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.*

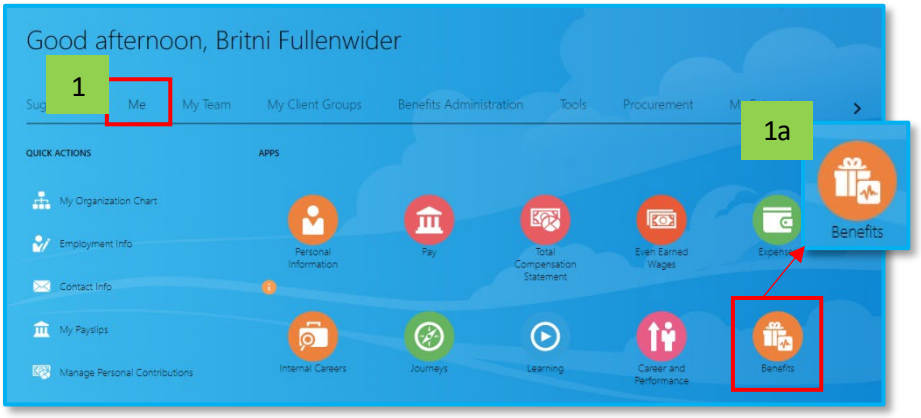
Table of Contents

Navigate to Benefits Dashboard 2
Before You Enroll 4
Add Dependent/Beneficiary Information 4
Add Beneficiary Organizations 7
Enroll in CNO Benefit Programs 8
Medical 8
Dental 10
Vision 11
Choctaw Nation Provided Benefits – Company Paid 12
CNO Supplemental Life-Employee 14
CNO Supplemental Life- Spouse 15
CNO Supplemental Life- Child(ren) 16
Flexible Spending 17
Group Accident 18
Critical Illness 19
Legal Shield 20
Review and Submit 21
Review Election Choices for Plan Year 23
Review Pending Actions 25
Whole Life Insurance 26
Pet Partner Insurance 26
Additional Information 27

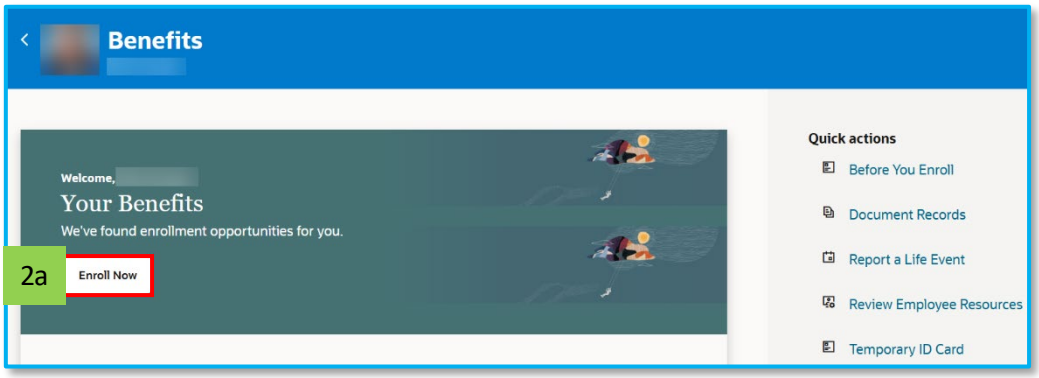
Navigate to Benefits Dashboard

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

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



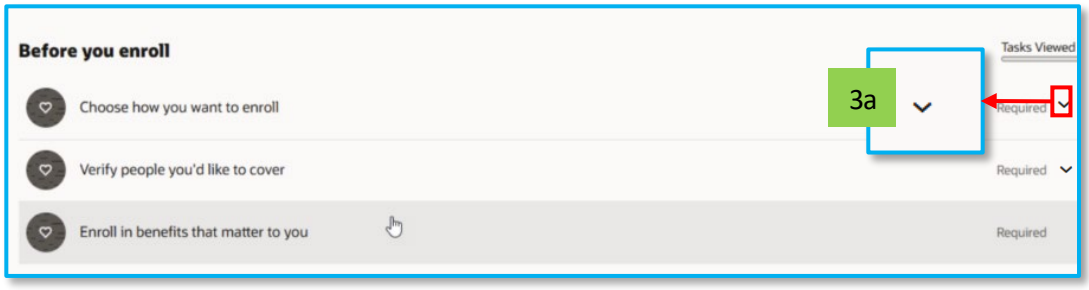
2. On the **Benefits** screen:
    a. Select **Enroll Now**;



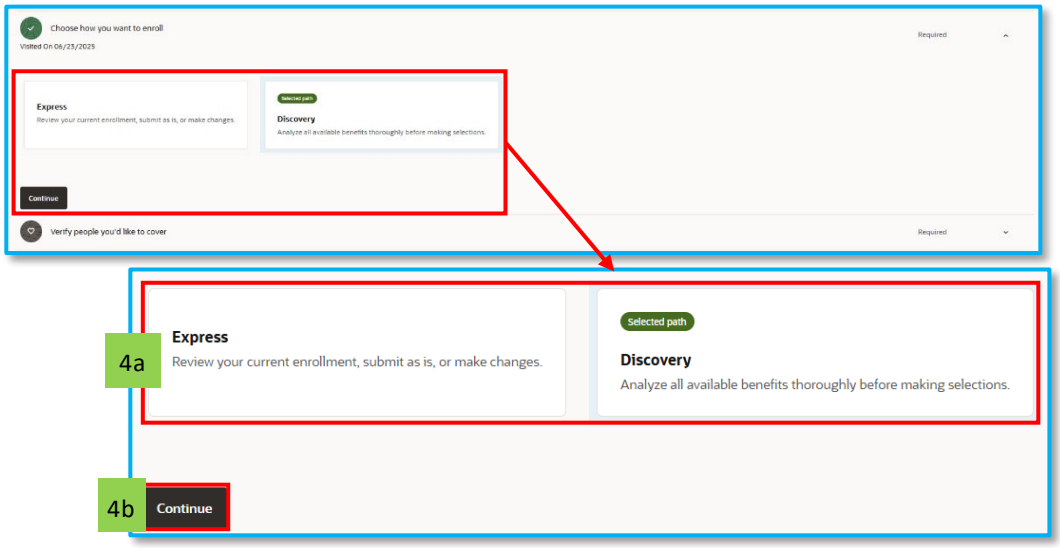
Note: *Your Benefits homepage will also display the Open Enrollment window, or the number of days remaining to make **changes to your benefits**.*

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** ⌄;



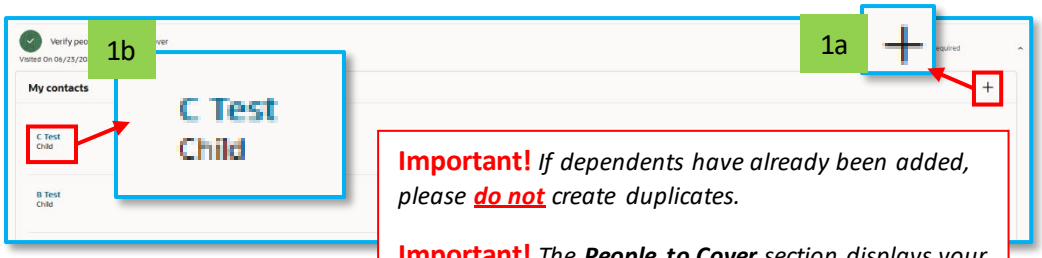
4. Under **Choose how you want to enroll**:
   a. Select desired **Path**;
   b. Select **Continue**.



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;

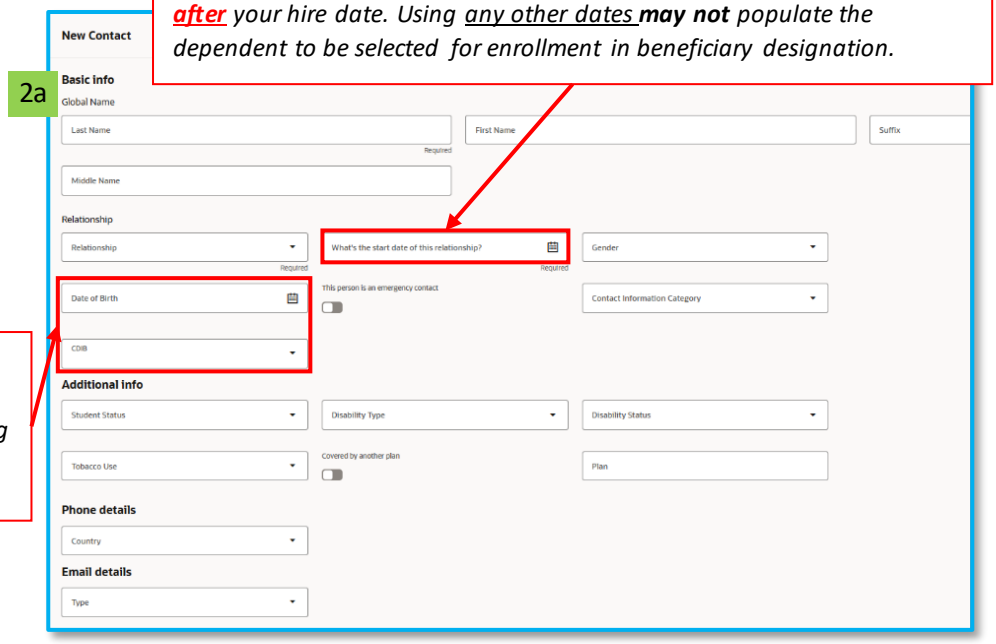


Important! *If dependents have already been added, please **do not** create duplicates.*

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.*

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.*

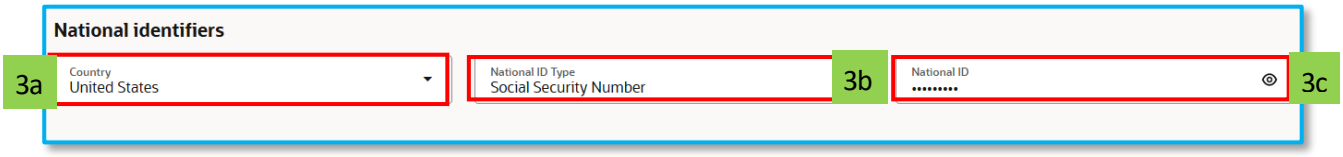
2. If **adding a contact**:
   a. Enter all **Contact Information**;



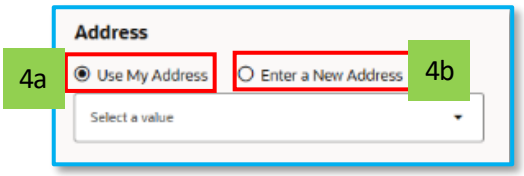
Important! ***Date of Birth*** *and* ***CDIB status*** ***must*** *be provided to **enroll dependents in coverage**. If a newborn child is being added, proceed with enrolling and supply information to the Benefits Department at benefits@choctawnation.com once received.*

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;

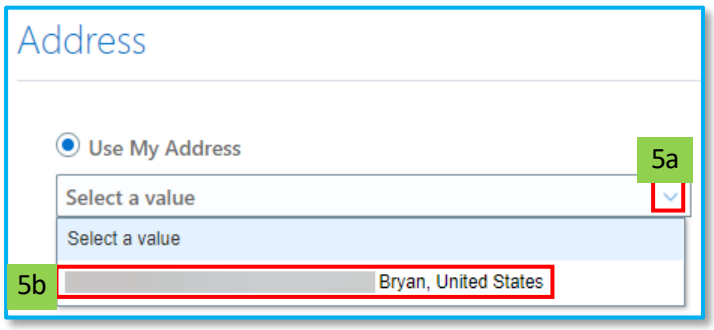
Important! *National Identifier **must** be provided to **enroll dependents in coverage**. If a newborn child is being added, proceed with enrolling and supply information to the Benefits department at benefits@choctawnation.com once received.*



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



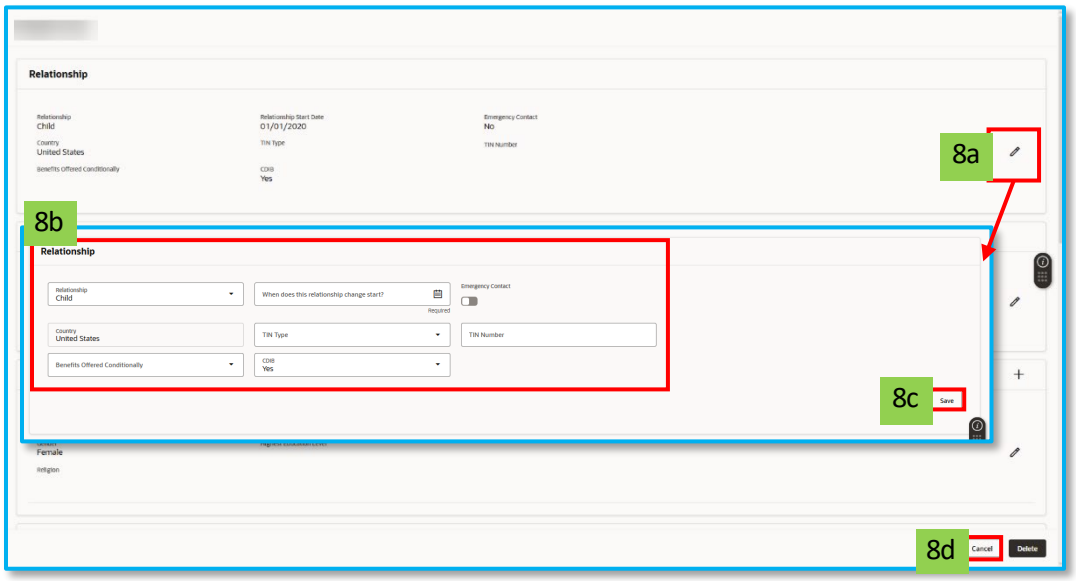
5. If **Use My Address** was selected:
   a. Select the ⌄;
   b. Select desired **existing address**;



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

7. Select **Submit**;

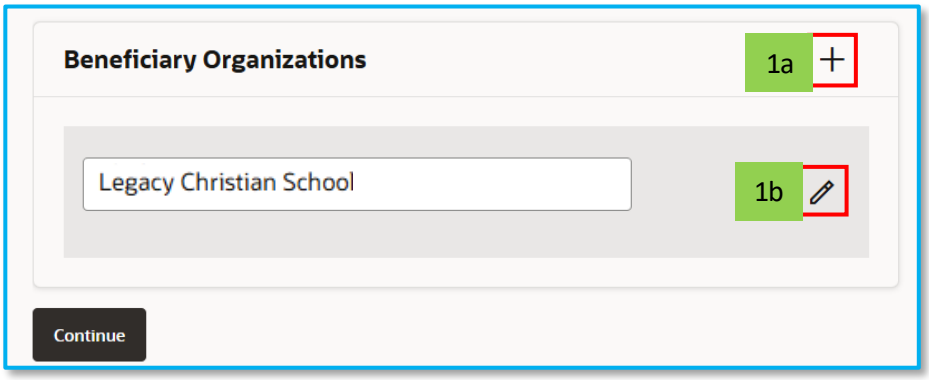
8. If **editing/reviewing** an existing contact:
   a. Select the ✎ next to the desired **information section**;
   b. Maked desired **changes**;
   c. Select **Save**;
   d. Select **Cancel**.



Add Beneficiary Organizations

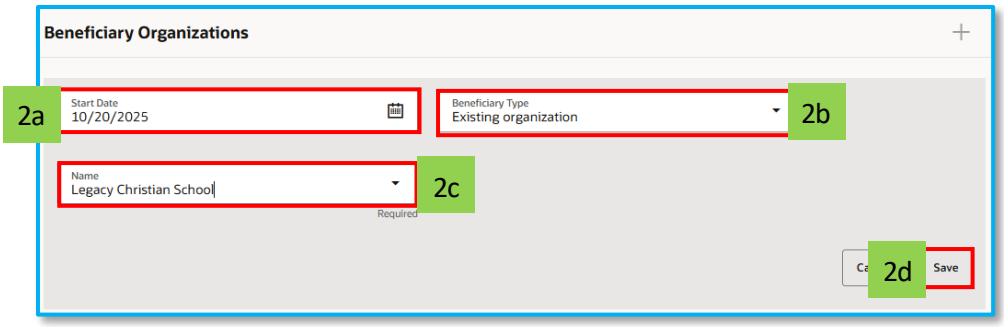
Important! ***Beneficiary Organizations*** *are charities, trusts, etc., that you would like to designate as a recipient of your benefits. Individuals should* ***not*** *be listed in this section.*

1. Under **Verify people you'd like to cover**:
   a. (*If applicable*) To add a **Beneficiary Organization**, select +;
   b. (*if applicable*) To edit an **existing Beneficiary Organization**, select the ✎ next to the desired **Organization**;

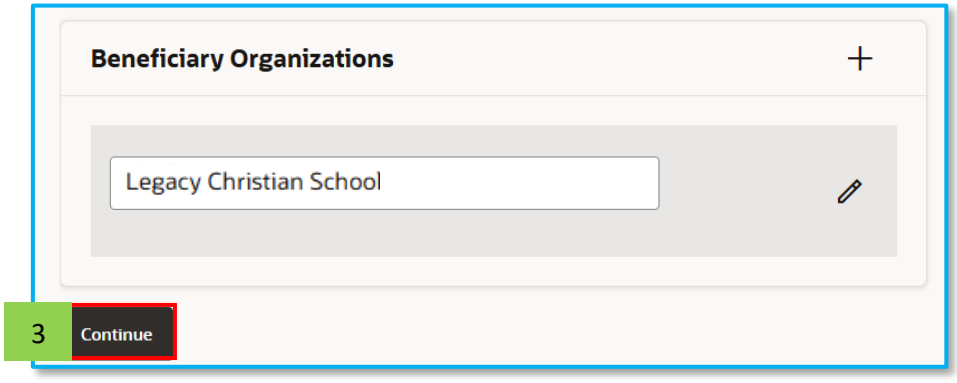


Note: *The two* ***Beneficiary Types*** *are:*
Existing Organization *- Will be any organization that has been previously added;*
Trust *- Will allow you to enter information relevant to the trust being added.*

2. If adding a **Beneficiary Organization**:
   a. Enter a **Start Date**, if different from the **default date**;
   b. Select desired **Beneficiary Type**;
   c. Enter additional **information** as required;
   d. Select **Save**;



3. Select **Continue**.

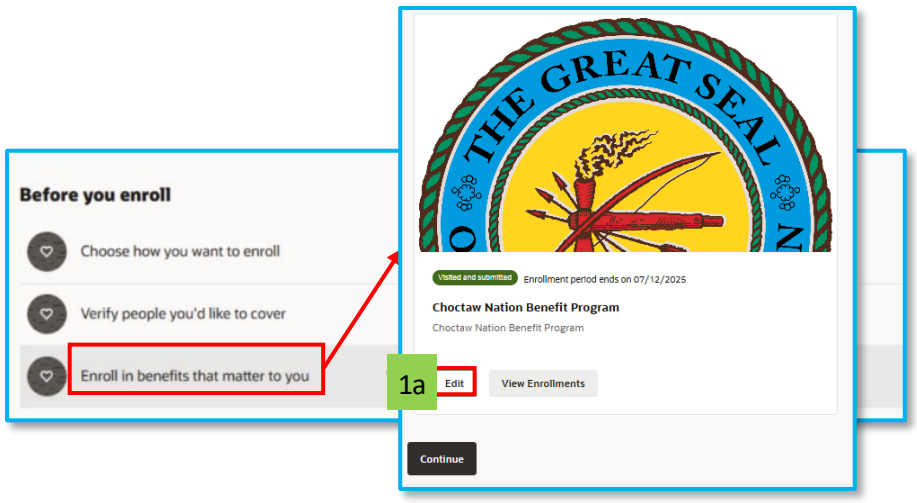


Enroll in CNO Benefit Programs

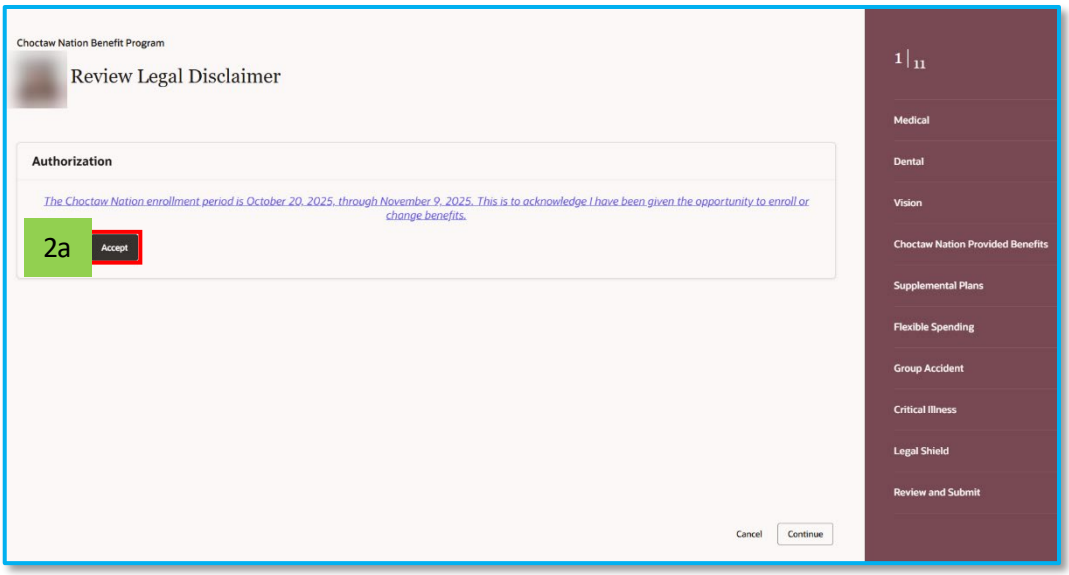
Medical

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**:
   a. Select **Edit**;

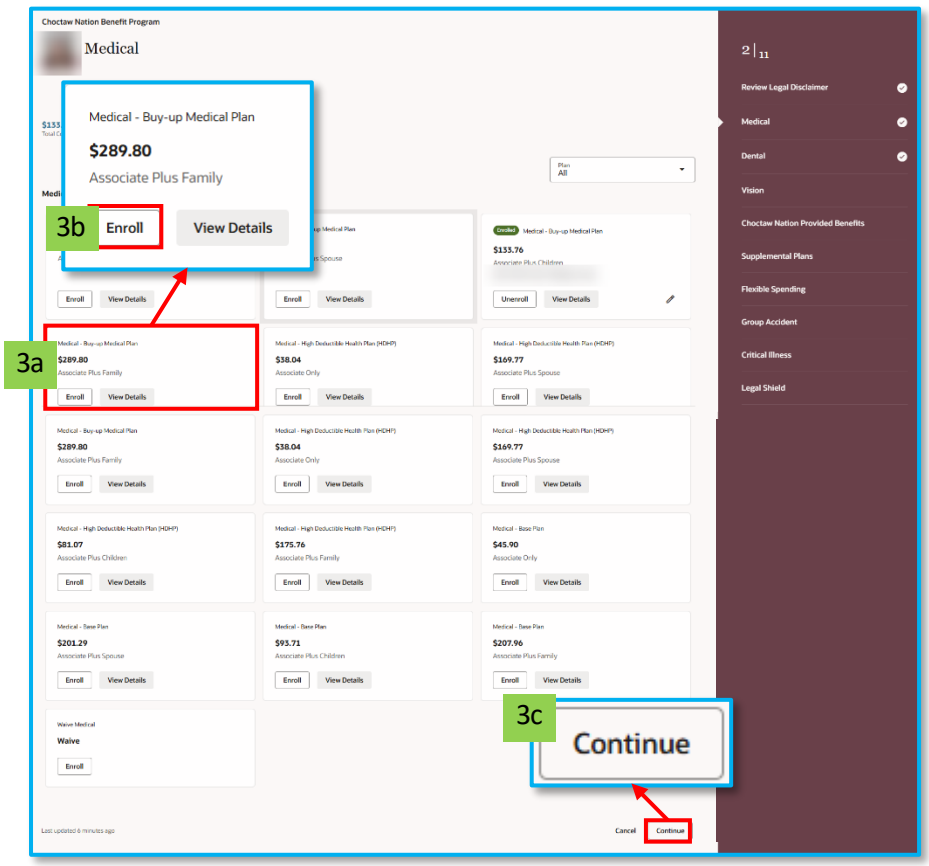


2. On the **Review Legal Disclaimer** page:
   a. Select **Accept** in the **Authorization** box;



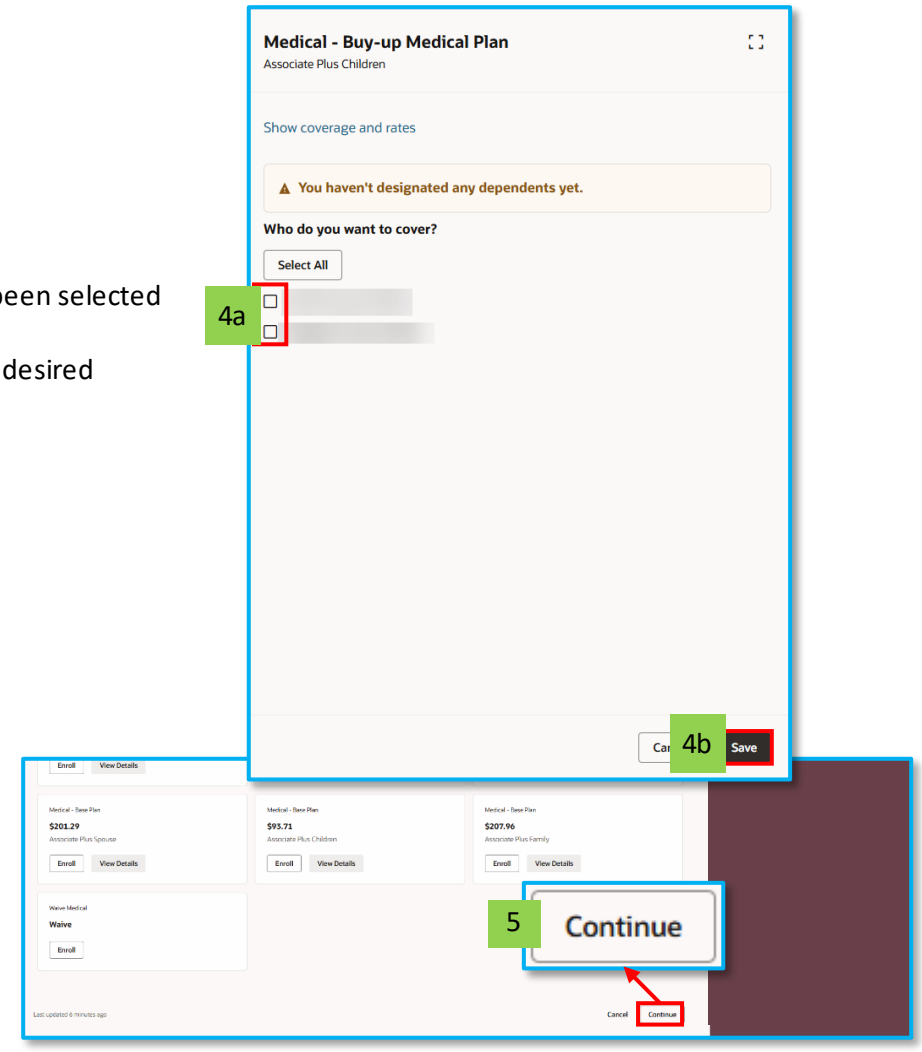
3. From the **Medical** page:
   a. Locate desired **Coverage plan**;
   b. Select **Enroll**;

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



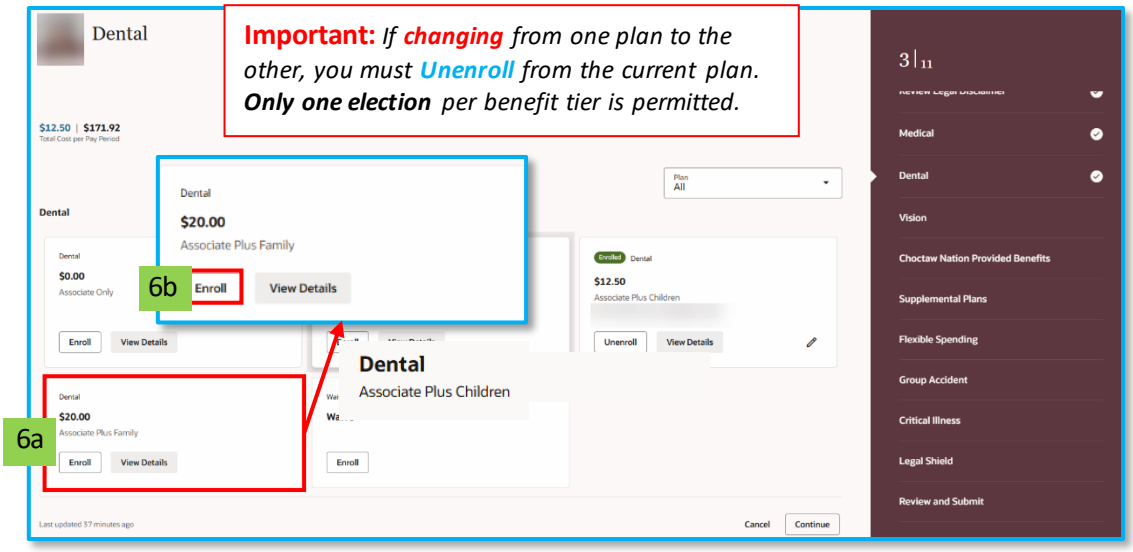
4. If a **dependent specific coverage** tier has been selected (*Ex.* ***Associate Plus Family***):
    a. From the **coverage** panel, select the desired **dependent(s)** checkbox;
    b. Select **save**;

5. Select **Continue**;



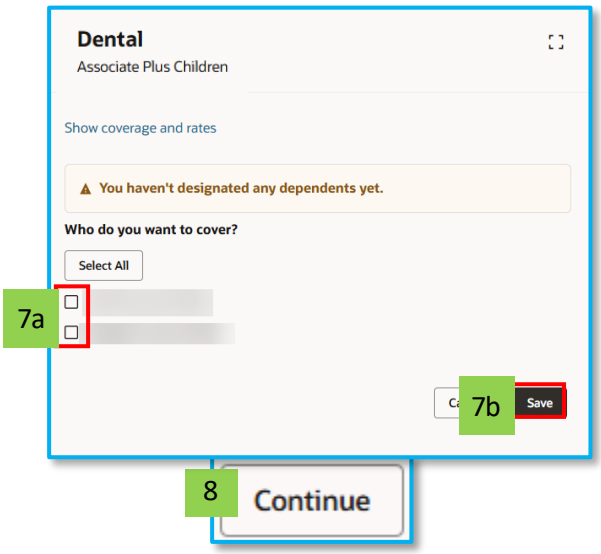
Dental

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



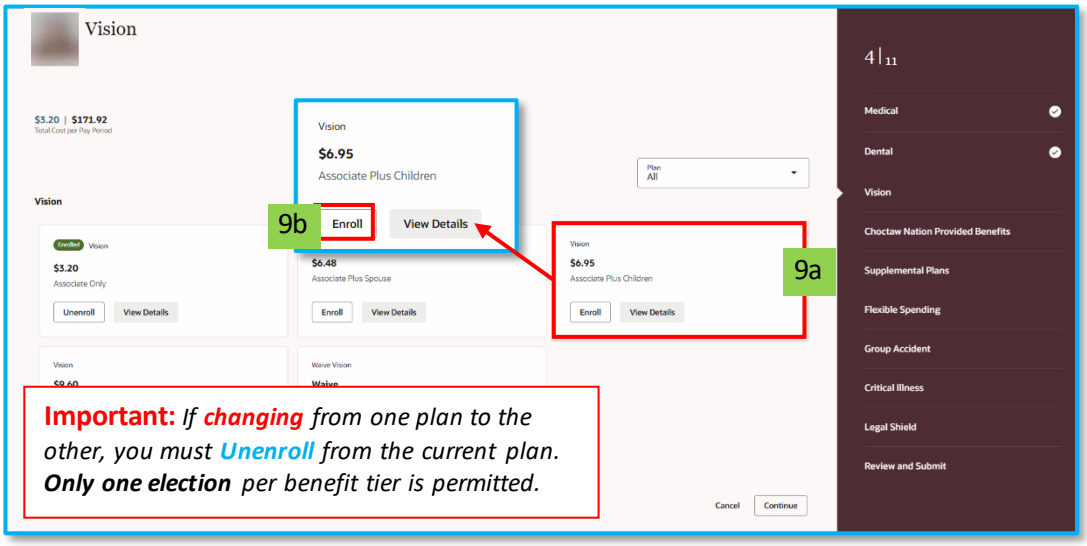
7. If a **dependent specific coverage** tier has been selected (*Ex. **Associate Plus Family***):
   a. From the **coverage** panel, select the desired **dependent(s)** checkbox;
   b. Select **save**;

8. Select **Continue**;



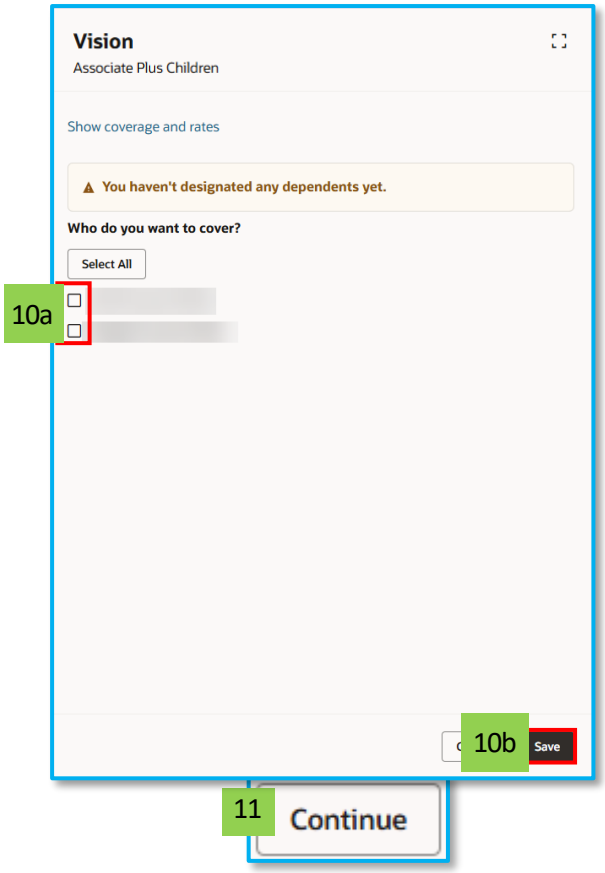
Vision

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

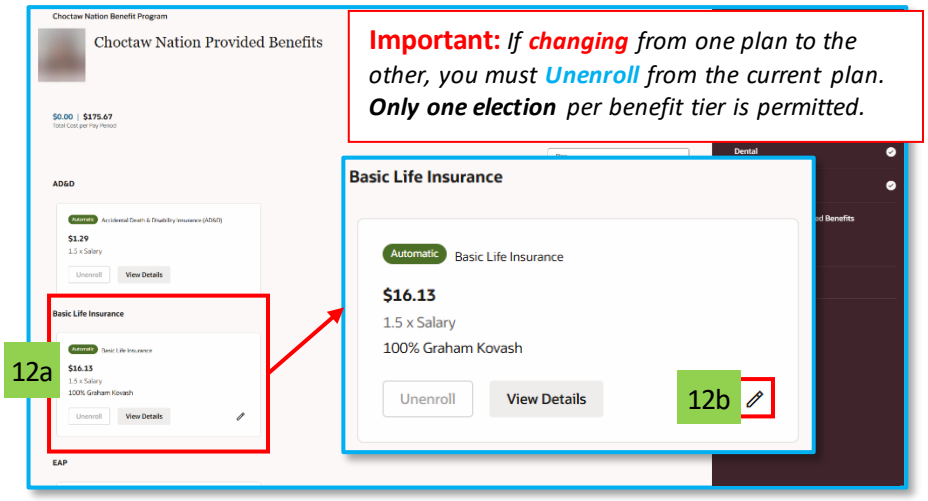


10. If a **dependent specific coverage** tier has been selected (*Ex. **Associate Plus Family***):
    a. From the **coverage** panel, select the desired **dependent(s)** checkbox;
    b. Select **save**;

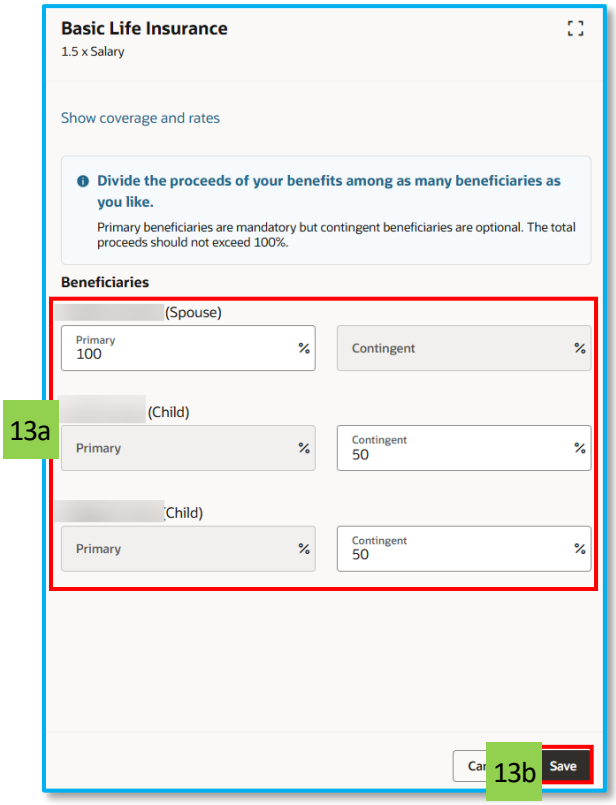
11. Select **Continue**;



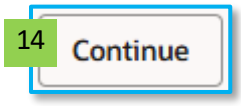
12. From the **Choctaw Nation Provided Benefits** page:
    a. Locate the **Basic Life Insurance** section;
    b. Select the ✎;



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

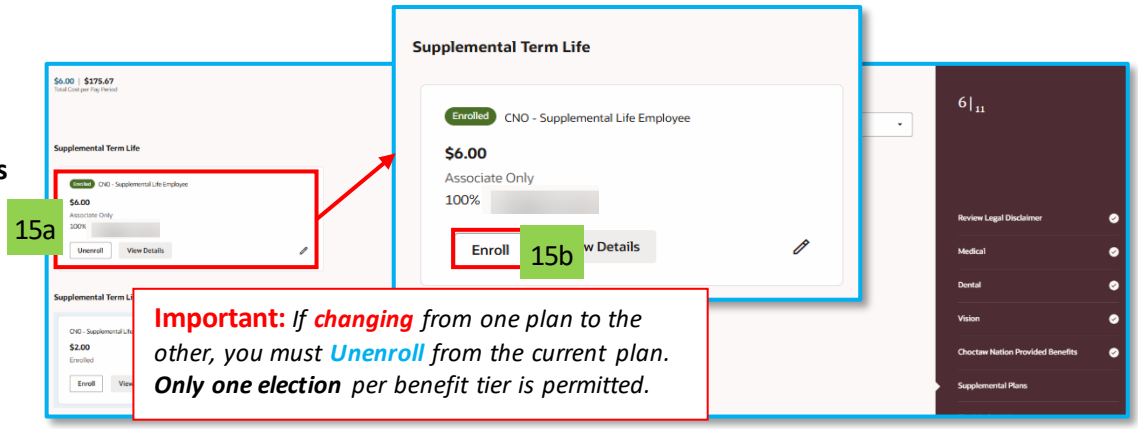


14. Select **Continue**;

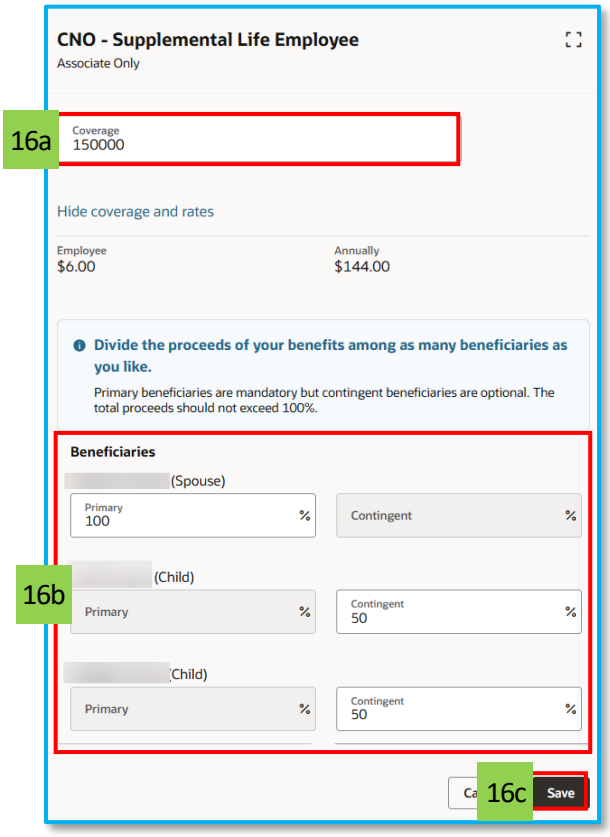


Note: *Increments of $10,000 - $500,000 must be entered. Associate and Spouse **rates** are based on **associates' age and coverage amount** selected.*

15. From the **Choctaw Nation Provided Benefits** page:
    a. Locate the **Supplemental Term Life** section;
    b. Select **Enroll**;



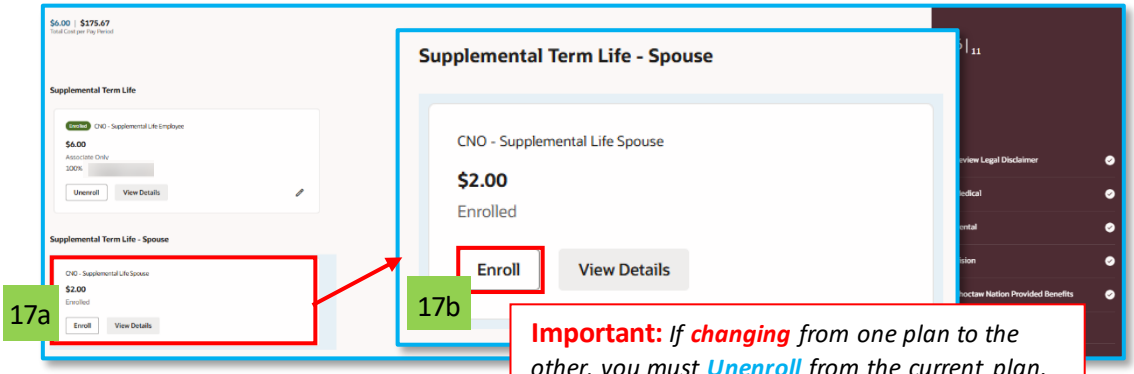
16. From the **Coverage** panel:
    a. Enter desired **coverage amount**;
    b. Designate **Beneficiaries** to equal **100%**;
    c. Select **Save**;



CNO Supplemental Life- Spouse

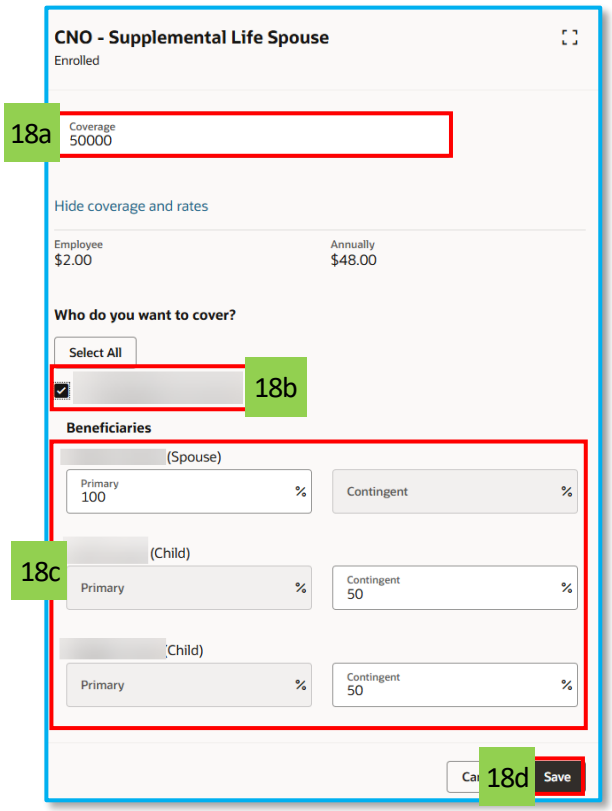
Note: *Increments of $5,000 - $250,000 must be entered. Associate and Spouse rates are based on* ***associates' age and coverage amount*** *selected.*
Note: ***Evidence of Insurability (EOI)*** *is required for associate and spouse if initially not enrolled and now acquiring coverage or increasing coverage amount. Please contact the Benefits department for more information.*

17. From the **Choctaw Nation Provided Benefits** page:
    a. Locate the **Supplemental Term Life-Spouse** section;
    b. Select **Enroll**;

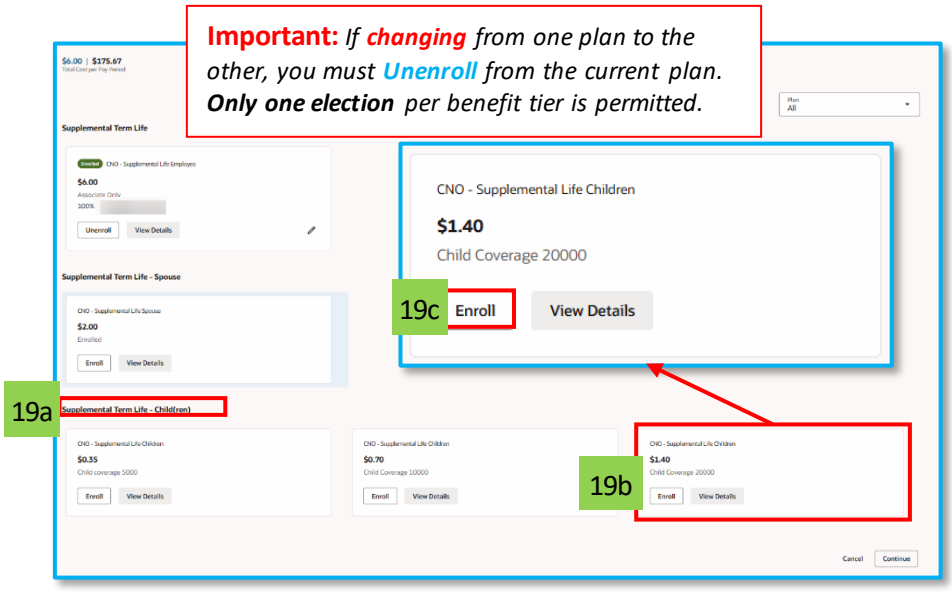


Important: *If* ***changing*** *from one plan to the other, you must* ***Unenroll*** *from the current plan.* ***Only one election*** *per benefit tier is permitted.*

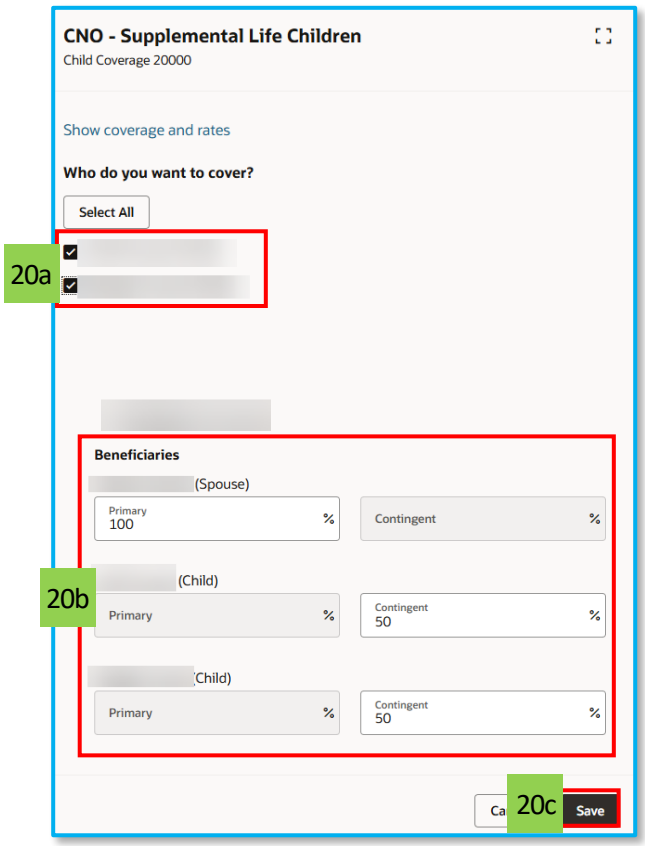
18. From the **Coverage** panel:
    a. Enter desired **amount of coverage**;
    b. Select **who to cover**;
    c. Designate **Beneficiaries** to equal **100%**;
    d. Select **Save**;



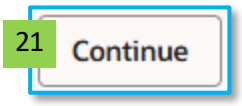
19. From the **Choctaw Nation Provided Benefits** page:
    a. Locate the **Supplemental Term Life-Child(ren)** section;
    b. Locate desired **coverage plan**;
    c. Select **Enroll**;



20. From the **Coverage** panel:
    a. Select **who to cover**;
    b. Designate **Beneficiaries** to equal **100%**;
    c. Select **Save**;



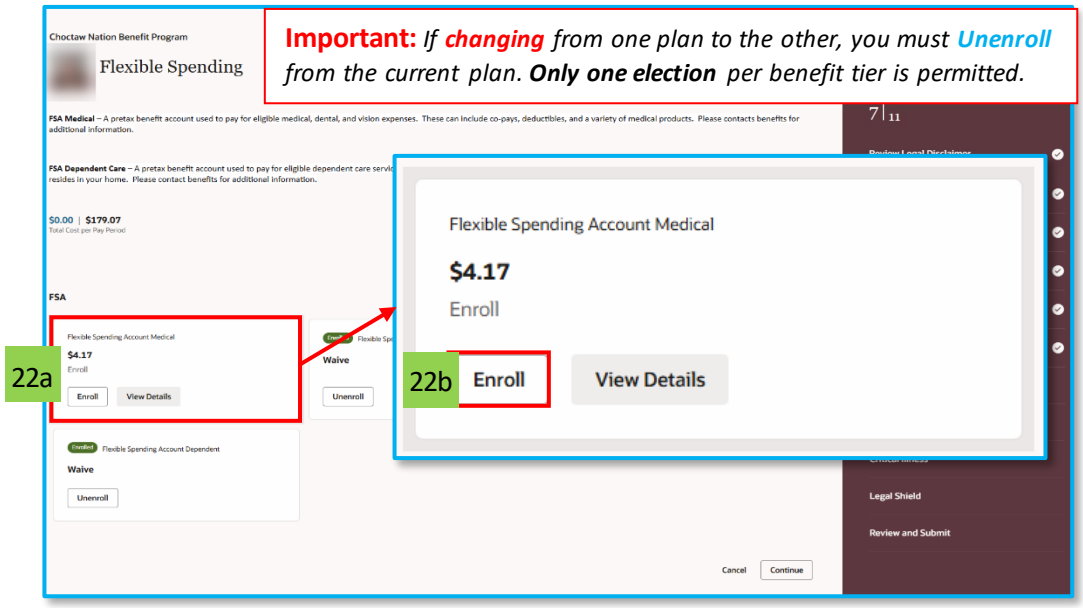
21. Select **Continue**;



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:
    a. Locate desired **coverage plan**;
    b. Select **Enroll**;



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.*

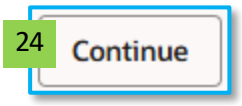
FSA Dependent Care *– A pre-tax benefit account used to pay for eligible dependent care services for children younger than age 13 and/or adult dependents who are incapable of self-care for themselves and resided in your home.*

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

23. From the **Coverage** panel:
    a. Enter desired **coverage amount**;
    b. Select **Save**;

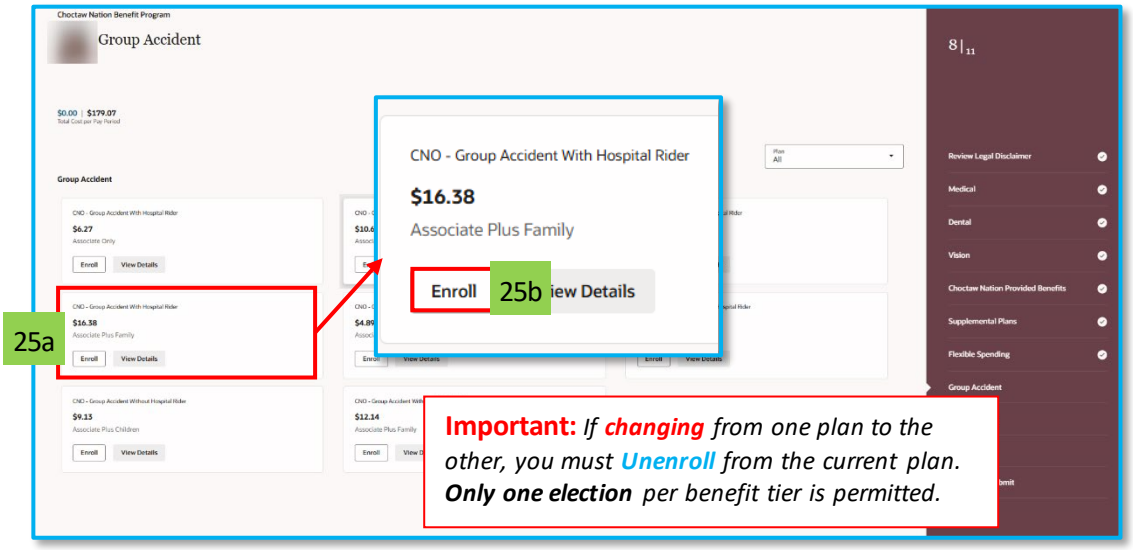
Important: *Elected amount will be divided among **24 pay periods** within the **plan year**. Benefits are not captured on the 3rd pay-date within a month.*

24. Select **Continue**;

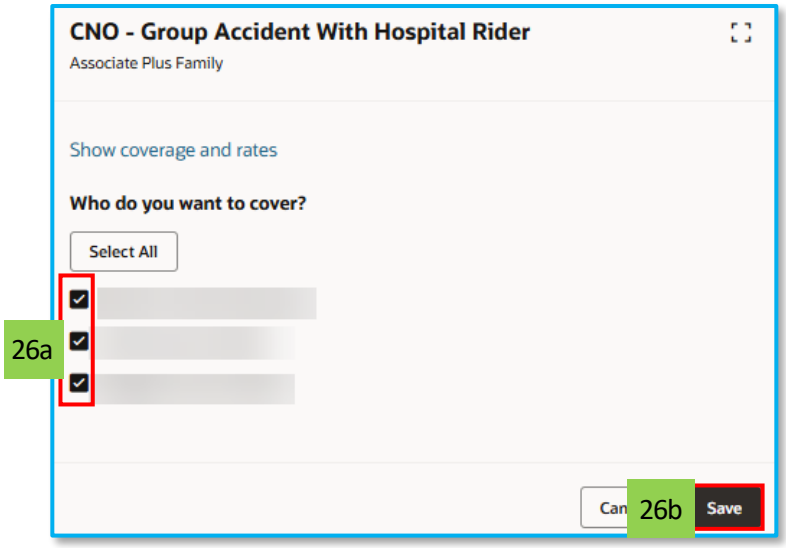


Group Accident

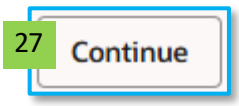
25. From the **Group Accident** page:
    a. Locate desired **Coverage plan**;
    b. Select **Enroll**;



26. 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**;



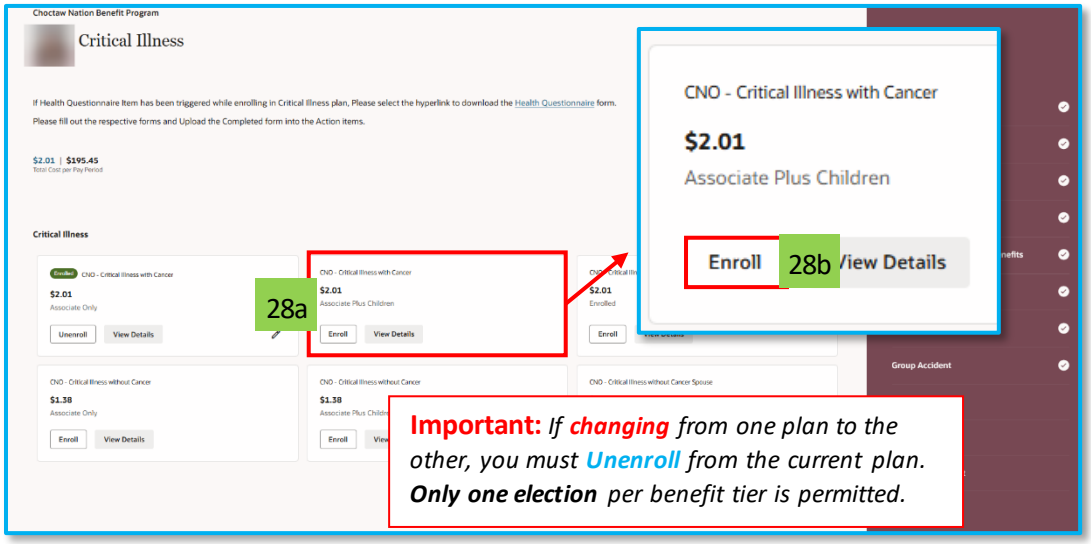
27. Select **Continue**;



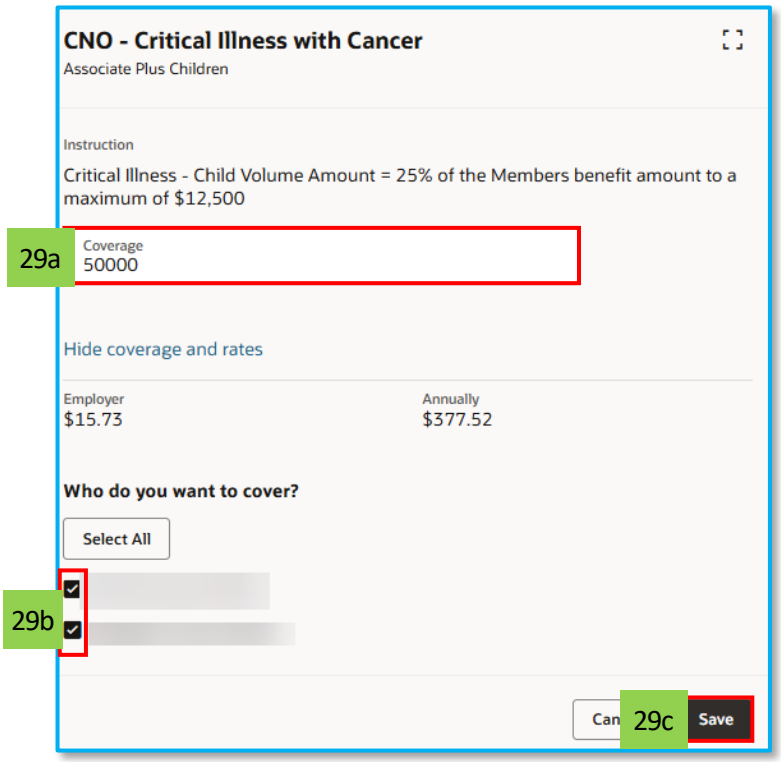
Critical Illness

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.*

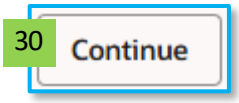
28. From the **Critical Illness** page:
    a. Locate desired **Coverage plan**;
    b. Select **Enroll**;



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

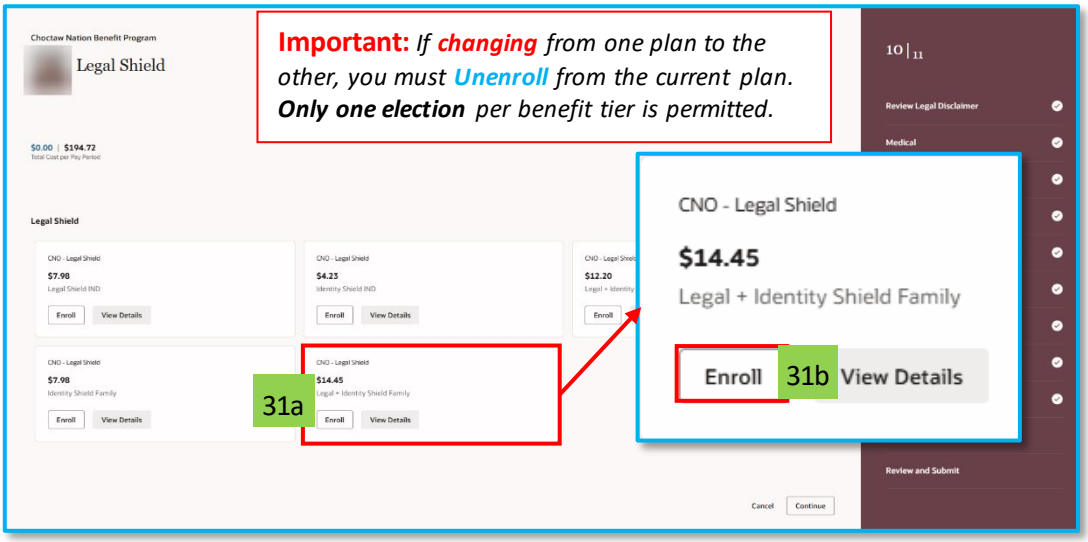


30. Select **Continue**;

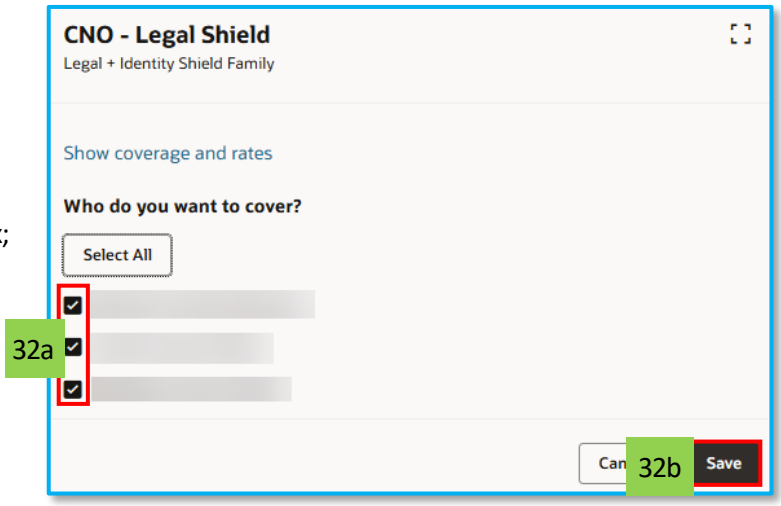


Legal Shield

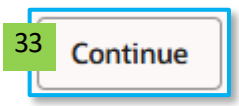
31. From the **Legal Shield** page:
    a. Locate desired **Coverage plan**;
    b. Select **Enroll**;



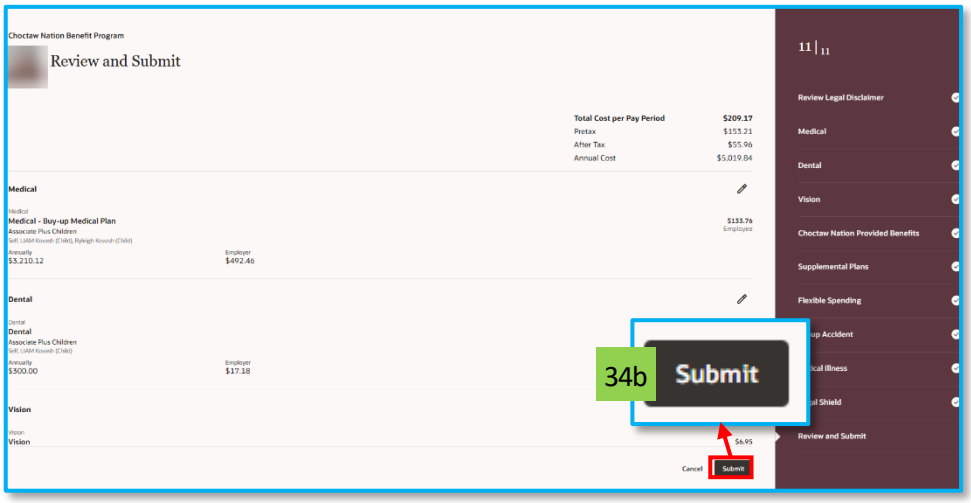
32. If a **dependent specific coverage** tier has been selected (*Ex.* ***Associate Plus Family***), From the **coverage** panel:
    a. Select the desired **dependent(s)** checkbox;
    b. Select **save**;



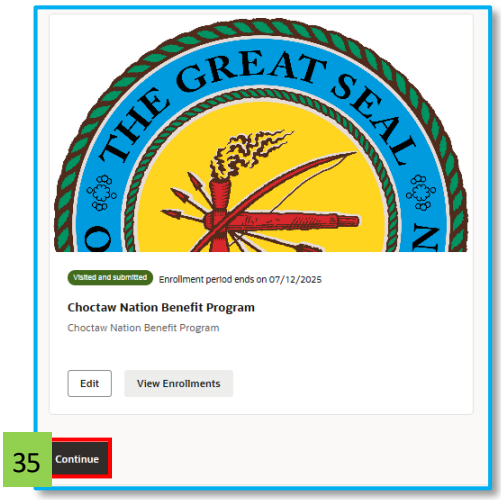
33. Select **Continue**;



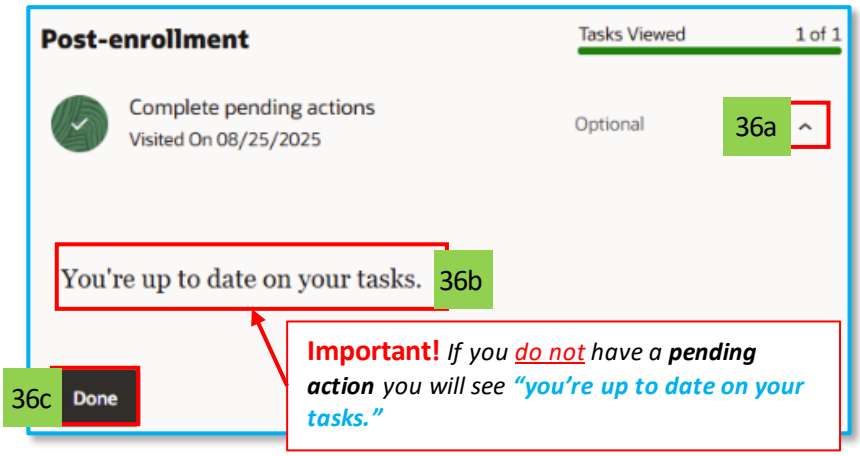
34. Once all **elections** have been selected:
    a. Review **elections**;
    b. Select **Submit**;



35. Select **Continue**;



36. Under the **Post Enrollment** section:
    a. Select the **Complete pending actions** ;
    b. (*If applicable*) complete all **pending actions** shown;
    c. Select **Done**;

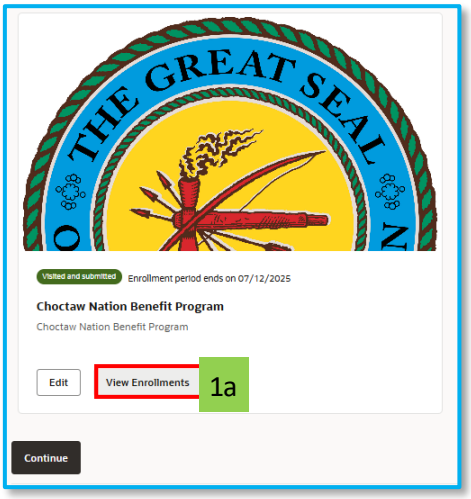


37. Once all lines are **checked green**:

    a. Select the < .

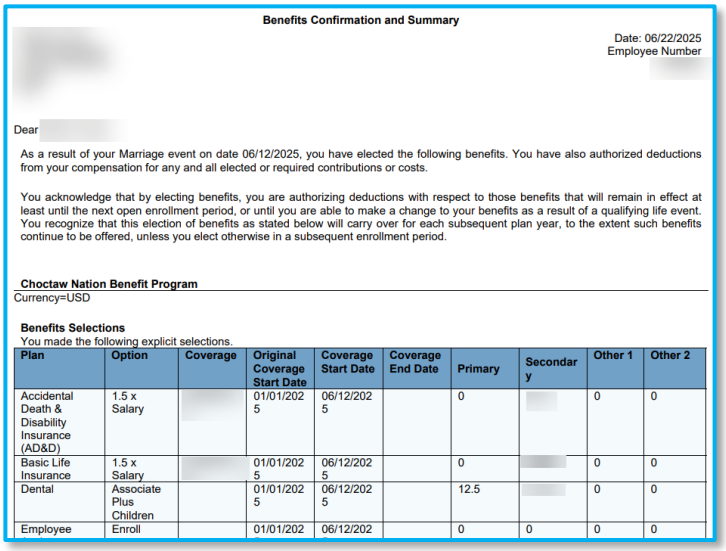
Review Election Choices for Plan Year

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;



Benefits Confirmation and Summary

Date: 06/22/2025
Employee Number

Dear

As a result of your Marriage event on date 06/12/2025, you have elected the following benefits. You have also authorized deductions from your compensation for any and all elected or required contributions or costs.

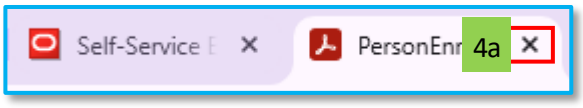
You acknowledge that by electing benefits, you are authorizing deductions with respect to those benefits that will remain in effect at least until the next open enrollment period, or until you are able to make a change to your benefits as a result of a qualifying life event. You recognize that this election of benefits as stated below will carry over for each subsequent plan year, to the extent such benefits continue to be offered, unless you elect otherwise in a subsequent enrollment period.

Choctaw Nation Benefit Program
Currency=USD

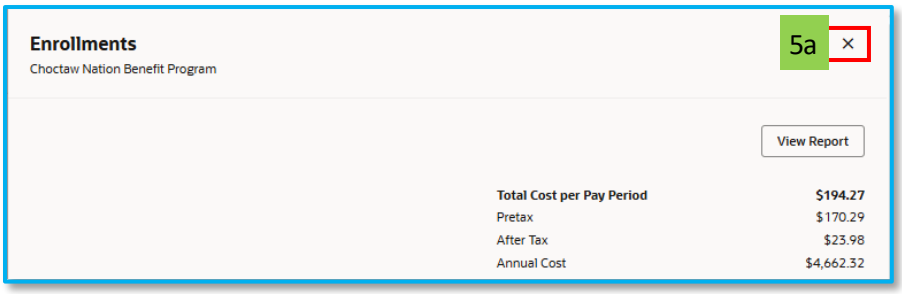
Benefits Selections
You made the following explicit selections.

Plan	Option	Coverage	Original Coverage Start Date	Coverage Start Date	Coverage End Date	Primary	Secondary	Other 1	Other 2
Accidental Death & Disability Insurance (AD&D)	1.5 x Salary		01/01/2025	06/12/2025		0		0	0
Basic Life Insurance	1.5 x Salary		01/01/2025	06/12/2025		0		0	0
Dental	Associate Plus Children		01/01/2025	06/12/2025		12.5		0	0
Employee	Enroll		01/01/202	06/12/202		0	0	0	0

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



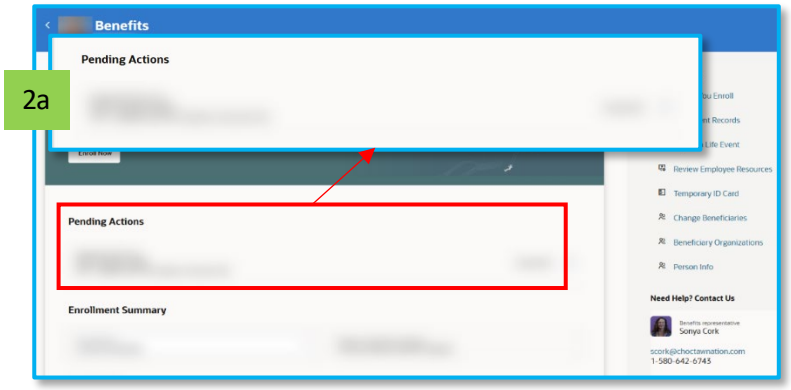
5. Back on the View enrollment panel:
   a. Select **X**.



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

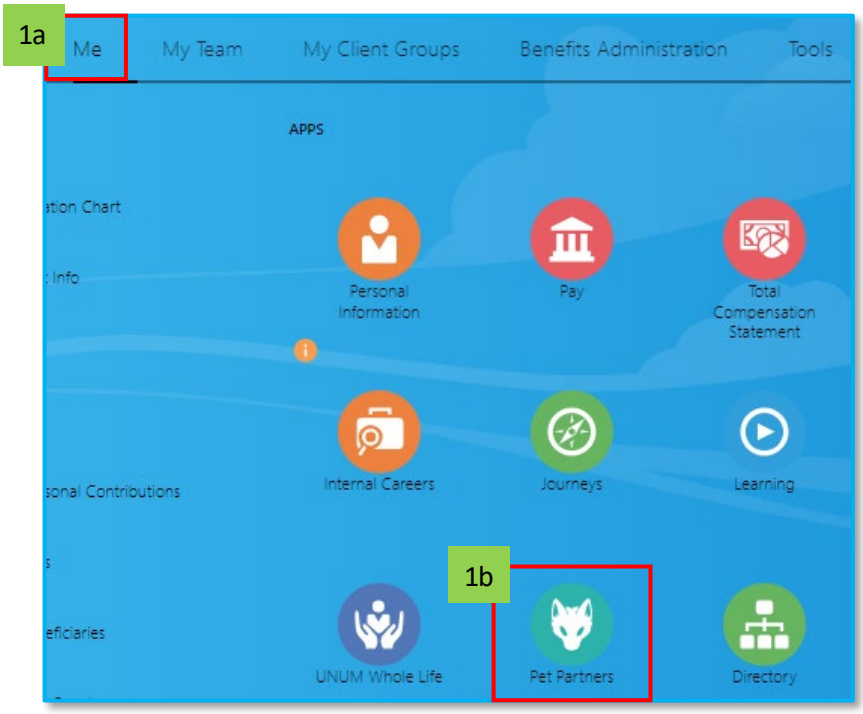
1. To access **Whole Life insurance**:
   a. Select the **Me** tab;
   b. Select the **UNUM Whole Life** icon.

> **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.