a list of participating retailers by visiting the Choctaw Nation of Oklahoma Intranet homepage and selecting Frequently Used Forms, or by contacting Gary Snead at gsnead@choctawnation.com to have a list sent to you.

CHOCTAW NATION OF OKLAHOMA WELLNESS CENTER

Choctaw Nation of Oklahoma Wellness Center provides an opportunity for users of the facility to enhance their educational, recreational and fitness aspirations in order to promote healthier lifestyles and achieve health and fitness goals. Associates and their immediate family members (up to and including children up to the age of 23 who are living at home) may join Choctaw Nation of Oklahoma Wellness Center. There are no monthly fees to use the facilities.

For more information about Choctaw Nation of Oklahoma Wellness Centers and locations:

- Call: 580-931-8643
- E-mail: tlawrence@cnhsa.com



DURANT AND POTEAU EMPLOYEE HEALTH CLINICS

The Durant and Poteau Employee Health Clinics provide the evaluation, diagnosis and treatment of common, non-emergency illnesses or injuries in patients who are employed by Choctaw Nation of Oklahoma. You, your legal spouse, and children ages 18 and under may visit the clinic even if you are not enrolled in a medical plan. Services are provided at no cost on a convenient, walk-in basis for conditions including:

- Coughs, colds and flu
- Upper respiratory infections
- Headaches, dizziness, and extreme fatigue
- Seasonal allergies
- Minor injuries, sprains and strains
- Nausea, vomiting and diarrhea
- Skin infections, rashes, cuts and abrasions

The clinic operating hours are from 7:00 am – 6:00 pm, Monday through Friday. New patients must be checked in by 5:00 pm and established patients must be checked in by 5:30 pm in order to be seen.

Note: Additional fees may apply for off-site laboratory or radiology services. Dependent children ages 19-26 must have health insurance to visit the Employee Health Clinic.

CHOCTAW FAMILY MEDICAL LEAVE

Choctaw Family Medical Leave (CFML) is offered by Choctaw Nation to provide eligible associates with up to 12 weeks of job protection per year. This unpaid leave can be used in the event of an associate's serious health condition, or that of an eligible immediate family member (dependent child, stepchild, legal guardian, parent, stepparent, foster parent, parent-in-law, or spouse). CFML can also be used during maternity or paternity leave, as well as foster care or adoption placement.

To be eligible, an associate must have worked one continuous year of service with Choctaw Nation and work 1,250 hours during the 12 preceding months.

Important Notices

CHOCTAW NATION OF OKLAHOMA CONTINUATION OF COVERAGE (COC) RIGHTS NOTICE

This notice outlines certain coverage continuation rights you may have under Choctaw Nation of Oklahoma group health plan (the Plan) once you have completed the eligibility requirements and enrolled for coverage. This notice contains important information about your right to COC coverage, which is a temporary extension of coverage under Choctaw Nation of Oklahoma Plan. This notice generally explains COC coverage, when it may become available to you and your family and what you need to do to protect the right to receive it.

COC coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan, you should review your Summary Plan Description or contact Choctaw Nation of Oklahoma Benefits Department.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COC COVERAGE?

COC coverage is a continuation of group health plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event occurs, COC coverage is offered to each person who is a "qualified beneficiary." You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of a qualifying event. Qualified beneficiaries who elect COC must pay for that coverage.

You will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

Your spouse will become a qualified beneficiary if he or she loses coverage under the Plan because any of the following qualifying events happens:

- Your hours of employment are reduced;
- Your employment ends for any reason other than your gross misconduct;
- Your death;

- Your entitlement to Medicare benefits (under Part A, Part B or both); or
- You become divorced or legally separated. Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:
 - Your hours of employment are reduced;
 - Your employment ends for any reason other than your gross misconduct;
 - Your death;
 - Your entitlement to Medicare benefits (under Part A, Part B or both);
 - Your divorce or legal separation; or
- The dependent stops being eligible for coverage under the Plan as a "dependent child."

WHEN IS COC AVAILABLE?

Choctaw Nation of Oklahoma will offer COC coverage to qualified beneficiaries only after it has been notified that a qualifying event occurred. For the following qualifying events, please notify Choctaw Nation of Oklahoma Benefits Department:

- Your hours of employment are reduced;
- Your employment ends;
- Your death; or
- Your entitlement to Medicare benefits (under Part A, Part B or both).

YOU MUST GIVE NOTICE OF SOME QUALIFYING EVENTS

For the following qualifying events, you or a family member must give written notice to Choctaw Nation of Oklahoma Benefits Department within 60 days after the qualifying event occurs:

- Your divorce or legal separation; or
- Your dependent's loss of eligibility for coverage as a "dependent child."

You must notify Choctaw Nation of Oklahoma of the qualifying event by sending written notice to Choctaw Nation of Oklahoma Benefits Department at 1802 Chukka Hina Drive, Durant, OK 74701.

Your written notice must include all of the following information (form available upon request):

- Your name, your current address and complete phone number
- The group number
- Description of the qualifying event (i.e., divorce, legal separation or dependent's loss of eligibility for coverage as a dependent child)
- The date that the qualifying event occurred or will occur

HOW IS COC PROVIDED?

Once Choctaw Nation of Oklahoma receives notice that a

qualifying event has occurred, COC coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COC coverage. You may elect continuation coverage on behalf of your spouse and dependent children. Your spouse may also elect continuation coverage on behalf of your dependent children. COC coverage is a temporary continuation of coverage. When the qualifying event is one of the following events, COC coverage lasts for up to a total of 36 months for your spouse and dependent children:

- Your death;
- Your divorce or legal separation; or
- Your dependent stops being eligible for coverage under the plan as a “dependent child.”

When the qualifying event is one of the following events, COC coverage lasts for up to a total of 18 months for qualified beneficiaries:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

When the qualifying event is your reduction in hours or your termination of employment and you were entitled to Medicare benefits prior to the qualifying event, additional coverage for your spouse and dependents may be available. Your spouse and dependents would be eligible to receive up to 36 months of COC coverage from the date of your entitlement to Medicare. For example, if you became entitled to Medicare eight months before the date your employment terminates, COC coverage for your spouse and dependent children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus eight months prior to the qualifying event). There are two ways in which an 18-month period of COC coverage can be extended.

DISABILITY EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

COC may be available for you and your family up to a total of 29 months at a higher premium if:

- You, your covered spouse or your covered dependents (including newborn and newly adopted children) are determined to be disabled, as defined by the Social Security Act, prior to the qualifying event or during the first 60 days of COC;
- The Social Security Administration’s disability determination is received within the disabled individual’s 18 months of COC coverage;
- The disability lasts at least until the end of the 18-month period of continuation coverage; and
- Choctaw Nation of Oklahoma is notified of the Social Security Administration’s disability determination within 60 days of the disabled individual’s receipt of a Social Security Disability award. If the disability determination occurred before COC started, you’re required to notify UMR within the first 60 days of COC.

You, your covered spouse or your covered dependents must notify Choctaw Nation of Oklahoma within 60 days of receipt of the disability determination and prior to the end of the initial 18-month continuation period in order to receive the coverage extension. To notify Choctaw

Nation of Oklahoma of the disability determination, call **800-522-6170** and request the Employee Benefits department.

You, your covered spouse or your covered dependents must notify Choctaw Nation of Oklahoma within 30 days of the date the disability ends by calling **800-522-6170** and request the Employee Benefits department.

SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE

If your family experiences another qualifying event while receiving 18 months of COC, your spouse and dependent children can receive up to 18 additional months of COC, for a maximum of 36 months. Additional continuation coverage is available only if the event would have caused your spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. These events include:

- Your death;
- Your entitlement to Medicare (under Part A, Part B or both);
- Your divorce or legal separation; or
- Your dependent stops being eligible for coverage under the plan as a “dependent child.”

You, your covered spouse or your covered dependents must notify Choctaw Nation of Oklahoma within 60 days after the event occurs in order to receive this additional coverage. To notify Choctaw Nation of Oklahoma of the qualifying event, call **800-522-6170** and request the Employee Benefits department.

EVENTS THAT MAY CHANGE CONTINUED COVERAGE

Once your COC begins, you may be able to change your COC elections based on plan rules if you experience a qualified change in status. You, your covered spouse or your covered dependents must notify Choctaw Nation of Oklahoma by calling **800-522-6170** and request the Employee Benefits department within 60 days of the qualified change in status to change your COC. See your Summary Plan Description for detailed information on allowable changes in status. Adding family members to COC may result in a higher premium for this additional coverage.

You may also change COC if a child is born to the covered associate or placed for adoption with the covered associate during the 18-, 29- or 36-month continuation period. In such case, you must notify Choctaw Nation of Oklahoma by calling **800-522-6170** and request the Employee Benefits department within 60 days of the birth or placement to cover the new dependent as a qualified beneficiary under COC. There may be a higher premium for this additional coverage.

EVENTS THAT END CONTINUED COVERAGE

COC coverage will end automatically upon the expiration of the 18-, 29- or 36-month continuation periods described on the previous pages. In addition, COC coverage will end automatically if any of the following situations occur:

- Choctaw Nation of Oklahoma stops providing group health benefits;
- Premiums are not paid within 30 days of the due date (with the exception of the initial premium which is due within 45 days of your election date); or

- A person eligible for continued benefits becomes covered under any other group health plan (unless the health plan has an enforceable pre-existing condition clause) or becomes entitled to Medicare.

If your coverage ends because of expiration of the 18-, 29- or 36-month limit, you may be able to convert coverage to an individual policy if this right currently exists in the Plan.

ADDRESS INFORMATION

Be sure to keep your current address information up to date with Choctaw Nation of Oklahoma. Doing so is the only way to ensure that important benefit information will reach you.

YOUR RIGHTS UNDER APPLICABLE LAWS

For more information about your rights under applicable laws affecting group health plans, you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

FOR MORE INFORMATION

If you have any questions about COC coverage, call Choctaw Nation of Oklahoma Benefits Department at **800-522-6170** and request the Employee Benefits department

If you need additional information about your Choctaw Nation of Oklahoma group health coverage, Choctaw Nation of Oklahoma Benefits Department toll free at **800-522-6170** and request the Employee Benefits department.

MEDICARE PRESCRIPTION DRUG NOTICE

Important Notice from Choctaw Nation OF OKLAHOMA About Your Prescription Drug Coverage under the Full-Time Medical Plans and Medicare (Creditable Coverage)

Please read this notice carefully, and keep it where you can find it. This notice has information about your current prescription drug coverage with Choctaw Nation of Oklahoma 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. Choctaw Nation of Oklahoma has determined that the prescription drug coverage offered by Choctaw

Nation of Oklahoma's plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Choctaw Nation of Oklahoma coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Choctaw Nation of Oklahoma coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Choctaw Nation of Oklahoma 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 19 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 Choctaw Nation of Oklahoma Benefits Department at the phone number shown 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 Choctaw Nation of Oklahoma changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of “Medicare & You” handbook for their telephone number) for personalized help.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at **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:	October 2021
Name of Entity/ Sender:	Choctaw Nation of Oklahoma
Contact/Office:	Choctaw Nation of Oklahoma Benefits Department
Address:	P.O. Box 1210, Durant, OK 74702
Phone Number:	800-522-6170

Newborn & Mothers Health Protection Notice

For maternity hospital stays, the Plan does 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 delivery.

However, the mother’s or newborn’s attending care provider may, after consulting with the mother, discharge the mother or her newborn earlier than 48 hours (or 96, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

WOMEN’S HEALTH CARE BENEFITS

If you have had or are going to have a mastectomy, you may be eligible for certain benefits under the Women’s Health Care Benefits. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical

plan. For more information on Women’s Health Care Benefits, contact Choctaw Nation of Oklahoma Benefits Department or your medical plan administrator.

EXPANDED COVERAGE FOR WOMEN’S PREVENTIVE CARE

Choctaw Nation of Oklahoma provides female plan participants in its Full-Time Select Medical Plan and Full-Time Choice Medical Plan with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women’s preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit www.healthcare.gov/preventive-care-women/

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in Choctaw Nation of Oklahoma’s medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment no more than 30 days after you or your dependent’s other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in Choctaw Nation of Oklahoma’s medical coverage as long as you request enrollment by contacting Choctaw Nation of Oklahoma no more than 30 days after the marriage, birth, adoption or placement for adoption. For more information, contact Choctaw Nation of Oklahoma Benefits Department at **800-522-6170** and request the Employee Benefits department.

60-DAY SPECIAL ENROLLMENT PERIOD

In addition to the qualifying events listed in the enrollment guide and this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent’s Medicaid or Children’s Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.



This brochure highlights the main features of the Choctaw Nation of Oklahoma Employee Benefits Program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Choctaw Nation of Oklahoma reserves the right to change or discontinue its employee benefits plans at any time.

