



Annual Benefits Enrollment Guide



Choctaw Nation

Hoshonti Program

Updated 08/15/2025

Purpose: *To guide users through benefits enrollment during the Annual Benefit Enrollment period.*

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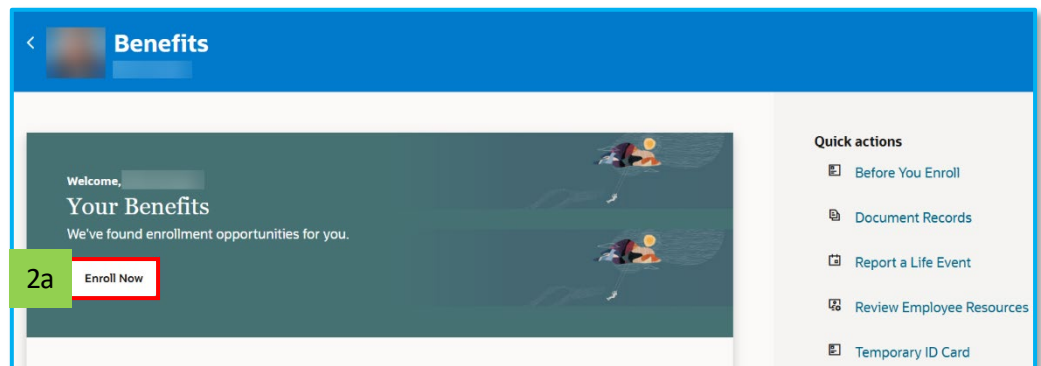
Navigate to Benefits Dashboard

1. Select the **Me** tab:
 - a. Select **Benefits**;

Note: You may need to scroll down to see the **Benefits** icon.



2. On the **Benefits** screen:
 - a. Select **Enroll Now**;



Note: Your Benefits homepage will also display the Open Enrollment window, or the number of days remaining to make **changes to your benefits**.

Important! Make sure that all benefits changes for 2026 are submitted by **11:59 pm** on **November 9th**.



3. Under the **Before you enroll** section:

- a. Select the **Choose how you want to enroll**



Before you enroll

Choose how you want to enroll

Verify people you'd like to cover

Enroll in benefits that matter to you

Tasks Viewed

Required

Required

Required

4. Under **Choose how you want to enroll**:

- a. Select desired **Path**;
- b. Select **Continue**.

Choose how you want to enroll

Visted On 06/23/2025

Required

Express

Review your current enrollment, submit as is, or make changes.

Discovery

Analyze all available benefits thoroughly before making selections.

Continue

Verify people you'd like to cover

Required

Express

Review your current enrollment, submit as is, or make changes.

Discovery

Analyze all available benefits thoroughly before making selections.

Continue

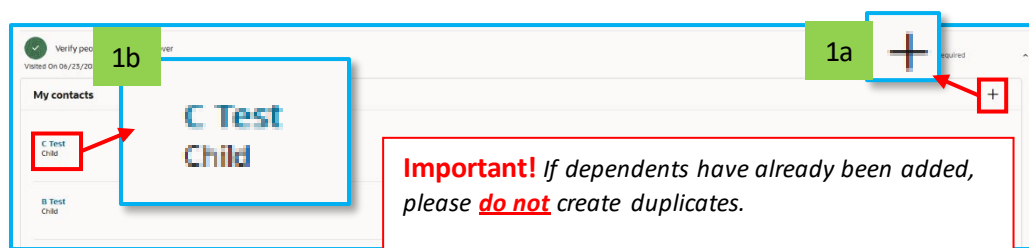


Before You Enroll

Add Dependent/Beneficiary Information

1. Under **Verify people you'd like to cover:**

- a. (If applicable) To add **additional Contacts**, select **+**, next to **My Contacts**:
 - i. Skip to **step 2** for how to add a contact;
- b. (if applicable) To edit an **existing Contact**, select desired **contacts name**:
 - i. Skip to **step 8** for how to edit/review an existing contact;



Important! If dependents have already been added, please **do not** create duplicates.

Important! The **People to Cover** section displays your **dependent and beneficiary information**. This is **NOT** **coverage information**. If a dependent is listed here, it **does not** mean coverage is in place or dependent is elected as a beneficiary.



2. If adding a contact:
 - a. Enter all **Contact Information**;

Important! *Date of Birth and CDIB status **must** be provided to **enroll dependents in coverage**. If a newborn child is being added, proceed with enrolling and supply information to the Benefits Department at benefits@choctawnation.com once received.*

Important! Use your hire date **unless** the **birthdate of the dependent** is **after** your hire date. Using any other dates **may not** populate the dependent to be selected for enrollment in beneficiary designation.

2a

New Contact

Basic Info

Global Name

Last Name First Name Suffix

Middle Name

Relationship

Relationship What's the start date of this relationship?

Gender

Date of Birth

CDIB

Additional Info

Student Status Disability Type Disability Status

Tobacco Use Covered by another plan Plan

Phone details

Country

Email details

Type

3. In the **National Identifiers** Section:
 - a. Choose the **Country**;
 - b. Choose a **National ID Type**;
 - c. Enter the **number** (SSN, taxpayer ID number, etc.) in the **National ID** field;

Important! *National Identifier **must** be provided to **enroll dependents in coverage**. If a newborn child is being added, proceed with enrolling and supply information to the Benefits department at benefits@choctawnation.com once received.*

National identifiers

3a Country United States

National ID Type Social Security Number

3b National ID

3c

4. In the **Address** section, select either:
 - a. **Use My Address**;
 - b. Or **Enter a New Address**;

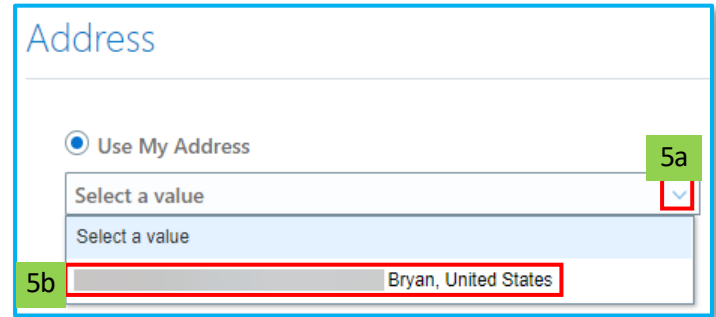
Address

4a ☒ Use My Address ☐ Enter a New Address **4b**

Select a value



5. If **Use My Address** was selected:
- Select the  ;
 - Select desired **existing address**;



Address

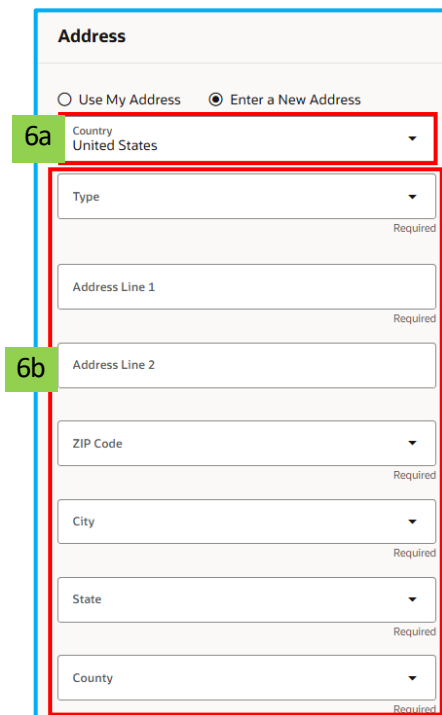
☒ Use My Address

Select a value

Select a value

Bryan, United States

6. If **Enter a New Address** was selected:
- Choose a **Country**:
 - Additional fields will appear;
 - Complete **additional fields** as required;



Address

☐ Use My Address ☒ Enter a New Address

Country
United States

Type
Required

Address Line 1
Required

Address Line 2

ZIP Code
Required

City
Required

State
Required

County
Required

7. Select **Submit**;

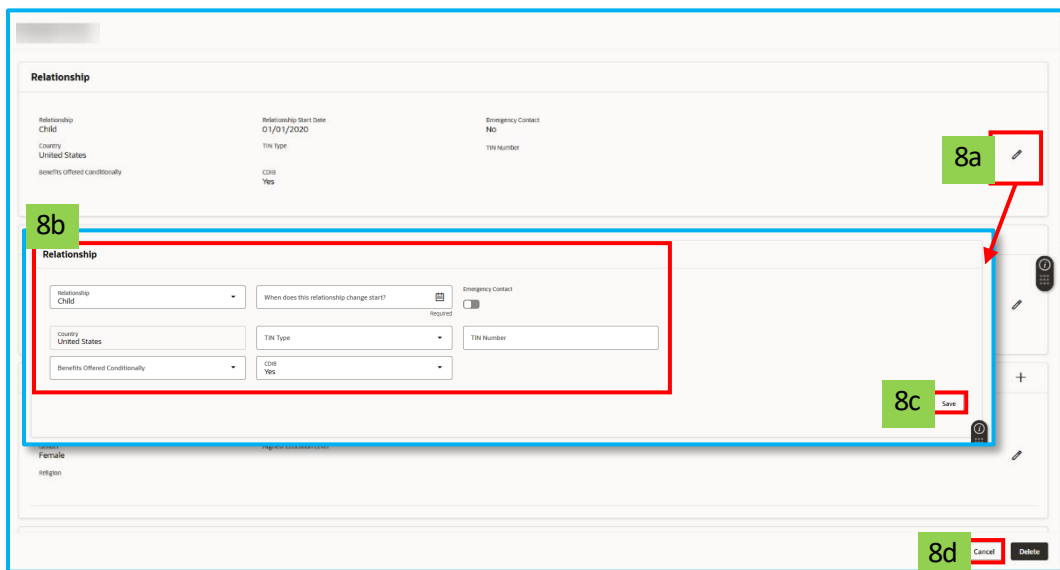


Cancel 7 Submit



8. If **editing/reviewing** an existing contact:

- Select the  next to the desired **information section**;
- Maked desired **changes**;
- Select **Save**;
- Select **Cancel**.



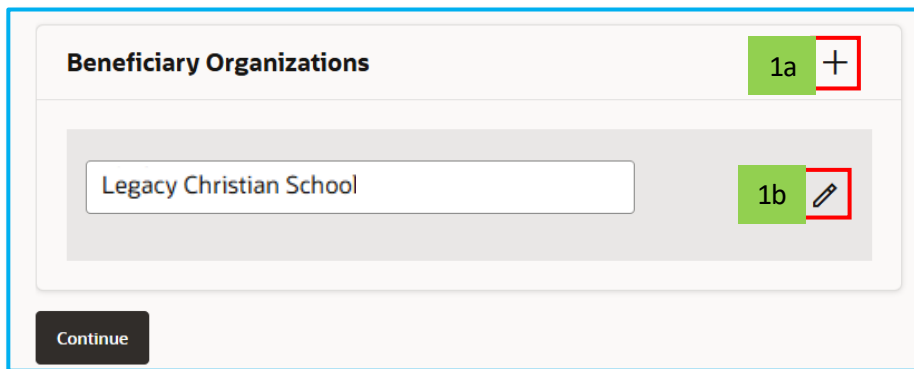
The screenshot shows a 'Relationship' form. Callout 8a points to the edit icon (pencil) in the top right corner. Callout 8b points to the form fields, which include: Relationship (Child), Relationship Start Date (01/01/2020), Emergency Contact (No), Country (United States), TIN Type, TIN Number, Benefits offered conditionally, and COB (Yes). Callout 8c points to the 'Save' button at the bottom right. Callout 8d points to the 'Cancel' and 'Delete' buttons at the bottom right.

Add Beneficiary Organizations

Important! **Beneficiary Organizations** are charities, trusts, etc., that you would like to designate as a recipient of your benefits. Individuals should **not** be listed in this section.

1. Under **Verify people you'd like to cover:**

- (If applicable) To add a **Beneficiary Organization**, select **+**;
- (if applicable) To edit an **existing Beneficiary Organization**, select the  next to the desired **Organization**;



The screenshot shows the 'Beneficiary Organizations' section. Callout 1a points to the '+' button in the top right corner. Callout 1b points to the edit icon (pencil) next to the 'Legacy Christian School' entry. A 'Continue' button is visible at the bottom left.

Note: The two **Beneficiary Types** are:

Existing Organization- Will be any organization that has been previously added;

Trust- Will allow you to enter information relevant to the trust being added.



2. If adding a **Beneficiary Organization**:

- Enter a **Start Date**, if different from the **default date**;
- Select desired **Beneficiary Type**;
- Enter additional **information** as required;
- Select **Save**;

The screenshot shows the 'Beneficiary Organizations' form. Callout 2a points to the 'Start Date' field with the value '10/20/2025'. Callout 2b points to the 'Beneficiary Type' dropdown menu, which is set to 'Existing organization'. Callout 2c points to the 'Name' field, which contains 'Legacy Christian School'. Callout 2d points to the 'Save' button at the bottom right of the form.

3. Select **Continue**.

The screenshot shows the 'Beneficiary Organizations' list. A single entry for 'Legacy Christian School' is visible. Callout 3 points to the 'Continue' button at the bottom left of the list.

Enroll in CNO Benefit Programs

Medical

Important! Make sure to review and update (if applicable) all sections of the **Choctaw Nation Benefit Program** page.

1. Under **Enroll in benefits that matter to you**:

- Select **Edit**;

The screenshot shows two sections. The 'Before you enroll' section has three items: 'Choose how you want to enroll', 'Verify people you'd like to cover', and 'Enroll in benefits that matter to you'. The 'Enroll in benefits that matter to you' item is highlighted with a red box and callout 1a. The 'Choctaw Nation Benefit Program' section shows the program name, a 'View Enrollments' button, and a 'Continue' button at the bottom.



- Choctaw Nation Benefit Program

1 | 11

Medical

Dental

Vision

Choctaw Nation Provided Benefits

Supplemental Plans

Flexible Spending

Group Accident

Critical Illness

Legal Shield

Review and Submit

Review Legal Disclaimer

Authorization

The Choctaw Nation enrollment period is October 20, 2025, through November 9, 2025. This is to acknowledge I have been given the opportunity to enroll or change benefits.

2a

Accept

Cancel

Continue

- [illegible]

Important: If **changing** from one plan to the other, you must **Unenroll** from the current plan. **Only one election** per benefit tier is permitted.

4. If a **dependent specific coverage** tier has been selected (Ex. **Associate Plus Family**):

- From the **coverage** panel, select the desired **dependent(s)** checkbox;
- Select **save**;

4a

Medical - Buy-up Medical Plan
Associate Plus Children

Show coverage and rates

⚠ You haven't designated any dependents yet.

Who do you want to cover?

Select All

☐ [Redacted]
☐ [Redacted]

Cancel 4b Save

5. Select **Continue**;

5

Enroll View Details

Medical - Base Plan
\$301.29
Associate Plus Spouse
Enroll View Details

Medical - Base Plan
\$93.71
Associate Plus Children
Enroll View Details

Medical - Base Plan
\$207.96
Associate Plus Family
Enroll View Details

Waive Medical
Waive
Enroll

Last updated 6 minutes ago

Cancel Continue

Continue

Dental



6. From the **Dental** page:
 - a. Locate desired **Coverage plan**;
 - b. Select **Enroll**;

Important: If **changing** from one plan to the other, you must **Unenroll** from the current plan. **Only one election per benefit tier is permitted.**

The screenshot shows the 'Dental' page with a sidebar on the right containing links like 'Medical', 'Dental', 'Vision', etc. The main content area displays two dental plans: 'Dental Associate Plus Family' with a cost of \$20.00 and 'Dental Associate Plus Children' with a cost of \$12.50. Callout 6a points to the 'Enroll' button for the 'Associate Plus Family' plan. Callout 6b points to the 'Enroll' button for the 'Associate Plus Children' plan. A red box highlights the 'Enroll' button for the 'Associate Plus Children' plan. A red arrow points from the 'Enroll' button for the 'Associate Plus Family' plan to the 'Enroll' button for the 'Associate Plus Children' plan.

7. If a **dependent specific coverage** tier has been selected (Ex. **Associate Plus Family**):
 - a. From the **coverage** panel, select the desired **dependent(s)** checkbox;
 - b. Select **save**;

The screenshot shows the 'Dental Associate Plus Children' coverage panel. It displays a message: 'You haven't designated any dependents yet.' Below this, it asks 'Who do you want to cover?' with a 'Select All' button and two checkboxes. Callout 7a points to the first checkbox. Callout 7b points to the 'Save' button. Callout 8 points to the 'Continue' button at the bottom of the page.

8. Select **Continue**;

Vision



9. From the **Vision** page:
 - a. Locate desired **Coverage plan**;
 - b. Select **Enroll**;

Important: If **changing** from one plan to the other, you must **Unenroll** from the current plan. **Only one election** per benefit tier is permitted.

10. If a **dependent specific coverage** tier has been selected (Ex. **Associate Plus Family**):
 - a. From the **coverage** panel, select the desired **dependent(s)** checkbox;
 - b. Select **save**;

11. Select **Continue**;

Choctaw Nation Provided Benefits – Company Paid

12. From the **Choctaw Nation Provided Benefits** page:
- Locate the **Basic Life Insurance** section;
 - Select the  ;

Choctaw Nation Provided Benefits

Important: If **changing** from one plan to the other, you must **Unenroll** from the current plan. **Only one election per benefit tier is permitted.**

Basic Life Insurance

Automatic Basic Life Insurance

\$16.13
1.5 x Salary
100% Graham Kovash

Unenroll **View Details**

12a **12b**

13. From the **Coverage** panel:
- Designate **Beneficiaries** to equal **100%**;
 - Select **Save**;

Basic Life Insurance
1.5 x Salary

Show coverage and rates

Divide the proceeds of your benefits among as many beneficiaries as you like.
Primary beneficiaries are mandatory but contingent beneficiaries are optional. The total proceeds should not exceed 100%.

Beneficiaries

(Spouse)	
Primary 100 %	Contingent %

(Child)	
Primary %	Contingent 50 %

(Child)	
Primary %	Contingent 50 %

13a **13b**

Save

14. Select **Continue**;

14 **Continue**



CNO Supplemental Life-Employee

Note: Increments of \$10,000 - \$500,000 must be entered. Associate and Spouse **rates** are based on **associates' age and coverage amount** selected.

15. From the Choctaw Nation Provided Benefits page:

- Locate the **Supplemental Term Life** section;
- Select **Enroll**;

Supplemental Term Life

Enrolled CNO - Supplemental Life Employee

\$6.00

Associate Only

100%

Enroll View Details

Important: If **changing** from one plan to the other, you must **Unenroll** from the current plan. **Only one election** per benefit tier is permitted.

16. From the **Coverage** panel:

- Enter desired **coverage amount**;
- Designate **Beneficiaries** to equal **100%**;
- Select **Save**;

CNO - Supplemental Life Employee

Associate Only

16a Coverage 150000

Hide coverage and rates

Employee	Annually
\$6.00	\$144.00

16b **Beneficiaries**

Divide the proceeds of your benefits among as many beneficiaries as you like.

Primary beneficiaries are mandatory but contingent beneficiaries are optional. The total proceeds should not exceed 100%.

Beneficiary	Primary	Contingent
(Spouse)	100 %	0 %
(Child)	0 %	50 %
(Child)	0 %	50 %

16c **Save**



Note: Evidence of Insurability (EOI) is required for associate and spouse if initially not enrolled and now acquiring coverage or increasing coverage amount. Please contact the Benefits department for more information.

-
- Supplemental Term Life - Spouse**
- CNO - Supplemental Life Spouse
- \$2.00**
- Enrolled
- Enroll** View Details
- 17b**
- 17a**
- Important:** If *changing* from one plan to the other, you must *Unenroll* from the current plan. *Only one election per benefit tier is permitted.*

- CNO - Supplemental Life Spouse

Enrolled

18a

Coverage
50000

Hide coverage and rates

Employee
\$2.00

Annually
\$48.00

Who do you want to cover?

Select All

☒ 18b

Beneficiaries

(Spouse)

Primary
100 %

Contingent %

18c

(Child)

Primary %

Contingent
50 %

(Child)

Primary %

Contingent
50 %

Cancel

18d

Save

CNO Supplemental Life- Child(ren)

19. From the **Choctaw Nation Provided Benefits** page:

- Locate the **Supplemental Term Life-Child(ren)** section;
- Locate desired **coverage plan**;
- Select **Enroll**;

Important: If **changing** from one plan to the other, you must **Unenroll** from the current plan. **Only one election per benefit tier is permitted.**

Supplemental Term Life

CNO - Supplemental Life Employees
\$6.00
Associate Only
20000
Unenroll View Details

Supplemental Term Life - Spouse

CNO - Supplemental Life Spouse
\$2.00
Enrolled
Enroll View Details

Supplemental Term Life - Child(ren)

CNO - Supplemental Life Children
\$0.35
Child coverage 5000
Enroll View Details

CNO - Supplemental Life Children
\$0.70
Child Coverage 10000
Enroll View Details

CNO - Supplemental Life Children
\$1.40
Child Coverage 20000
Enroll View Details

19a 19b 19c

20. From the **Coverage** panel:

- Select **who to cover**;
- Designate **Beneficiaries** to equal **100%**;
- Select **Save**;

CNO - Supplemental Life Children
Child Coverage 20000

Show coverage and rates

Who do you want to cover?

Select All

20a

Beneficiaries

(Spouse)

Primary 100 % Contingent %

(Child)

Primary % Contingent 50 %

(Child)

Primary % Contingent 50 %

20b

Ca 20c Save



21. Select **Continue**;

21 **Continue**

Flexible Spending

Important! The **Flexible Spending Accounts** **must** be **re-elected each year**; they do **not** roll over like Medical, Dental, Vision, etc.

22. From the **Choctaw Nation Provided Benefits** page:

- Locate desired **coverage plan**;
- Select **Enroll**;

Important: If **changing** from one plan to the other, you must **Unenroll** from the current plan. **Only one election** per benefit tier is permitted.

22a

22b

FSA Medical – A pre-tax benefit account used to pay for eligible medical, dental, and vision expenses. These can include co-pays, deductibles, and a variety of medical products.

FSA Dependent Care – A pre-tax benefit account used to pay for eligible dependent care services for children younger than age 13 and/or adult dependents who are incapable of self-care for themselves and resided in your home.

Please contact the Benefits department at benefits@choctawnation.com for more information.

23. From the **Coverage** panel:

- Enter desired **coverage amount**;
- Select **Save**;

Important: Elected amount will be **divided** among **24 pay periods** within the **plan year**. Benefits are not captured on the 3rd pay-date within a month.

23a

23b



Critical Illness

Note: Increments of \$5,000 - \$50,000 must be entered. Associate and Spouse rates are based on associates' age and coverage amount selected.

Note: An EOI health questionnaire must be completed to enroll in a Critical Illness Insurance plan. Please contact the Benefits department at benefits@choctawnation.com for more information.

28. From the **Critical Illness** page:

- Locate desired **Coverage plan**;
- Select **Enroll**;

Critical Illness

If Health Questionnaire Item has been triggered while enrolling in Critical Illness plan, Please select the hyperlink to download the [Health Questionnaire](#) form. Please fill out the respective forms and Upload the Completed form into the Action Items.

\$2.01 | \$195.45
Your Cost per Pay Period

Critical Illness

Enroll CNO - Critical Illness with Cancer
\$2.01 Associate Only
[Unenroll](#) [View Details](#)

Enroll CNO - Critical Illness with Cancer
\$2.01 Associate Plus Children
[Unenroll](#) [View Details](#)

Enroll CNO - Critical Illness without Cancer
\$1.38 Associate Only
[Unenroll](#) [View Details](#)

Enroll CNO - Critical Illness without Cancer
\$1.38 Associate Plus Children
[Unenroll](#) [View Details](#)

Enroll CNO - Critical Illness without Cancer Spouse
\$1.38 Associate Only
[Unenroll](#) [View Details](#)

Enroll CNO - Critical Illness without Cancer Spouse
\$1.38 Associate Plus Children
[Unenroll](#) [View Details](#)

Important: If **changing** from one plan to the other, you must **Unenroll** from the current plan. **Only one election per benefit tier is permitted.**

29. If a **dependent specific coverage tier** has been selected (Ex. **Associate Plus Family**), From the **coverage panel**:

- Enter desired **coverage amount**;
- Select the desired **dependent(s)** checkbox;
- Select **save**;

CNO - Critical Illness with Cancer
Associate Plus Children

Instruction
Critical Illness - Child Volume Amount = 25% of the Members benefit amount to a maximum of \$12,500

29a Coverage
50000

[Hide coverage and rates](#)

Employer	Annually
\$15.73	\$377.52

Who do you want to cover?

[Select All](#)

29b ☒ ☒

[Cancel](#) **29c** [Save](#)



30. Select **Continue**;

30 Continue

Legal Shield

31. From the **Legal Shield** page:

- Locate desired **Coverage plan**;
- Select **Enroll**;

Important: If **changing** from one plan to the other, you must **Unenroll** from the current plan. **Only one election per benefit tier is permitted.**

Choctaw Nation Benefit Program
Legal Shield

\$0.00 | \$194.72
Total Cost per Pay Period

Legal Shield

CNO - Legal Shield	CNO - Legal Shield	CNO - Legal Shield
\$7.98 Legal Shield IND	\$4.23 Identity Shield IND	\$12.20 Legal + Identity
Enroll View Details	Enroll View Details	Enroll

31a

CNO - Legal Shield
\$14.45
Legal + Identity Shield Family

31b

Review and Submit

Cancel Continue

32. If a **dependent specific coverage** tier has been selected (Ex. **Associate Plus Family**), From the **coverage** panel:

- Select the desired **dependent(s)** checkbox;
- Select **save**;

CNO - Legal Shield
Legal + Identity Shield Family

Show coverage and rates

Who do you want to cover?

Select All

32a

32b

Save

33. Select **Continue**;

33 Continue



Review and Submit

34. Once all **elections** have been selected:

- Review **elections**;
- Select **Submit**;

Choctaw Nation Benefit Program

Review and Submit

Total Cost per Pay Period	
Pre-tax	\$209.17
After Tax	\$155.21
Annual Cost	\$5,019.84

Medical

Medical - Buy-up Medical Plan
Associate Plus Children
Self, 2000 Hours (2 Yrs), Payroll Deduct (2 Yrs)
Annually \$3,210.12
Employer \$492.46

Dental

Dental - Buy-up Medical Plan
Associate Plus Children
Self, 2000 Hours (2 Yrs), Payroll Deduct (2 Yrs)
Annually \$300.00
Employer \$17.18

Vision

Vision

34b Submit

Cancel Submit

35. Select **Continue**;

THE GREAT SEAL

Visited and submitted Enrollment period ends on 07/12/2025

Choctaw Nation Benefit Program
Choctaw Nation Benefit Program

Edit View Enrollments

35 Continue

36. Under the **Post Enrollment** section:

- Select the **Complete pending actions** ✓;
- (If applicable) complete all **pending actions** shown;
- Select **Done**;

Post-enrollment Tasks Viewed 1 of 1

Complete pending actions
Visited On 08/25/2025

Optional **36a**

You're up to date on your tasks. **36b**

36c Done

Important! If you do not have a **pending action** you will see "you're up to date on your tasks."



37. Once all lines are
checked green:

a. Select the  .

37a



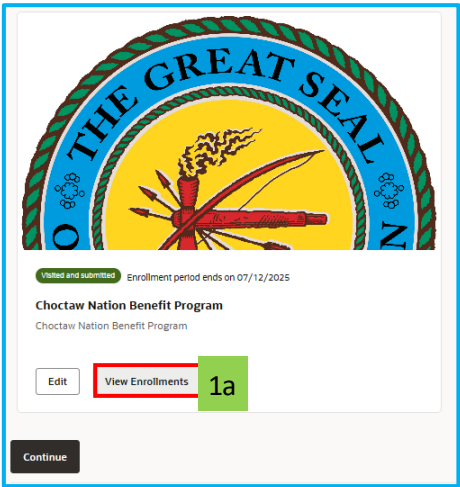
Self-Service Enrollment

You may have enrollment opportunities based on unprocessed life events. Navigate to the enroll in benefits step to check for enrollment opportunities.

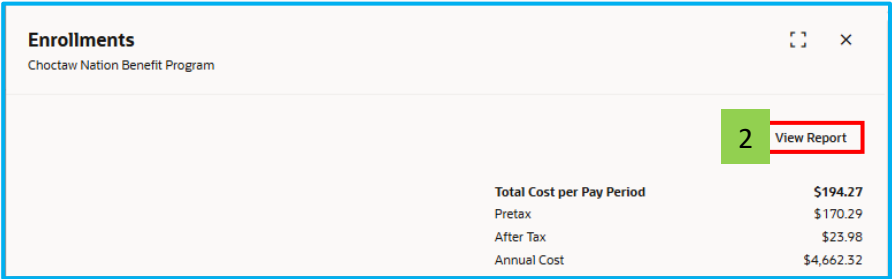


Review Election Choices for Plan Year

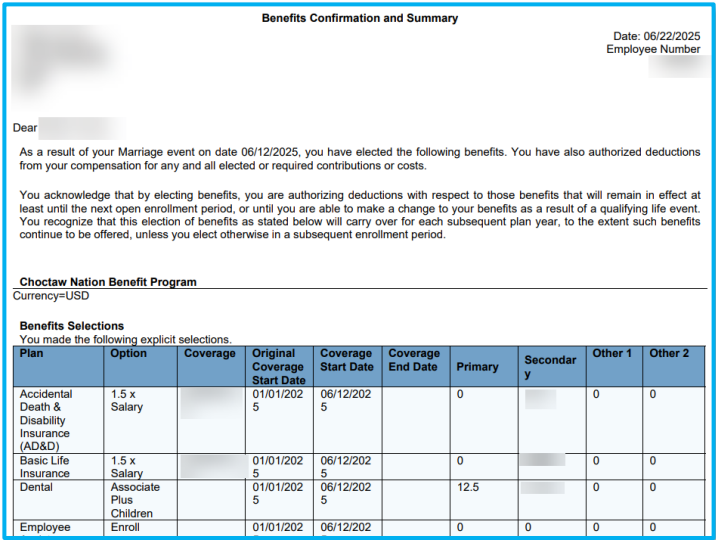
- 1. Under **Enroll in benefits that matter to you:**
 - a. Select **View Enrollment**;



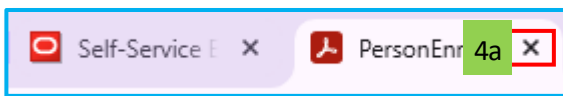
- 2. Select **View Report**;



- 3. The report will **open** in a separate tab;



4. Once done **viewing documents**:
- Exit **PDF** tab;



5. Back on the View enrollment panel:
- Select **X**.

Enrollments5aX
Choctaw Nation Benefit Program

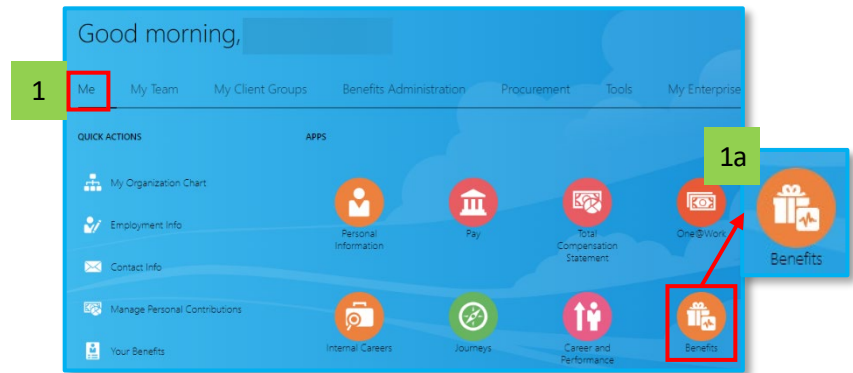
View Report

Total Cost per Pay Period	\$194.27
Pretax	\$170.29
After Tax	\$23.98
Annual Cost	\$4,662.32

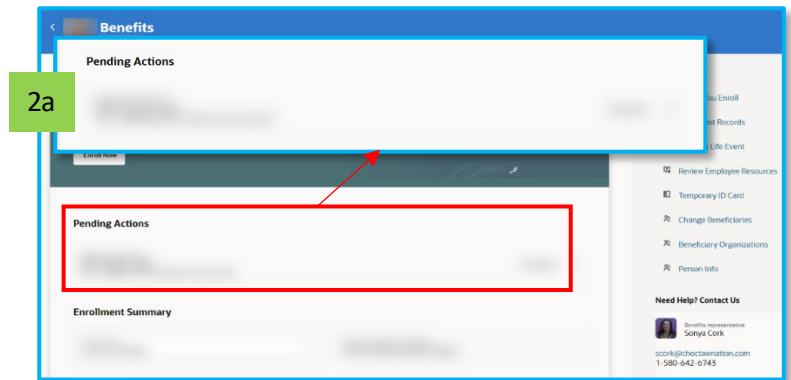


Review Pending Actions

1. Select the **Me** tab:
 - a. Select **Benefits**;



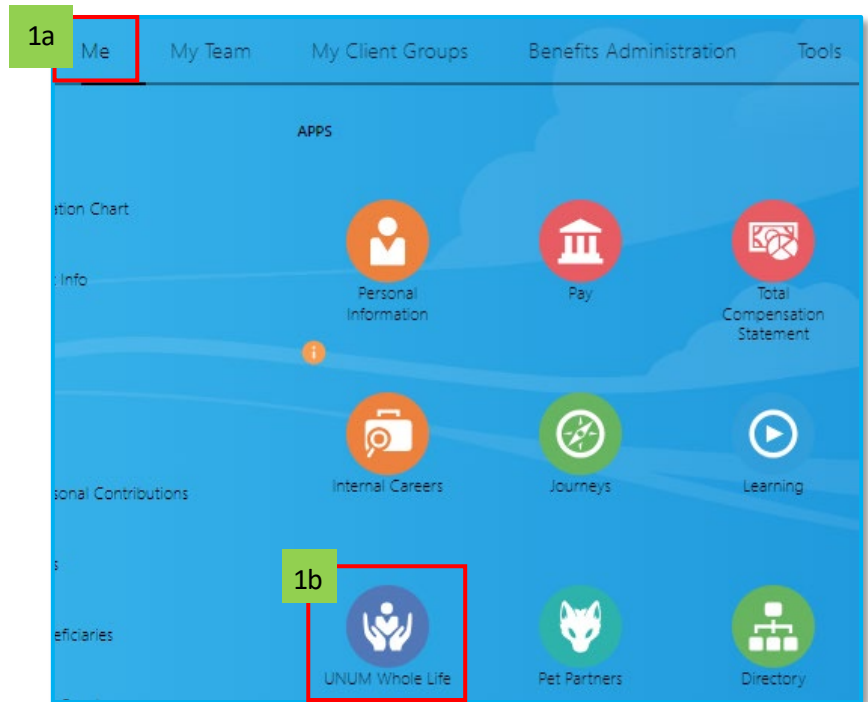
2. Under **Pending Actions** you will find:
 - a. Any **outstanding items** that need to be completed;



Whole Life Insurance

1. To access **Whole Life insurance**:
 - a. Select the **Me** tab;
 - b. Select the **UNUM Whole Life** icon.

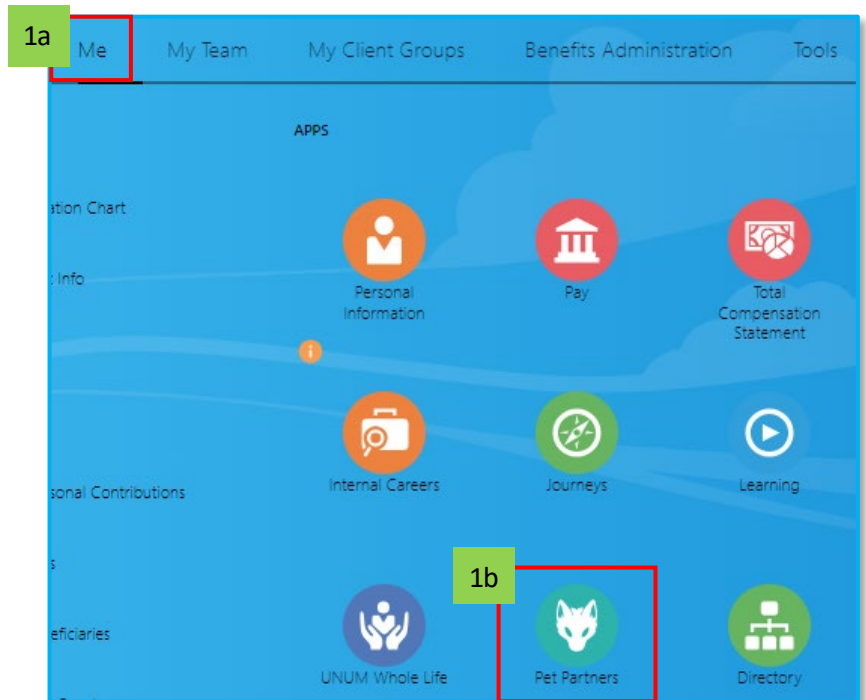
Note: You will then be redirected to a new webpage.



Pet Partner Insurance

1. To access **Pet Partners insurance**:
 - a. Select the **Me** tab;
 - b. Select the **Pet Partners** icon.

Note: You will then be redirected to a new webpage.
See [Pet Insurance Enrollment Job Aid](#) for steps on how to enroll.



Additional Information

Your Benefits homepage will also display the Open Enrollment window, or the number of days remaining to make changes to your benefits. **Please make sure that all benefits changes for 2026 are submitted by 11:59 pm on 11/09/25.** To make changes select **Enroll Now** on the **Benefits** page.

Want to see a live walkthrough or talk with a benefit coordinator?

Register for a virtual session via WebEx and get your questions answered.

1. Log in to Hoshonti and select **Me** in the top left corner;
2. Select the **Learning** bubble;
3. Type **Open Enrollment** in the search bar and hit **Enter**;
4. Select on the class titled **Employee Benefits Open Enrollment Q&A**;
5. Select your preferred date and time;
6. Don't forget to add the session to your Outlook or Google calendar!

Have questions about your benefits options?

Email benefits@choctawnation.com to schedule an individual appointment with a benefit coordinator.

