



**Choctaw Nation  
of Oklahoma**

# **BENEFITS GUIDE 2027**



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## 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.

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, or successor assignees.

This guide highlights the main features of the 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.

# HOW TO ENROLL

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 35 for more details. There are notes pages in the back of the book to aid in your selections or keep track of contact info.

## Online:

Visit [ChoctawNationBenefits.com](https://ChoctawNationBenefits.com).

- Click Enroll.
- Follow the prompts to make your benefits elections.

## Email:

Email the Benefits Department at [benefits@choctawnation.com](mailto:benefits@choctawnation.com).

## Do I have to do anything?

Most benefits will automatically roll over to 2027. You must enroll if you want to:

- Contribute to a Health Savings Account (HSA)
- Contribute to a Flexible Spending Account (FSA)
- Make changes to your coverage
- Change your beneficiaries

## What do I need to think about?

- Which family members do I want to cover?
- Which medical plan option works best for me and my family?
- Does my family need dental or vision coverage?
- What type of coverage do we need to provide some financial protection in case of serious illness, injury, or death?
- Do I want to participate in the HSA or FSAs (depends on medical plan enrollment) to help pay for healthcare expenses by letting me contribute pre-tax money?

## Adding a dependent?

If you are electing to cover dependents, you must verify their eligibility during Annual Enrollment. Your newly added dependents will not be added to your coverage until the dependent eligibility verification process is complete. If you are not able to provide the required documentation within 30 days of enrollment, please email the Benefits Department at [benefits@choctawnation.com](mailto:benefits@choctawnation.com) to discuss your options.



## Benefits Department

If you have questions about your benefit options or need assistance enrolling, you can reach out to the Choctaw Benefits Department for assistance by emailing [benefits@choctawnation.com](mailto:benefits@choctawnation.com).

# ELIGIBILITY

## Full-Time Associates

You are eligible to enroll in Choctaw Nation of Oklahoma's benefit plans within your first 30 days. Your benefit elections will become effective 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/Hospital Indemnity/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 number of hours worked per week for the following plan year. If you worked 30 hours per week or more between

October 2025 and October 2026, you'll be eligible for the Variable Hour medical plan for the 2027 plan year, in addition to the benefits listed above for Part-Time associates. And if your hours worked are 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 your first 30 days, you will be considered a late enrollee and must wait until the next Annual Enrollment period to enroll for benefits, unless you experience a qualified change in family status. Pre-existing condition limits may apply to some benefits, and some benefits may require proof of good health if you are a late enrollee.

## COVERING YOUR DEPENDENTS

- 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 legal spouse
- Children over the age of 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.

## ANNUAL BENEFITS ENROLLMENT

The Annual Benefits Enrollment period is held during the fall each year. You will have the opportunity to change your benefit selections once a year during the Annual Benefits Enrollment period. The benefits you elect during the Annual Benefits Enrollment period 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 Annual Benefits 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.**

## 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medical &amp; Pharmacy</b><br>UMR/RxBenefits               | <ul style="list-style-type: none"> <li>• Full-Time Base Plan</li> <li>• Full-Time High Deductible Health Plan (HDHP)</li> <li>• Full-Time Buy-Up Plan</li> <li>• Variable Hour Plan</li> </ul>                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Dental</b><br>Cigna                                        | <ul style="list-style-type: none"> <li>• Optional dental plan for full-time associates only</li> <li>• Provides comprehensive, competitive coverage for restorative care and dependent orthodontia</li> <li>• Preventive services covered at 100%</li> </ul>                                                                                                                                                                                                                                                                                                            |
| <b>Vision</b><br>VSP (Vision Service Plan)                    | <ul style="list-style-type: none"> <li>• Optional vision plan for full-time associates only</li> <li>• Provides benefits for eye exams, lenses, frames, and/or contacts</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Health Care Flexible Spending Account (FSA)</b><br>UMR     | <ul style="list-style-type: none"> <li>• Set aside up to \$3,400 tax-free for eligible health care expenses</li> <li>• Full-time associates who are eligible for a medical plan can enroll, regardless of medical coverage status</li> </ul>                                                                                                                                                                                                                                                                                                                            |
| <b>Dependent Care Flexible Spending Account (FSA)</b><br>UMR  | <ul style="list-style-type: none"> <li>• 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</li> <li>• Full-time associates who are eligible for a medical plan can enroll, regardless of medical coverage status</li> </ul>                                                                                                                                                                                                                                                         |
| <b>Employee Assistance Program (EAP)</b><br>Guardian          | <ul style="list-style-type: none"> <li>• 24/7 services available to help you and your family with day-to-day work/life issues</li> <li>• Licensed counselors available to chat online or meet in person</li> <li>• 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</li> </ul>                                                                                                                        |
| <b>Short Term Disability Insurance</b><br>Guardian            | <ul style="list-style-type: none"> <li>• Paid by Choctaw Nation of Oklahoma</li> <li>• Pays a benefit if you are unable to work for a short time due to illness or injury; certain limitations apply</li> <li>• Full-time associates: 60% of salary up to \$2,500 per week</li> <li>• Part-time associates: 70% of salary up to \$150 per week</li> </ul>                                                                                                                                                                                                               |
| <b>Long Term Disability Insurance</b><br>Guardian             | <ul style="list-style-type: none"> <li>• Paid by Choctaw Nation of Oklahoma for both full-time associates and part-time associates</li> <li>• Provides up to 60% of pay when you are considered disabled according to plan provisions for more than 90 days</li> </ul>                                                                                                                                                                                                                                                                                                  |
| <b>Basic Term Life / AD&amp;D Insurance</b><br>Guardian       | <ul style="list-style-type: none"> <li>• Paid by Choctaw Nation of Oklahoma</li> <li>• Full-time associates have term life insurance coverage equal to 1.5X annual base salary, for a minimum of \$50,000 to a maximum of \$500,000.</li> <li>• All part-time associates who work at least 24 hours per week are provided \$20,000 of term life insurance coverage</li> <li>• Accidental Death &amp; Dismemberment (AD&amp;D) insurance is provided in the same amount as Basic Life</li> </ul>                                                                         |
| <b>Supplemental Employee Term Life Insurance</b><br>Guardian  | <ul style="list-style-type: none"> <li>• Optional associate-paid benefit</li> <li>• Associate coverage available in \$10,000 increments up to \$500,000</li> <li>• No health questions required on amounts up to \$250,000 (for those who apply during initial eligibility period)</li> <li>• Full-time associates and eligible part-time associates who work at least 24 hours per week are eligible to participate</li> </ul>                                                                                                                                         |
| <b>Supplemental Dependent Term Life Insurance</b><br>Guardian | <ul style="list-style-type: none"> <li>• Optional associate-paid benefit</li> <li>• Spouse: Up to 50% of the amount associate elected in Supplemental insurance in \$5,000 increments up to \$250,000</li> <li>• 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)</li> <li>• Full-time associates and eligible part-time associates who work at least 24 hours per week are eligible to participate</li> </ul> |
| <b>Critical Illness Insurance</b><br>Guardian                 | <ul style="list-style-type: none"> <li>• Optional associate-paid benefit to supplement coverage for serious illnesses like cancer, a heart attack, or a stroke</li> <li>• Associate coverage available in \$5,000 increments up to \$50,000</li> </ul>                                                                                                                                                                                                                                                                                                                  |
| <b>Accident Insurance</b><br>Guardian                         | <ul style="list-style-type: none"> <li>• Optional associate-paid benefit to supplement for unexpected, qualifying accidents</li> <li>• Coverage available in the amounts of \$50,000 for associates, \$20,000 for spouses, and \$10,000 for children</li> </ul>                                                                                                                                                                                                                                                                                                         |
| <b>Hospital Indemnity Insurance</b><br>Guardian               | <ul style="list-style-type: none"> <li>• Optional associate-paid benefit to supplement for hospitalizations</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Medicare Choice Group</b>                                  | <ul style="list-style-type: none"> <li>• Medicare expertise, guidance and enrollment support at no cost</li> <li>• Personalized assistance to help eligible associates understand Medicare options and enrollment</li> </ul>                                                                                                                                                                                                                                                                                                                                            |
| <b>Emry BillAssist</b>                                        | <ul style="list-style-type: none"> <li>• Hospital financial aid screening and filing assistance</li> <li>• Professional medical bill review and negotiation services</li> <li>• Support establishing manageable payment plans</li> <li>• Available for any health plan</li> </ul>                                                                                                                                                                                                                                                                                       |

# MEDICAL BENEFITS



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.

## STAY HEALTHY WITH MEDICAL COVERAGE

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 UMR. UMR's care coordinators can help answer any benefit or health care-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, Base & Buy Up Plans (In-Network Only)

The Base, Buy-Up, 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 [umr.com](http://umr.com) and click Find a Provider or call the toll-free number that is located on the back of your medical ID card.

## YOUR COST FOR MEDICAL 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 approximately 80% of the cost to provide health insurance for our associates and their dependents?

|                        | Medical Plan Monthly Rates |          |           |             |               |
|------------------------|----------------------------|----------|-----------|-------------|---------------|
|                        | What Choctaw Nation Pays   | HDHP     | Base Plan | Buy-Up Plan | Variable Hour |
| Associate Only         | \$732.33                   | \$83.09  | \$100.24  | \$152.90    | \$96.00       |
| Associate + Spouse     | \$1,041.48                 | \$370.77 | \$439.61  | \$589.24    | N/A           |
| Associate + Child(ren) | \$1,017.38                 | \$177.04 | \$204.66  | \$292.12    | \$284.18      |
| Family                 | \$1,597.44                 | \$383.86 | \$454.18  | \$632.92    | N/A           |

## FULL-TIME ASSOCIATES

|                                                                       |                      | Full-Time HDHP                                                                        | Full-Time Base Plan                                                                   | Full-Time Buy-Up 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                                                            |                      | \$4,000                                                                               | \$4,500                                                                               | \$2,500               |
| Family                                                                |                      | \$8,000                                                                               | \$9,000                                                                               | \$5,000               |
| Coinsurance (Amount you pay)                                          |                      | 20% after deductible                                                                  | 20% after deductible                                                                  | 10% after deductible  |
| Office Visits                                                         |                      |                                                                                       |                                                                                       |                       |
| Primary Care                                                          | 20% after deductible | \$30 copay                                                                            | \$30 copay                                                                            |                       |
| Specialist                                                            |                      | \$50 copay                                                                            | \$40 copay                                                                            |                       |
| Preventive Care                                                       |                      |                                                                                       |                                                                                       |                       |
| Routine Visits & Immunizations                                        | 20%, no deductible   | 0%, no deductible                                                                     | 0%, no deductible                                                                     |                       |
| Teladoc                                                               |                      |                                                                                       |                                                                                       |                       |
| General Medical                                                       | 20% after deductible | \$10 copay                                                                            | \$10 copay                                                                            |                       |
| Dermatology                                                           |                      | \$40 copay                                                                            | \$40 copay                                                                            |                       |
| Services                                                              |                      |                                                                                       |                                                                                       |                       |
| Outpatient X-ray and Lab                                              | 20% after deductible | 20% after deductible                                                                  | 10% after deductible                                                                  |                       |
| Emergency Facility                                                    |                      | 1st visit: \$200 + 20%<br>2nd visit: \$300 + 20%<br>3rd visit and beyond: \$400 + 20% | 1st visit: \$200 + 10%<br>2nd visit: \$300 + 10%<br>3rd visit and beyond: \$400 + 10% |                       |
| Hospital Inpatient Services                                           |                      | 20% after deductible                                                                  | 10% after deductible                                                                  |                       |
| Urgent Care                                                           |                      | \$75 copay                                                                            | \$75 copay                                                                            |                       |
| Chiropractic                                                          |                      | Not covered                                                                           | \$25 copay (25 visit max)                                                             |                       |
| Mental Health                                                         |                      |                                                                                       |                                                                                       |                       |
| Inpatient                                                             | 20% after deductible | 20% after deductible                                                                  | 10% after deductible                                                                  |                       |
| Outpatient Office Visit                                               |                      | \$25 copay                                                                            | \$25 copay                                                                            |                       |
| Outpatient Facility                                                   |                      | 20% after deductible                                                                  | 10% after deductible                                                                  |                       |
| Retail RX (up to 30 day supply)                                       |                      |                                                                                       |                                                                                       |                       |
| Generic                                                               | 20% after deductible | \$10                                                                                  | \$10                                                                                  |                       |
| Brand                                                                 |                      | \$40                                                                                  | \$40                                                                                  |                       |
| Non-Formulary                                                         |                      | \$80                                                                                  | \$80                                                                                  |                       |
| Mail Order RX (up to 90 day supply)                                   |                      |                                                                                       |                                                                                       |                       |
| Generic                                                               | 20% after deductible | \$10                                                                                  | \$10                                                                                  |                       |
| Brand                                                                 |                      | \$80                                                                                  | \$80                                                                                  |                       |
| Non-Formulary                                                         |                      | \$160                                                                                 | \$160                                                                                 |                       |
| Specialty RX (up to 30 day supply)                                    |                      |                                                                                       |                                                                                       |                       |
| Generic                                                               | 0% after deductible  | \$0                                                                                   | \$0                                                                                   |                       |
| Brand                                                                 |                      |                                                                                       |                                                                                       |                       |

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

\* Please note, in order to receive specialty prescriptions at no cost, specialty drugs must be filled through the Employee Prescription Program (EPP). For more information, see page 9.

## VARIABLE HOUR ASSOCIATES

|                                                                | IN-NETWORK           | OUT-OF-NETWORK       |
|----------------------------------------------------------------|----------------------|----------------------|
| Annual Deductible                                              |                      |                      |
| Individual                                                     | \$5,000              | \$10,000             |
| Family                                                         | \$10,000             | \$20,000             |
| Annual Out-of-Pocket Maximum                                   |                      |                      |
| Individual                                                     | \$6,350              | \$12,500             |
| Family                                                         | \$12,700             | \$25,000             |
| Coinsurance<br>(% of expenses you pay after deductible is met) | 30% after deductible | 50% after deductible |
| Office Visits                                                  |                      |                      |
| Primary Care                                                   | 30% after deductible | 50% after deductible |
| Specialist                                                     |                      |                      |
| Preventive Care                                                |                      |                      |
| Routine Visits & Immunizations                                 | 100%                 | 50% after deductible |
| Services                                                       |                      |                      |
| Emergency Facility                                             | 30% after deductible | 70% after deductible |
| Outpatient X-ray and Lab                                       |                      | 50% after deductible |
| Hospital Inpatient Services                                    |                      |                      |
| Urgent Care                                                    |                      |                      |
| Chiropractic                                                   |                      |                      |
| Mental Health                                                  |                      |                      |
| Inpatient                                                      | 30% after deductible | 50% after deductible |
| Outpatient Office Visit                                        |                      |                      |
| Outpatient Facility                                            |                      |                      |
| Retail RX (up to 30 day supply)                                |                      |                      |
| Generic                                                        | \$10                 | Not covered          |
| Brand                                                          | 30% after deductible |                      |
| Non-Formulary                                                  |                      |                      |
| Mail Order RX (up to 90 day supply)                            |                      |                      |
| Generic                                                        | \$20                 | Not covered          |
| Brand                                                          | 30% after deductible |                      |
| Non-Formulary                                                  |                      |                      |
| Specialty RX (up to 30 day supply)                             |                      |                      |
| Generic                                                        | 0% no deductible     | Not covered          |
| Brand                                                          |                      |                      |

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

\* Please note, in order to receive specialty prescriptions at no cost, specialty drugs must be filled through the Employee Prescription Program (EPP). For more information, see page 9.

# PRESCRIPTIONS



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). If you are enrolled in the HDHP medical plan, you are not eligible to receive medications through the Employee Prescription Program due to IRS regulations that prohibit first-dollar coverage. 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 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 [caremark.com](https://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, download the [MyChart app](#). For information about this program, email [pahickman@cnhsa.com](mailto:pahickman@cnhsa.com) or [help@cnerx.com](mailto:help@cnerx.com).

## SPECIALTY MEDICATIONS

Specialty medications are high-cost drugs that are often injected or infused and require special storage and monitoring. These medications must be obtained through the Choctaw Nation Employee Prescription Program. Please reach out to the Employee Prescription Program by calling **866-367-4084**, Option 3 or email [help@cnerx.com](mailto:help@cnerx.com). Some exceptions apply and may need to be filled through CVS/Caremark's Specialty pharmacy. Please contact the Employee Prescription Program for guidance. These medications may be limited to a 1-30 day supply.

Specialty medications largely fall into the formulary brand category but could also fall into the biosimilar or generic specialty drug category. These medications are subject to the appropriate copay as listed below.

|                                                                             | Specialty Medication |
|-----------------------------------------------------------------------------|----------------------|
| Specialty Generic                                                           | \$100                |
| Specialty Preferred Brand                                                   | \$200                |
| Specialty Generic<br>(Choctaw Nation Employee Prescription Program)         | \$0                  |
| Specialty Preferred Brand<br>(Choctaw Nation Employee Prescription Program) | \$0                  |

### Employee Prescription Plan

If you have a chronic condition and take specialty medication, call the Choctaw Nation Employee Prescription Program (EPP) at **866-367-4084** to receive the necessary information to fill your prescription.

## 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 their parents online account, processed, and mailed.

# TELADOC



Choctaw Nation partners with Teladoc to help our members better manage their health. This benefit is offered at no cost to you. Teladoc helps you manage diabetes, hypertension, and other health goals like managing weight, stress, and more. This 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. Teladoc costs \$10 if you are on the Select, Choice or Variable Hour Plan, and \$49 if you are on the HDHP.



Avoid waiting in the ER, urgent care clinic or doctor's office.



See a board-certified, licensed, telehealth-trained doctor on your schedule with on-demand virtual visits 24/7/365, including nights, weekends and holidays.



Get treated for more than 80 common conditions including colds, flu, allergies and more.



Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby in less time than your usual doctor visit.



Avoid costly copays and deductibles of the ER and urgent care clinic.

## 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.

- Abdominal Pain or Cramps
- Asthma
- Bronchitis
- Eye Infection/Irritation
- Poison Ivy/Oak Rash
- Sore Throat
- Allergies
- Backache
- Cold and Flu Symptoms
- Headaches/Migraines
- Respiratory Infection
- Sprains and Strains
- Animal/Insect Bites
- Blood Pressure Issues
- Dizziness
- Laryngitis
- Sinusitis
- Strep

## Eligible Members

The program is offered at no cost to associates who qualify for Teladoc 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](https://be.livongo.com/choctaw/hi)

To enroll in Teladoc, 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.



### Have questions or need help enrolling?

Call Teladoc Member Support at **800-945-4355** using registration code CHOCTAW.

# HEALTH & WELLNESS PROGRAMS



## Wellworks for You

Choctaw offers associates and their spouses an opportunity to greatly reduce monthly medical premiums by participating in our wellness program Wellworks for You. The wellness incentive program is for associates and spouses enrolled in one of Choctaw Nation of Oklahoma's medical plans. Each participant can receive a \$50 monthly premium discount, which totals to \$1,200 in annual savings. 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 preventive screenings from November 1, 2026, through October 31, 2027. If you have any other questions, call Wellworks for You at 800-425-4657 or visit [wellworksforyoulogin.com](https://wellworksforyoulogin.com).

### Signing Up

- Go to [wellworksforyoulogin.com](https://wellworksforyoulogin.com) and enter your username and temporary password (see right).
- Then select *Login*, accept the terms of the *Consent Form*, and fill in the required information.
- You can find detailed instructions and a QR code [here](#).

#### YOUR USERNAME

**CNO\_JSmith0228**

CNO\_ + First Initial + Last Name + Birthdate as MMDD

#### YOUR TEMPORARY PASSWORD

**JS02281980**

First Initial + Last Initial + Birthdate as MMDDYYYY



## 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 [umr.com](https://umr.com), or call 888-438-8105.



Regenexx is an innovative treatment for orthopedic injuries that enhances your body's natural healing processes. To treat damaged tendons, ligaments, muscle, bone, and cartilage, Regenexx physicians draw your blood platelets and bone marrow aspirate and process them in advanced orthobiologics laboratories. Regenexx then injects them precisely at the site of your injury using image guidance. Regenexx procedures provide a lower-risk, lower-cost, minimally invasive alternative for up to 70% of elective orthopedic surgeries.

### The Regenexx Difference

Regenexx is a nonsurgical outpatient procedure performed either in a single day or in a series of three treatments over two weeks. Most patients are encouraged to return to activity within a week of their procedure. Patients with health factors such as heart issues or risk of stroke can find a safer alternative to surgery with Regenexx.

### Your Regenexx Benefit

Regenexx is covered as an in-network benefit within the Choctaw Nation of Oklahoma health plans. In-network benefits for specialist services within your plan and in-network deductibles and out-of-pocket maximums apply for all Regenexx services. Non-Regenexx services may fall under a different benefit level, and may or may not be treated as in-network.

### Is it right for you?

Find out more by contacting our education center at **866-795-2139** or visiting [regenexxbenefits.com/choctawnation](https://regenexxbenefits.com/choctawnation). You may also register for one of our weekly webinars at [regenexxbenefits.com/webinar?mailer](https://regenexxbenefits.com/webinar?mailer).

### Conditions Treated

#### Ankle/Foot

- Achilles tendinopathy
- Arthritis
- Bunions
- Instability
- Ligament sprain or tear
- Plantar fasciitis

#### Shoulder

- Arthritis
- Joint-replacement alternative
- Labral tear
- Rotator cuff tear
- Rotator cuff tendinosis

#### Hand/Wrist/Elbow

- Arthritis
- Carpal tunnel
- CMC joint arthritis (thumb)
- Tennis Elbow
- Trigger finger
- Ulnar Nerve entrapment

#### Spine

- Back or neck nerve pain
- Bulging, collapse, or herniated disc
- Rupture or torn disc
- Degenerative disc disease
- Disc extrusion or protrusion

#### Hip

- Arthritis
- Bursitis
- Labral/Labrum tear
- Joint-replacement alternative
- Sprain or tear of ACL/PCL
- Sprain or tear of the MCL/LCL
- Tendinopathy

# 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.

|                                                                          | IN-NETWORK                                  | OUT-OF-NETWORK |
|--------------------------------------------------------------------------|---------------------------------------------|----------------|
| Annual Deductible (Waived for Preventive Services)                       | \$50 per person<br>\$150 maximum per family |                |
| Diagnostic and Preventive Services (e.g., X-rays, Cleanings, Exams)      | 100%                                        |                |
| Basic and Restorative Services (e.g., Fillings, Extraction, Root Canals) | 80%                                         |                |
| Major Services (e.g., Dentures, Crowns, Bridges)                         | 50%                                         |                |
| Annual Benefit Maximum                                                   | \$1,500                                     |                |
| Orthodontia                                                              |                                             |                |
| Dependent Children (up to age 26)                                        | 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 Plan Monthly Rates |
|-------------------------------|---------------------------|
| <b>Associate Only</b>         | \$0                       |
| <b>Associate + Spouse</b>     | \$25                      |
| <b>Associate + Child(ren)</b> | \$25                      |
| <b>Family</b>                 | \$40                      |

If your dental treatment is expected to cost \$300 or more, ask your dentist to submit a pretreatment 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.

# 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 eye wear, 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.

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 [vsp.com](http://vsp.com).

|                                 | IN-NETWORK                                                                                                                                                                                                | NON-NETWORK PLAN ALLOWANCE                                                                                                                                                                  |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>WellVision Exam</b>          | \$0 copay                                                                                                                                                                                                 | Plan pays up to \$45                                                                                                                                                                        |
| <b>Materials</b>                | \$0 copay                                                                                                                                                                                                 | \$150                                                                                                                                                                                       |
| <b>Lenses</b>                   | 100% for single vision, lined bifocal, and lined trifocal lenses                                                                                                                                          | <ul style="list-style-type: none"> <li>• Single Vision: Up to \$30</li> <li>• Lined Trifocal: Up to \$65</li> <li>• Lined Bifocal: Up to \$50</li> <li>• Progressive: Up to \$50</li> </ul> |
| <b>Frames</b>                   | Up to \$180 allowance<br>20% off amount over allowance                                                                                                                                                    | Up to \$70 retail                                                                                                                                                                           |
| <b>Contact Lenses</b>           | \$160 allowance for contacts and contact lens exam (fitting and evaluation);<br>15% off the contact lens exam (fitting and evaluation)                                                                    | Up to \$210 for medically necessary lenses;<br>Up to \$105 for elective/cosmetic lenses                                                                                                     |
| <b>Lens Options</b>             | No additional charge for polycarbonate lenses, scratch-resistant coating, tints and dyes Standard, premium, and custom progressive lenses range from \$95-\$175<br>Average 20%-25% off other lens options |                                                                                                                                                                                             |
| <b>Glasses &amp; Sunglasses</b> | 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 Plan Monthly Rates |
|-------------------------------|---------------------------|
| <b>Associate Only</b>         | \$7.65                    |
| <b>Associate + Spouse</b>     | \$15.49                   |
| <b>Associate + Child(ren)</b> | \$16.62                   |
| <b>Family</b>                 | \$22.96                   |

# 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.

## FSA at a Glance

|                      | Health Care FSA                                                                       | Dependent Care FSA                                                                                                     |
|----------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| Eligibility          | PPO enrollees                                                                         | Any benefits-eligible employee                                                                                         |
| Contribution Limits* | \$100 – \$3,400                                                                       | \$100 – \$5,000<br>(\$2,500 if married, filing taxes separately)                                                       |
| Fund Availability    | January 1                                                                             | January 1                                                                                                              |
| Eligible Use         | Qualified medical, prescription, dental, and vision expenses, copays, and deductibles | Eligible day care expenses from licensed daycare providers for children under age 13 or disabled dependents of any age |

\*Once elected, FSA contributions cannot be changed during the plan year.

## 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 sizable 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 2027 FSA plan year, dependent care expenses must be incurred between January 1, 2027 and December 31, 2027. However, health care expenses may be incurred between January 1, 2027 and March 15, 2028.

### 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 2027 FSA plan year, all claims must be filed by March 30, 2028.

### 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. Please note, if you are defined by the IRS as highly compensated (earning over \$160,000/year in 2026), you may only contribute up to \$2,500.

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:
  - o Employed, or
  - o A full-time student at least five months during the plan year, or
  - o 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 [irs.gov/pub/irs-pdf/p503.pdf](https://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 [irs.gov/pub/irs-pdf/p502.pdf](https://irs.gov/pub/irs-pdf/p502.pdf).

### Contribution Limits

**Health Care FSA:** You can elect to contribute any amount between \$100 to \$3,400 per year.

**Dependent Care FSA:** You can elect to contribute up to \$5,000 per year (\$2,500 if defined as highly compensated by the IRS).

## 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](https://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.

## 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 [sig-is.org](https://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.**

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

# 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 pre-tax 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 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 of the following — whichever comes first:

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
3. The grace period has ended for the Health Care Flexible Spending Account (March 30th of the following year)

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

Per IRS regulations, an 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 enrolled in the HDHP medical plan are not able to fill medications through the Employee Prescription Program due to IRS regulations preventing first dollar coverage.

## 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).

## 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.

|                                      | Maximum Contribution | Additional Annual Catch-Up Contribution |
|--------------------------------------|----------------------|-----------------------------------------|
| <b>Associates</b> (up to age 54)     | \$4,500              | n/a                                     |
| <b>Associates</b> (age 55 and older) | \$4,500              | \$1,000                                 |
| <b>Family</b> (filing jointly)       | \$9,000              | \$1,000                                 |

# LIFE AND AD&D INSURANCE



Providing economic security for one's family is a major consideration in personal financial planning.

## BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Choctaw Nation of Oklahoma provides full-time associates Basic Life Insurance through Guardian Life Insurance Company in an amount equal to 1.5x 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.

- The Annual Benefits Enrollment period 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 \$250,000 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 go to [guardiananytime.com](https://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 go to [guardiananytime.com](https://guardiananytime.com).

# VOLUNTARY GROUP CRITICAL ILLNESS, HOSPITAL INDEMNITY AND ACCIDENT INSURANCE



These benefits, administered by Guardian, offer an extra layer of protection for you and your family. The payment these benefits provide is in addition to any other insurance you may have and is yours to spend as you wish — to help cover bills or for everyday living expenses. These plans do not provide health insurance coverage and do not replace the medical plans.

## 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
- Spinal tumors
- BRCA1 or BRCA2 mutation
- Bone marrow failure
- Coronary artery disease
- Pacemaker
- Aneurysm
- Alzheimer's disease early
- Pulmonary embolism
- MS early
- Transient Ischemic Attack (TIA)
- 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 HOSPITAL INDEMNITY INSURANCE

Being admitted to the hospital can be expensive. Hospital indemnity insurance can help provide financial support through fixed benefit payments sent directly to you following a covered hospitalization. These payments can help offset expenses such as deductibles, coinsurance, travel costs and other out-of-pocket expenses so you can focus on recovery.

### What is it for?

- Those seeking additional financial protection when hospitalized
- Anyone wanting to help protect their savings from unexpected expenses

### What is covered?

- If you are admitted to a hospital, this coverage pays benefits regardless of any other coverage you may have.
- Can help pay for out-of-pocket costs associated with a hospitalization, such as deductibles, copays, travel to the hospital and child care while recovering.
- Fixed benefit payments are made directly to you and can be used however you choose.

### Advantages of the Plan

- Coverage is available to all eligible associates who are actively at work
- No deductibles, copays or coinsurance requirements
- No health or medical questions to answer
- Coverage is portable if you change jobs or retire
- Benefits are paid directly to you



### Did You Know?

Less than half of U.S. adults would use their savings to pay for an unexpected \$1,000+ emergency room visit. Hospital indemnity insurance can help provide additional financial protection when unexpected hospital expenses occur.

## 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 the date the accident occurred. The child must be 18 years of age or younger.

### What is covered?

#### Injuries:

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

#### Expenses:

- 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



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, call **877-454-3001**.

|                                               | Who Can Get Coverage                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>You</b>                                    | 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.                                                                                                                                                                                               |
| <b>Your Spouse:<br/>Individual Coverage</b>   | 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.<br><br>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.                                                     |
| <b>Your Children:<br/>Individual Coverage</b> | 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.<br><br>You can purchase a minimum benefit amount of \$5,000, up to a maximum of \$25,000 for each child.                                                                                                                  |
| <b>Your Children:<br/>Term Life Coverage</b>  | 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. |

## 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 — **855-239-0743**.

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. Such as:

- Parenting Skills and Relationship Issues
- Coping With Grief and Loss
- Elder Care Referrals
- Budgeting and Will-Making

**When you need in-the-moment emotional well-being support, counselors are here to help 24/7:**

- Call **855-239-0743**
- Log in to [guidanceresources.com](https://guidanceresources.com) Web ID: Guardian
- TDD/TTY: Dial 711 and enter the toll-free number listed above



# HEALTHCARE SUPPORT RESOURCES

## MEDICARE CHOICE GROUP

### Medicare Guidance and Enrollment Support

Medicare Choice Group provides Medicare expertise, guidance and enrollment support at no cost.

Whether you're approaching Medicare eligibility or need help understanding your options, Medicare Choice Group offers personalized support to help you make informed decisions about your Medicare coverage. Advisors can help explain Medicare plans, answer questions and guide you through enrollment.

**Contact Information:** To schedule an appointment with a Medicare advisor or learn more about your Medicare options, call **855-285-9755** or visit [medicarechoicetagroup.com/choctaw](https://medicarechoicetagroup.com/choctaw).

## EMRY BILLASSIST

### Save on Healthcare Costs with Emry BillAssist

Choctaw Nation is excited to introduce Emry BillAssist services to help you save on healthcare costs. Healthcare expenses can be difficult to navigate, especially when unexpected medical bills arise. Emry BillAssist offers solutions designed to help reduce your out-of-pocket healthcare expenses.

#### Services include:

- **Hospital Financial Aid Screening and Filing**  
Over 60% of Americans qualify for financial aid but never apply. Emry BillAssist helps facilitate the application process.
- **Professional Medical Bill Review and Negotiation**  
Experts work to identify billing errors and reduce inflated charges.
- **Manageable Payment Plans**  
Assistance is available to help establish payment plans and avoid collections or credit impacts.

With Emry BillAssist, you can save hundreds or even thousands of dollars on healthcare expenses. The service is mobile-friendly, AI-enabled and supported by experienced professionals. It works with any health plan. Simply provide your medical bill to get started.

For more details, please see the [BillAssist Demo Video](#) and get started today. Use Company Code 5215-6596 to [Set Up Your Account!](#)



Your well-being extends beyond the physical and emotional — it applies to your financial health too. Choctaw Nation offers a variety of benefits designed to help you save and grow your money

# FINANCIAL

## MERRILL LYNCH 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 become eligible for the CNO match after working at least 1,000 hours within your first year. Matched contributions begin the first of the quarter following your first anniversary and are fully vested immediately.

You have the freedom to change or cancel your contribution at any time. To learn more, visit [benefits.ml.com](https://benefits.ml.com), email [benefits@choctawnation.com](mailto:benefits@choctawnation.com), or call 800-228-4015.

You may elect to contribute up to a maximum of \$24,500\* for 2026. The overall limit for defined contribution plan deferrals from all sources (employer and associate combined) for 2026 is \$72,000.\*

## ROTH (K)

In addition to the 401(k), the Choctaw Nation offers the Roth 401(k) contribution option. These contributions are funded with after-tax dollars and if certain requirements are met, any associated earnings can generally be withdrawn tax-free.

## 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

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.

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### Enroll and Manage Your 401(k)

Enrolling in the 401(k) is a separate process and is not part of the annual benefits enrollment. Enroll or make changes at any time by logging in to [benefits.ml.com](https://benefits.ml.com) or calling 800-228-4015.



## ONE@WORK

The Choctaw Nation of Oklahoma proudly partners with ONE@Work to provide you an avenue to a healthier financial future. This free app offers many features that make reaching your financial goals easy! This app is available to all temporary, part-time, and full-time associates. With One@Work you can:

### Get paid early

Request up to 50% of your net earnings and get your money instantly with Instapay. No fees or hidden interest.

### Track your earnings

ONE@Work automatically updates after each shift. You'll see how much money you made per shift — no more guesswork.

### Save automatically

Request up to 50% of your net earnings and get your money instantly with Instapay. No fees or hidden interest.

### Budget easily

When you connect your bank account, ONE@Work automatically detects your monthly expenses and helps you calculate what's okay to spend.

Download the app from Google Play or the App Store. Have questions? Email [support@oneatwork.app](mailto:support@oneatwork.app)

# 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 \$5,250 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 20 hours or more per week, then you are eligible on the first day of the month following 50 days of continuous employment.



## 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 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.



## Achievers

Achievers allows associates to celebrate Choctaw Nation's core values with social recognition such as sharing and receiving praise for great work, accomplishments, recognize birthdays and service anniversaries, as well as welcoming new associates. This is also where important announcements will be posted.

### How to setup your account:

- Check your email on file in the Hoshonti system for an activation email from Achievers.
- Activate your account through a web browser, then you may download the Achievers app on an Apple or Android device.
- Once downloaded, enter the program's URL: <https://choctawnation.achievers.com>.
- Log in credentials are the same as CNO login username/password credentials (typically your Kronos number @[choctawnation.com](https://choctawnation.com) and your Hoshonti/SSO password).
- Should you have any questions, please email [achieversadmin@choctawnation.com](mailto:achieversadmin@choctawnation.com).



### Choctaw Nation Discount Program by PerkSpot

The Choctaw Nation Discount Program, through PerkSpot, is a one-stop-shop for thousands of exclusive discounts in more than 25 different categories including Local Offers, Interests, and Brands. You can head to [choctawnation.perkspot.com](http://choctawnation.perkspot.com) to start redeeming available offers.

PerkSpot's customer service team works tirelessly to help you access deals easily. For more information about The Choctaw Nation Discount Program or to receive support from PerkSpot's customer service team, you may call **866-606-6057**, email [cs@perkspot.com](mailto:cs@perkspot.com), or visit [support.perkspot.com](http://support.perkspot.com).



### 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**, email [jtjernigan@cnhsa.com](mailto:jtjernigan@cnhsa.com), or visit [choctawwellness.com](http://choctawwellness.com).



### 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, foster child, legal guardian, parent, stepparent, foster parent, parent-in-law, spouse, sibling, or grandparent). CFML can also be used during maternity or paternity leave, as well as foster care or adoption placement. For more information, please call **580-642-4270**.

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.



### Durant, Poteau, and Talihina Employee Health Clinics

The Durant, Poteau, and Talihina 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.



### PetPartners

Your pets are an important part of your family. That's why Choctaw Nation of Oklahoma offers pet insurance to associates through PetPartners. Here are some of what PetPartners covers:

- Veterinary Specialists
- Chronic Conditions
- Cancer Treatments
- Surgery
- Digestive Issues
- Hospitalization
- Prescription Medication
- Toxin Ingestion
- Broken Bones
- Hip Dysplasia
- Alternative and Behavioral Care

# GLOSSARY

**Co-Insurance:** 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.

**Evidence of Insurability (EOI):** Statement (form) or proof of a person's physical condition, occupation or other factor used in determining eligibility for additional Life insurance coverage.

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

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

**Group Term Life Insurance (GTL):** A Life insurance policy purchased by an employer for the benefit of its eligible and enrolled employees which pays benefits upon the death of the enrolled individual (employee, spouse, dependent). A term life policy has no cash value.

**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 Buy-Up Plans and the variable hour plan includes the deductible and copays.

**Preferred Provider Organization (PPO):** 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.



Chief Gary Batton  
Assistant Chief Jack Austin, Jr.

# IMPORTANT CONTACTS

| Resource                                                             | Carrier                                      | Phone                                                              | Website / Email                                                                                                                                   |
|----------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Medical                                                              | UMR Medical                                  | 866-406-0016                                                       | <a href="http://umr.com">umr.com</a>                                                                                                              |
| Free Maintenance Prescriptions                                       | Choctaw Nation Employee Prescription Program | 918-649-1112                                                       | <a href="mailto:pahickman@cnhsa.com">pahickman@cnhsa.com</a>                                                                                      |
| Prescription Coverage                                                | CVS Caremark                                 | 866-406-0016                                                       | <a href="http://caremark.com">caremark.com</a>                                                                                                    |
| Dental                                                               | Cigna                                        | 800-244-6224                                                       | <a href="http://my.cigna.com">my.cigna.com</a>                                                                                                    |
| Vision                                                               | Vision Service Plan (VSP)                    | 800-877-7195                                                       | <a href="http://vsp.com">vsp.com</a>                                                                                                              |
| Flexible Spending Accounts (FSAs)                                    | UMR                                          | 866-663-9236                                                       | <a href="http://umr.com">umr.com</a>                                                                                                              |
| Employee Assistance Program (EAP)                                    | Guidance Resources                           | 855-239-0743                                                       | <a href="http://guidanceresources.com">guidanceresources.com</a><br>Access Code: Guardian                                                         |
| 401(k) Savings Plan                                                  | Merrill                                      | 800-228-4015                                                       | <a href="http://benefits.ml.com">benefits.ml.com</a>                                                                                              |
| 401(a) and 457 Retirement Plans for Housing                          | Standard                                     | 800-858-5420                                                       | <a href="http://standard.com/retirement">standard.com/retirement</a>                                                                              |
| College Tuition Reimbursement                                        | Employee Education Assistance Program        | 580-924-8280                                                       | <a href="mailto:benefits@choctawnation.com">benefits@choctawnation.com</a>                                                                        |
| Short-Term Disability                                                | Guardian                                     | Initial Claims:<br>888-262-5670<br>Ongoing Claims:<br>800-268-2525 | <a href="http://guardiananytime.com">guardiananytime.com</a><br>Email: <a href="mailto:group_std_claims@glic.com">group_std_claims@glic.com</a>   |
| Long-Term Disability                                                 | Guardian                                     | 800-538-4583                                                       | <a href="http://guardiananytime.com">guardiananytime.com</a><br>Email: <a href="mailto:group_LTD_claims@glic.com">group_LTD_claims@glic.com</a>   |
| Life and AD&D<br>Supplemental Employee &<br>Dependent Life Insurance | Guardian                                     | 800-525-4542                                                       | <a href="http://guardiananytime.com">guardiananytime.com</a><br>Email: <a href="mailto:group_life_claims@glic.com">group_life_claims@glic.com</a> |
| Accident, Critical Illness<br>& Hospital Indemnity                   | Guardian                                     | 800-541-7846                                                       | <a href="http://guardiananytime.com">guardiananytime.com</a>                                                                                      |
| Voluntary Whole Life with<br>Long-Term Care Insurance                | Unum                                         | 877-454-3001                                                       | <a href="http://enrollvb.com/choctawnation">enrollvb.com/choctawnation</a>                                                                        |
| Maternity Care                                                       | UMR                                          | 888-438-8105                                                       | <a href="http://umr.com">umr.com</a>                                                                                                              |
| Orthopedic Surgery Alternative                                       | Regenexx                                     | 866-795-2139                                                       | <a href="http://regenexxbenefits.com/choctawnation">regenexxbenefits.com/choctawnation</a>                                                        |
| Medicare Education & Support                                         | Medicare Choice Group                        | 855-285-9755                                                       | <a href="http://medicarechoicigroup.com/choctaw">medicarechoicigroup.com/choctaw</a>                                                              |
| Emry BillAssist                                                      | Emry Health                                  | –                                                                  | <a href="http://app.opyn.health">app.opyn.health</a>                                                                                              |
| Budgeting Tools                                                      | One@Work                                     | 855-830-6200                                                       | Email: <a href="mailto:support@oneatwork.app">support@oneatwork.app</a>                                                                           |
| Discount Program                                                     | PerkSpot                                     | 866-606-6057                                                       | <a href="http://support.perkspot.com">support.perkspot.com</a><br>Email: <a href="mailto:cs@perkspot.com">cs@perkspot.com</a>                     |
| Worker's Compensation                                                | CNO Worker's Compensation                    | 580-924-8280<br>Fax: 580-920-7017                                  | <a href="mailto:worker.incident@choctawnation.com">worker.incident@choctawnation.com</a>                                                          |
| Community Fitness                                                    | Choctaw Wellness Center Durant               | 580-931-8643                                                       | Email: <a href="mailto:jtjernigan@cnhsa.com">jtjernigan@cnhsa.com</a>                                                                             |
| Health & Fitness Tracking                                            | Wellworks for You                            | 800-425-4657                                                       | <a href="http://wellworksforyoulogin.com">wellworksforyoulogin.com</a>                                                                            |
| Pet Insurance                                                        | Pet Partners                                 | 866-774-1113                                                       | <a href="http://help@petpartners.com">help@petpartners.com</a>                                                                                    |
| Benefits Department                                                  | Choctaw Nation                               | 580-924-8280                                                       | <a href="mailto:benefits@choctawnation.com">benefits@choctawnation.com</a>                                                                        |

# REQUIRED NOTICES

## HEALTH COVERAGE NOTICES

### For Your Files

This guide contains legal notices for participants in group health plan(s) sponsored by Choctaw Nation of Oklahoma. The notices included in this guide are:

- **Health Insurance Marketplace Coverage Options and Your Health Coverage** that describes the Health Insurance Marketplace and eligibility and tax credit information.
- **Notice of Privacy Practices** that explains how the health care plan(s) protect your personal medical information.
- **Medicare Part D Notice** that provides information about how your current prescription drug coverage under the health care plan(s) is affected—and your options for coverage—when you become eligible for Medicare.
- **COBRA Rights Notice** that explains when you and your family may be able to temporarily continue coverage under the health care plan(s) if coverage would otherwise end for you.
- **Newborn & Mothers Health Protection Notice** that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- **Women's Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- **Wellness Program and Reasonable Alternatives Notice** that informs employees of what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential, as well as options for those who have a medical condition that makes wellness program participation difficult.
- **Notice of Special Enrollment Rights** that explains when you can enroll in the health care plan(s) due to special circumstances.
- **60-Day Special Enrollment Period** that describes a special 60-day timeframe to elect or discontinue coverage.

**IMPORTANT:** If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage. Please read further for more details.

## HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

### PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

#### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 10.22% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 10.22% of the employee's household income.<sup>1 2</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

#### When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage**. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility.

To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

#### **What about Alternatives to Marketplace Health Insurance Coverage?**

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit [healthcare.gov/medicaid-chip/getting-medicaid-chip](https://healthcare.gov/medicaid-chip/getting-medicaid-chip) for more details.

#### **How Can I Get More Information?**

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact the Choctaw Nation benefits department at 580-924-8280 or [benefits@choctawnation.com](mailto:benefits@choctawnation.com). The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1. Indexed annually; see [irs.gov/pub/irs-drop/rp-22-34.pdf](https://www.irs.gov/pub/irs-drop/rp-22-34.pdf) for 2023.
2. An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## **SPECIAL ENROLLMENT NOTICE**

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

#### **Loss of Other Coverage**

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan 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 within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

#### **Marriage, Birth or Adoption**

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

#### **Medicaid or CHIP**

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

#### **For More Information or Assistance**

To request special enrollment or obtain more information, please contact: Choctaw Nation of Oklahoma at 580-924-4956.

## YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice describes:

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information
- You have a right to a copy of this notice (in paper or electronic form) and to discuss it with Danna Condron at 580-642-7509 and [dcondron@choctawnation.com](mailto:dcondron@choctawnation.com) if you have any questions.

Please review it carefully.

### Your Rights

You have the right to:

- Consent to most uses and disclosures of your health information
- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Discuss this notice with someone in our program
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

In these circumstances, we must protect your information and limit how we use and share it

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do no.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations after you have provided consent for all those purposes.
- We are not required to agree to your request, and we may say "no" if, for example, it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

#### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly upon such request.

#### Discuss this notice with someone in our program

You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [hhs.gov/ocr/privacy/hipaa/complaints/](https://hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

*Example 2: A doctor treating you for a chronic condition asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications.*

#### Pay for your health services

- We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, or legislative investigations or proceedings against you without (1) your consent or (2) a court order or subpoena. For more information see: [hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](https://hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html)

### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence, only as required by applicable law
- Preventing or reducing a serious threat to anyone's health or safety

### For your medical emergencies

We may use or share your health information with health care providers or emergency personnel when needed to provide you with emergency treatment or to respond to a serious and immediate threat to your health or safety, even when you are unable to consent. This is allowed under HIPAA's rules for treatment and emergency disclosures.

### Do research

We can use or share your information for health research. Researchers cannot include any patient identifying information in their reports about the research.

### Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Legal Proceedings and Lawful Process

We may use or share your health information as permitted or required by law when responding to legal proceedings. This includes disclosures in response to a valid court order, warrant, subpoena, or other lawful process, consistent with HIPAA's rules for judicial and administrative proceedings (45 CFR §164.512(e)) and law enforcement requests (45 CFR §164.512(f)). When responding to legal requests, we disclose only the information required and follow all conditions and limitations imposed by HIPAA.

## Communicate within our program and with contractors

We may use and disclose your information within our health plan and with organizations that help us administer our program, including contractors and business associates who perform services for us. These disclosures occur only as permitted by HIPAA for health care operations.

## Respond to audits and program oversight

We may use and share your information for health oversight and health care operations. This includes sharing with government agencies that are authorized by law to conduct audits, inspections, and licensure activities, and with accrediting organizations to support accreditation, quality assessment and improvement, and program evaluation of our health plan. We share only the minimum necessary information as required by law.

## Disclosure to Law Enforcement

We may disclose information to law enforcement if we believe, in good faith, that it is evidence of a crime that occurred on our premises, or to report certain crimes during a medical emergency that did not occur on our premises. In these situations, we will disclose only what the law allows in these situations.

## Our Responsibilities

- We are required to obtain your consent for most uses and sharing of your information.
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## With Your Written Consent (42 CFR Part 2)

If you provide written consent, we may use or disclose your Substance Use Disorder (SUD) information in the following ways:

- To the person or organization you name in your consent. Part 2 allows you to decide who may receive your SUD information through a written consent.
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs. Part 2 permits disclosures for this purpose when authorized by your consent or as otherwise allowed by law.
- To report prescribed SUD treatment medications to a state Prescription Drug Monitoring Program when required by law. Part 2 allows this type of disclosure only when a state statute mandates such reporting.

## Additional Protections for SUD Information (42 CFR Part 2)

For records related to Substance Use Disorder (SUD) treatment, we will not disclose your information in any civil, criminal, administrative, or legislative proceeding without your written consent or a court order that meets the requirements of 42 CFR Part 2.

## Respond to audits and program oversight

For Substance Use Disorder (SUD) records protected by 42 CFR Part 2, organizations performing audits or evaluations must agree in writing not to redisclose your information and must destroy or return identifying information when the audit or evaluation is complete.

## Redisclosure Rules for Substance Use Disorder (SUD) Information

If you authorize us to disclose your SUD records to other health care providers or health plans for treatment, payment, or health care operations, those recipients may redisclose your information as permitted by the HIPAA Privacy Rule. However, your SUD information may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order that meets the requirements of 42 CFR Part 2.

We will include the required Part 2 notice prohibiting unauthorized redisclosure with every disclosure of SUD information.

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

## Other Instructions for Notice

- 1/1/2027
- Danna Condron at 580-642-7509 or [DCondron@choctawnation.com](mailto:DCondron@choctawnation.com)

## IMPORTANT NOTICE FROM CHOCTAW NATION OF OKLAHOMA ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with 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 the Choctaw Nation of Oklahoma 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 15 to December 7.

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 coverage will not be affected. If you decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will 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 nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through 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](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**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: 1/1/2027

Name of Entity/Sender: Choctaw Nation of Oklahoma

Contact--Position/Office: Danna Condron

Address: 1802 Chukka Hina Dr, Durant, Oklahoma 74701

Phone Number: 580-642-7509

## **CONTINUATION COVERAGE RIGHTS UNDER COBRA**

### **Introduction**

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**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 COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be 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 the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

## When Is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.**

**You must provide this notice to:** Choctaw Nation of Oklahoma.

**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 Dr, 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 COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### Disability Extension of 18-month Period of COBRA Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. To notify Choctaw Nation of Oklahoma of the disability determination, call 580-924-8280 x 4956 and request 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 580-924-8280 x 4956 and requesting the Employee Benefits department.

### Second Qualifying Event Extension of 18-month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## Are there other coverage options besides COBRA continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

## If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

## Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## Plan contact information

Date: 1/1/2027

Name of Entity/Sender: Choctaw Nation of Oklahoma

Contact/Office: Danna Condron

Address: 1802 Chukka Hina Dr, Durant, OK 74701

Phone Number: 580-642-7509

1. <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT

### Enrollment Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

| Plan                  | Deductible                              | Coinsurance |
|-----------------------|-----------------------------------------|-------------|
| Full-Time HDHP        | Individual: \$2,800<br>Family: \$5,600  | 20%         |
| Full-Time Base Plan   | Individual: \$2,250<br>Family: \$4,500  | 20%         |
| Full-Time Buy-Up Plan | Individual: \$1,250<br>Family: \$2,500  | 10%         |
| Variable Hour         | Individual: \$5,000<br>Family: \$10,000 | 30%         |

If you would like more information on WHCRA benefits, call your plan administrator at 580-642-7509.

### Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 580-642-7509 for more information.

## NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth.

Under the Newborns' Act, group health plans may not restrict benefits for mothers or newborns for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. The 48-hour (or 96-hour) period starts at the time of delivery, unless a woman delivers outside of the hospital. In that case, the period begins at the time of the hospital admission.

The attending provider may decide, after consulting with the mother, to discharge the mother and/or her newborn child earlier. The attending provider cannot receive incentives or disincentives to discharge the mother or her child earlier than 48 hours (or 96 hours).

Even if a plan offers benefits for hospital stays in connection with childbirth, the Newborns' Act only applies to certain coverage. Specifically, it depends on whether coverage is "insured" by an insurance company or HMO or "self-insured" by an employment-based plan. (Check the Summary Plan Description, the document that outlines benefits and rights under the plan, or contact the plan administrator to find out if coverage in connection with childbirth is "insured" or "self-insured.")

The Newborns' Act provisions always apply to coverage that is self-insured. If the plan provides benefits for hospital stays in connection with childbirth and is insured, whether the plan is subject to the Newborns' Act depends on state law. Many states have enacted their own version of the Newborns' Act for insured coverage. If your state has a law regulating coverage for newborns and mothers that meets specific criteria and coverage is provided by an insurance company or HMO, state law will apply.

All group health plans that provide maternity or newborn infant coverage must include in their Summary Plan Descriptions a statement describing the Federal or state law requirements applicable to the plan (or any health insurance coverage offered under the plan) relating to hospital length of stay in connection with childbirth for the mother or newborn child.

For more information, see the Frequently Asked Questions (FAQs) About the Newborns' and Mothers' Health Protection Act.

## YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

### What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed

to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

### You are protected from balance billing for:

#### Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

#### Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed. If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.**

### When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

**If you believe you've been wrongly billed,** you may contact the No Surprise Help Desk (NSHD) at 1-800-985-3059.

Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

## WELLNESS PROGRAM NOTICES

Choctaw Nation of Oklahoma wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of \$50 - \$100 credit for monthly medical employee premiums. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

### Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Choctaw Nation of Oklahoma may use aggregate information it collects to design a program based on identified health risks in the workplace, the Choctaw Nation of Oklahoma wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is/are applicable healthcare professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Danna Condron at 580-642-7509 or [DCondron@choctawnation.com](mailto:DCondron@choctawnation.com).

### Accommodations

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Danna Condron at 580-642-7509 or [DCondron@choctawnation.com](mailto:DCondron@choctawnation.com) and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.



# Choctaw Nation of Oklahoma