



Annual Benefits Enrollment Guide



Choctaw Nation

Hoshonti Program

Updated 08/25/2026

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

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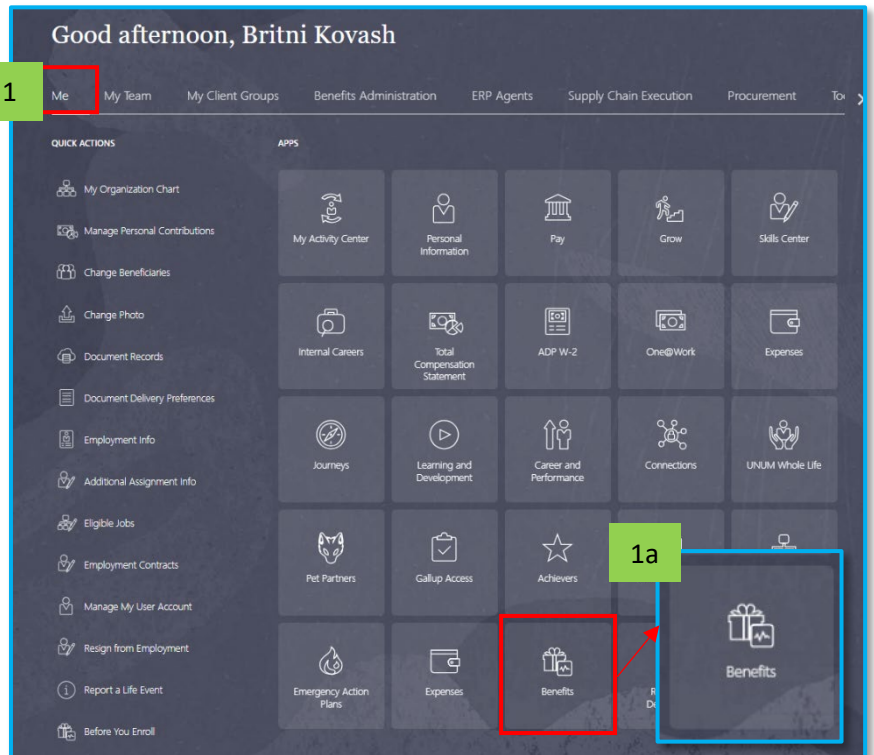
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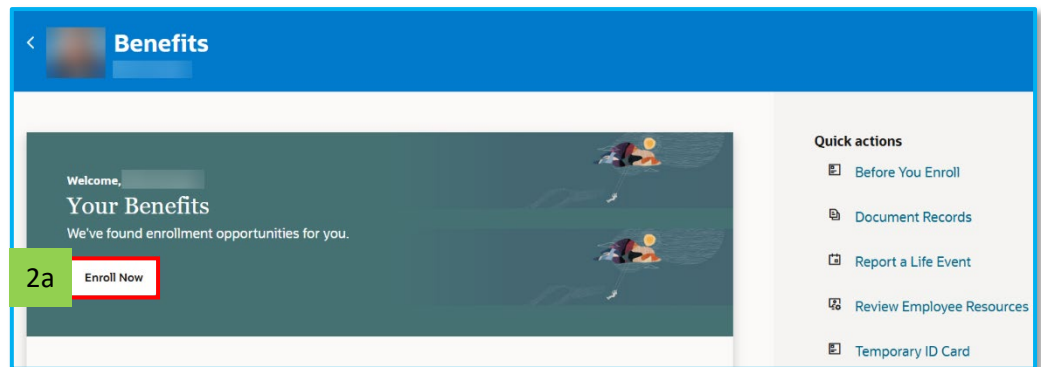
Navigate to Benefits Dashboard

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

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



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

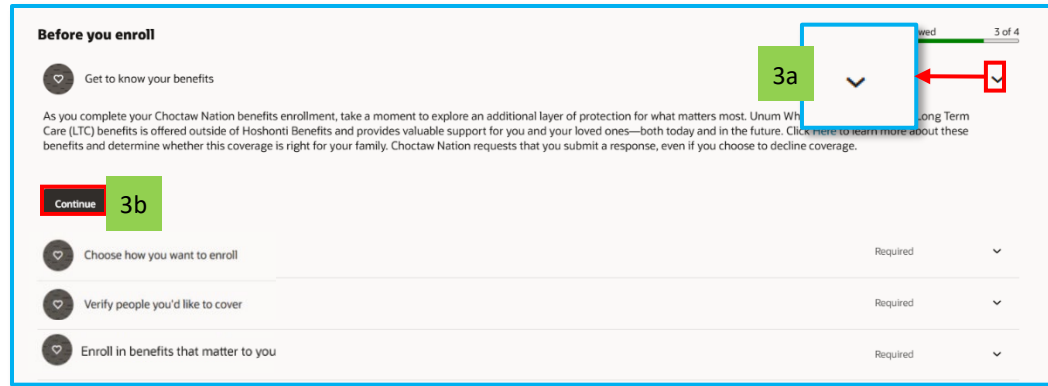


Note: Your Benefits homepage will also display the Open Enrollment window, or the number of days remaining to make **changes** to your benefits.

Important! Make sure that all benefits changes for 2027 are submitted by **11:59 pm** on **November 8th**.



3. Under the **Before you enroll** section:
 - a. Select the **Get to know your Benefits**  ;
 - b. Select **Continue**;
4. This will open the **UNUM Whole Life** page in a separate tab for you to enroll in, if desired;



Before you enroll 3 of 4

 Get to know your benefits

As you complete your Choctaw Nation benefits enrollment, take a moment to explore an additional layer of protection for what matters most. Unum Whole Life Insurance with Long Term Care (LTC) benefits is offered outside of Hoshonti Benefits and provides valuable support for you and your loved ones—both today and in the future. [Click here to learn more](#) about these benefits and determine whether this coverage is right for your family. Choctaw Nation requests that you submit a response, even if you choose to decline coverage.

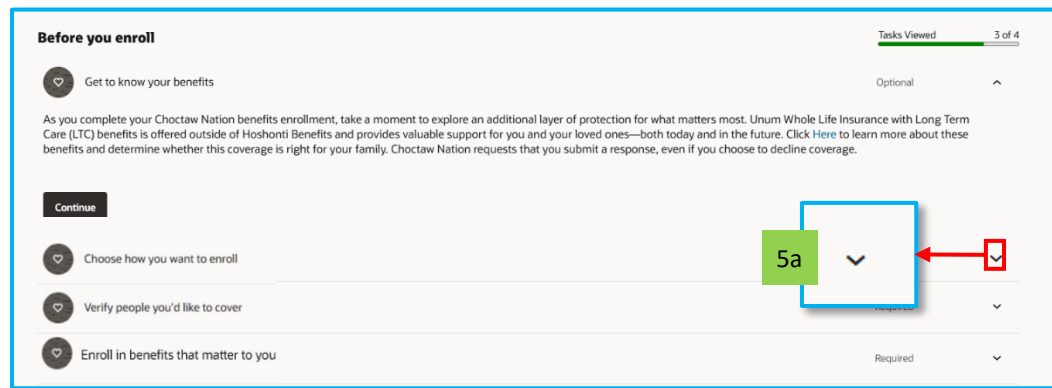
Continue 3b

 Choose how you want to enroll Required 

 Verify people you'd like to cover Required 

 Enroll in benefits that matter to you Required 

5. Back under the **Before you enroll** section:
 - c. Select the **Choose how you want to enroll**  ;



Before you enroll Tasks Viewed 3 of 4

 Get to know your benefits Optional 

As you complete your Choctaw Nation benefits enrollment, take a moment to explore an additional layer of protection for what matters most. Unum Whole Life Insurance with Long Term Care (LTC) benefits is offered outside of Hoshonti Benefits and provides valuable support for you and your loved ones—both today and in the future. [Click Here](#) to learn more about these benefits and determine whether this coverage is right for your family. Choctaw Nation requests that you submit a response, even if you choose to decline coverage.

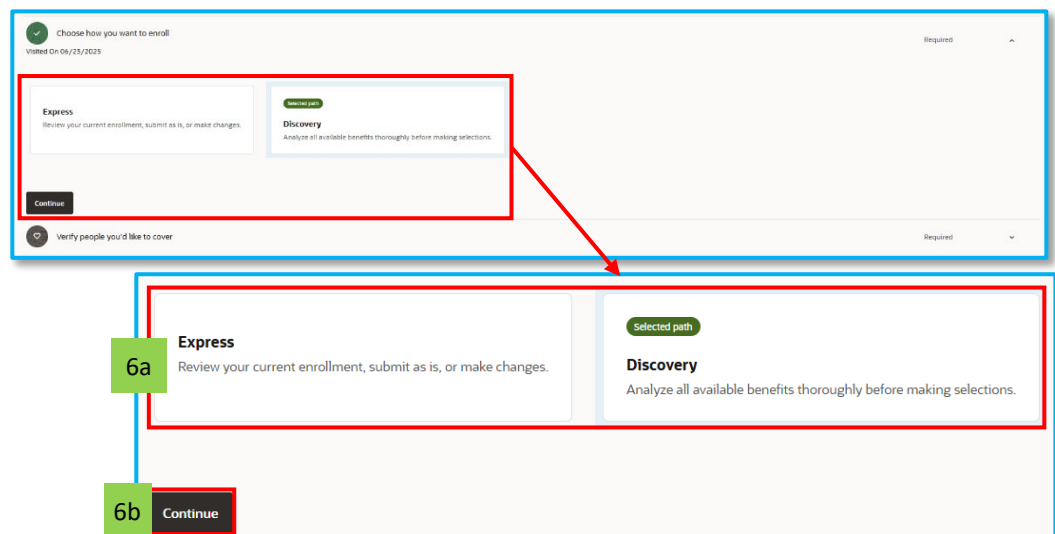
Continue

 Choose how you want to enroll Required 

 Verify people you'd like to cover Required 

 Enroll in benefits that matter to you Required 

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



 Choose how you want to enroll Required 

Visited On 09/25/2025

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

Discovery
Analyze all available benefits thoroughly before making selections.

Continue

 Verify people you'd like to cover Required 

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

Discovery
Analyze all available benefits thoroughly before making selections.

Continue



Before You Enroll

Add Dependent/Beneficiary Information

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

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

2. If adding a contact:

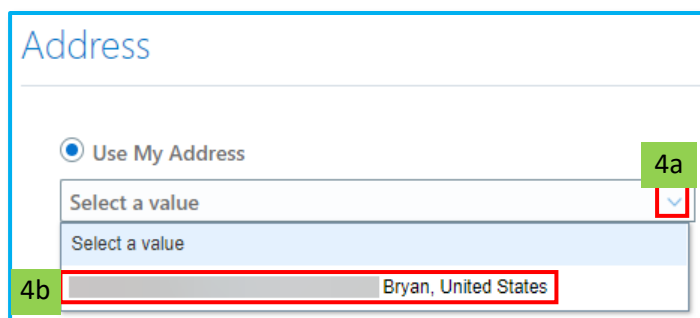
- Enter all **Contact Information**;

3. In the **Address** section, select either:

- Use My Address**;
- Or **Enter a New Address**;



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



Address

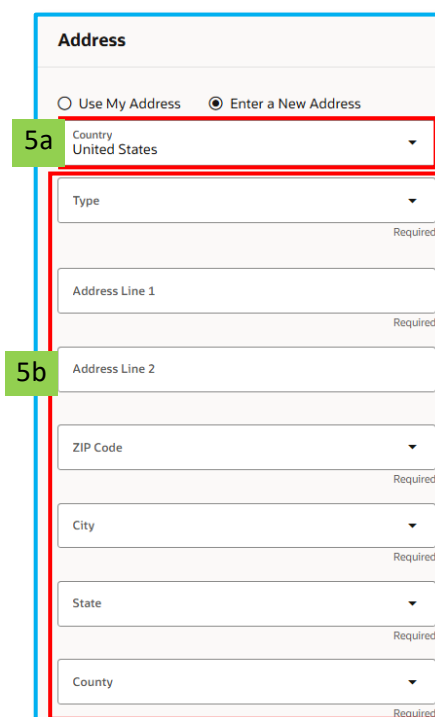
☒ Use My Address

Select a value

Select a value

Bryan, United States

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



Address

☐ Use My Address ☒ Enter a New Address

Country
United States

Type
Required

Address Line 1
Required

Address Line 2

ZIP Code
Required

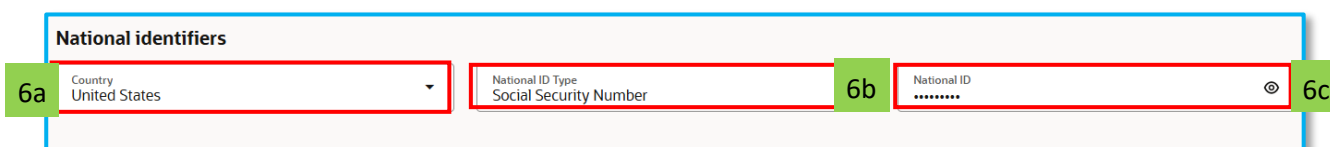
City
Required

State
Required

County
Required

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

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



National identifiers

Country
United States

National ID Type
Social Security Number

National ID

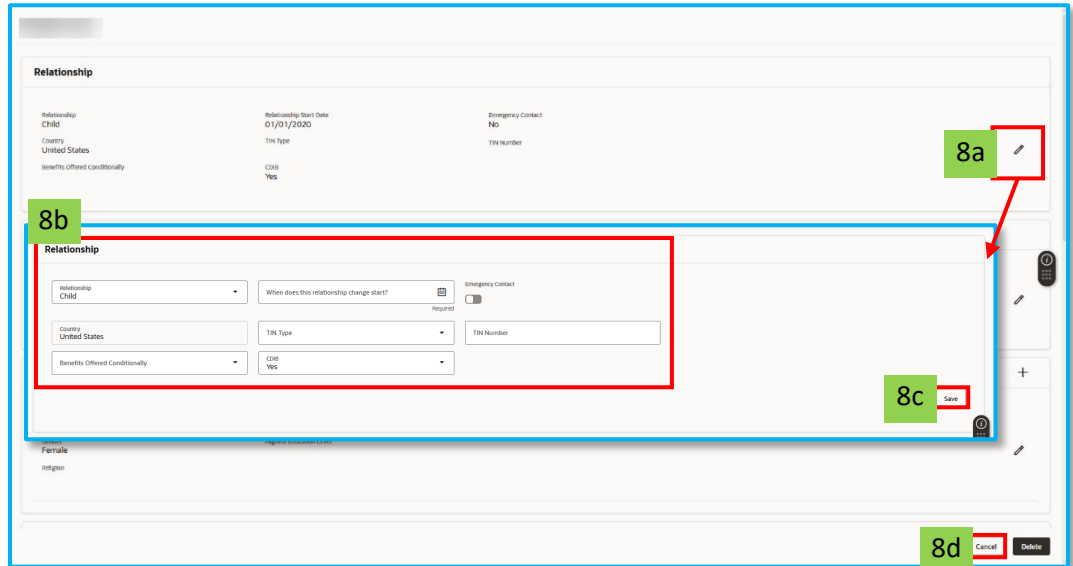


7. Select **Submit**;



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

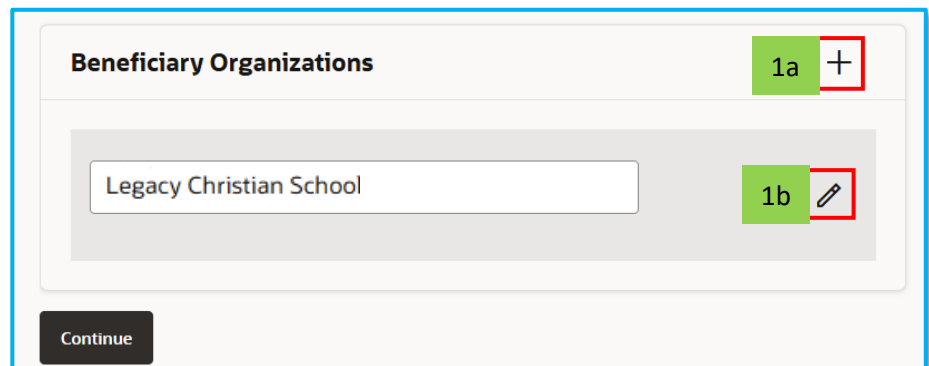
- Select the  next to the desired **information section**;
- Maked desired **changes**;
- Select **Save**;
- Select **Cancel**.



Add Beneficiary Organizations

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

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



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

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

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

3. Select **Continue**.

The screenshot shows the 'Beneficiary Organizations' list. It contains one entry, 'Legacy Christian School', with an edit icon to its right. At the bottom of the list, there is a green box with the number '3' and a red button labeled 'Continue'.



Enroll in CNO Benefit Programs

Medical

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

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

Before you enroll

- Choose how you want to enroll
- Verify people you'd like to cover
- Enroll in benefits that matter to you**

1a Edit View Enrollments

Continue

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

Choctaw Nation Benefit Program

Review Legal Disclaimer

Authorization

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

2a Accept

Cancel Continue

1 | 11

- Medical
- Dental
- Vision
- Choctaw Nation Provided Benefits
- Supplemental Plans
- Flexible Spending
- Group Accident
- Critical Illness
- Legal Shield
- Review and Submit



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

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

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



-
- Enroll View Details
- Medical - Base Plan
- \$201.29**
- Associate Plus Spouse
- Enroll View Details
- Medical - Base Plan
- \$93.71**
- Associate Plus Children
- Enroll View Details
- Medical - Base Plan
- \$207.96**
- Associate Plus Family
- Enroll View Details
- 5
- Continue
- Cancel Continue
- Last updated 6 min/10s ago

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

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

Dental

\$12.50 | \$171.92
Total Cost per Policy Period

Dental
\$20.00
Associate Plus Family

6b

Enroll

View Details

Dental
\$20.00
Associate Plus Family

6a

Enroll

View Details

Plan
All

Enroll Dental
\$12.50
Associate Plus Children

Unenroll
View Details

Enroll View Details

Enroll View Details

Waive Dental
Waive
Enroll

Last updated: 37 minutes ago

Cancel Continue

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

Dental

Associate Plus Children

Show coverage and rates

▲ You haven't designated any dependents yet.

Who do you want to cover?

Select All

7a

☐☐

7b

Save

- 8 Continue

Vision

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

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

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

11. Select **Continue**;



CNO Supplemental Life-Employee

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

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

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

Supplemental Term Life

Enrolled CNO - Supplemental Life Employee

\$6.00

Associate Only

100%

Enroll View Details

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

16. From the **Coverage** panel:

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

CNO - Supplemental Life Employee

Associate Only

Coverage 150000

Hide coverage and rates

Employee	Annually
\$6.00	\$144.00

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

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

Beneficiaries

(Spouse)	
Primary 100 %	Contingent %

(Child)	
Primary %	Contingent 50 %

(Child)	
Primary %	Contingent 50 %

Ca Save



CNO Supplemental Life- Spouse

Note: Increments of \$5,000 - \$250,000 must be entered. Associate and Spouse **rates** are based on **associates' age and coverage amount** selected.

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

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

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

Supplemental Term Life - Spouse

CNO - Supplemental Life Spouse

\$2.00
Enrolled

Enroll View Details

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

18. From the **Coverage** panel:

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

CNO - Supplemental Life Spouse
Enrolled

18a Coverage
50000

Hide coverage and rates

Employee	Annually
\$2.00	\$48.00

Who do you want to cover?

Select All

☒ **18b**

Beneficiaries

(Spouse)	
Primary 100 %	Contingent %

18c

(Child)	
Primary %	Contingent 50 %

(Child)	
Primary %	Contingent 50 %

18d Save



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

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

CNO - Supplemental Life Children

Child Coverage 20000

[Show coverage and rates](#)

Who do you want to cover?

☒

☒

Beneficiaries

(Spouse)

Primary 100	%	Contingent	%
----------------	---	------------	---

(Child)

Primary	%	Contingent 50	%
---------	---	------------------	---

(Child)

Primary	%	Contingent 50	%
---------	---	------------------	---

21. Select **Continue**;

21 Continue

Flexible Spending

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

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

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

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

Choctaw Nation Benefit Program

Flexible Spending

FSA Medical – A pretax benefit account used to pay for eligible medical, dental, and vision expenses. These can include co-pays, deductibles, and a variety of medical products. Please contact benefits for additional information.

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

\$0.00 | \$179.07
Total Cost per Pay Period

FSA

Flexible Spending Account Medical
\$4.17
Enroll

Enroll View Details

Waive
Unenroll

Flexible Spending Account Dependent
Waive
Unenroll

Flexible Spending Account Medical
\$4.17
Enroll

View Details

Cancel Continue

Review and Submit

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

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

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

23. From the **Coverage** panel:

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

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

Flexible Spending Account Medical
Enroll

Coverage
100

Hide coverage and rates

Employee	Annually
\$4.17	\$100.00

Cancel **23b Save**

24. Select **Continue**;

24 Continue



Critical Illness

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

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

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

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

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

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

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

CNO - Critical Illness with Cancer
Associate Plus Children

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

Hide coverage and rates

Employer	Annually
\$15.73	\$377.52

Who do you want to cover?

Select All

☒ ☒

Cancel **29c** Save



30. Select **Continue**;

30 Continue

Legal Shield

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

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

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

Choctaw Nation Benefit Program
Legal Shield

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

Legal Shield

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

31a

CNO - Legal Shield
\$14.45
Legal + Identity Shield Family
Enroll 31b View Details

Review and Submit

Cancel Continue

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

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

CNO - Legal Shield
Legal + Identity Shield Family

Show coverage and rates

Who do you want to cover?

Select All

32a

32b

Save

33. Select **Continue**;

33 Continue



Hospital Indemnity

34. From the **Hospital Indemnity** page:

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

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

10 | 11

Choctaw Nation Benefit Program

Hospital Indemnity

\$0.00 | \$191.74
Total Cost (per Pay Period)

Plan: All Options: All

CNO - Hospital Indemnity

CNO - Hospital Indemnity
\$14.81
Associate Plus Family
Enroll View Details

CNO - Hospital Indemnity
\$10.97
Associate Plus Family
Enroll View Details

CNO - Hospital Indemnity
\$9.52
Associate Plus Family
Enroll View Details

Enrolled CNO - Hospital Indemnity
\$5.68
Associate Only
Unenroll View Details

CNO - Hospital Indemnity
\$14.81
Associate Plus Family
Enroll View Details

Cancel Continue

Medical
Dental
Vision
Choctaw Nation Provided Benefits
Supplemental Plans
Flexible Spending
Group Accident

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

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

CNO - Hospital Indemnity
Associate Plus Family

Show coverage and rates

⚠ You haven't designated any dependents yet.

Who do you want to cover?

Select All

35a ☐ ☐

35b Save

36. Select **Continue**;

36 Continue



Review and Submit

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

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

Choctaw Nation Benefit Program

Review and Submit

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

Medical

Medical - Buy-up Medical Plan
Associate Plus Children
Self, Spouse/Partner (2), Dependent (2)
Annually \$3,210.12
Employer \$492.46

Dental

Dental - Buy-up Dental Plan
Associate Plus Children
Self, Spouse/Partner (2), Dependent (2)
Annually \$300.00
Employer \$17.18

Vision

Vision

37b Submit

Cancel Submit

38. Select **Continue**;

THE GREAT SEAL

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

Choctaw Nation Benefit Program

Choctaw Nation Benefit Program

Edit View Enrollments

38 Continue

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

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

Post-enrollment Tasks Viewed 1 of 1

Complete pending actions
Visited On 08/25/2025

Optional **39a**

You're up to date on your tasks. **39b**

39c Done

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



40. Once all lines are
checked green:

a. Select the  .

40a



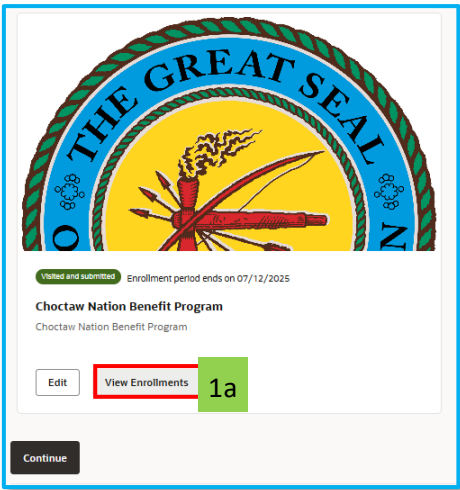
Self-Service Enrollment

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

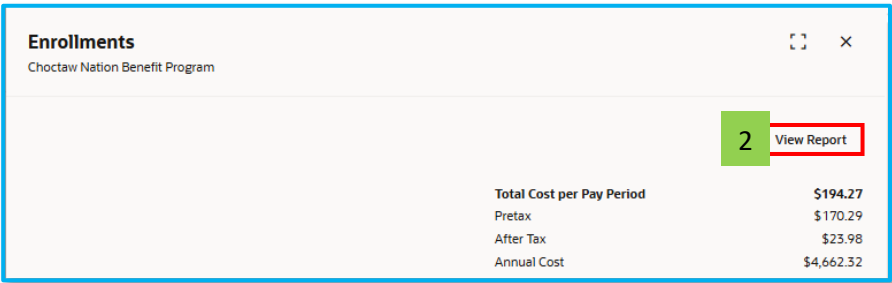


Review Election Choices for Plan Year

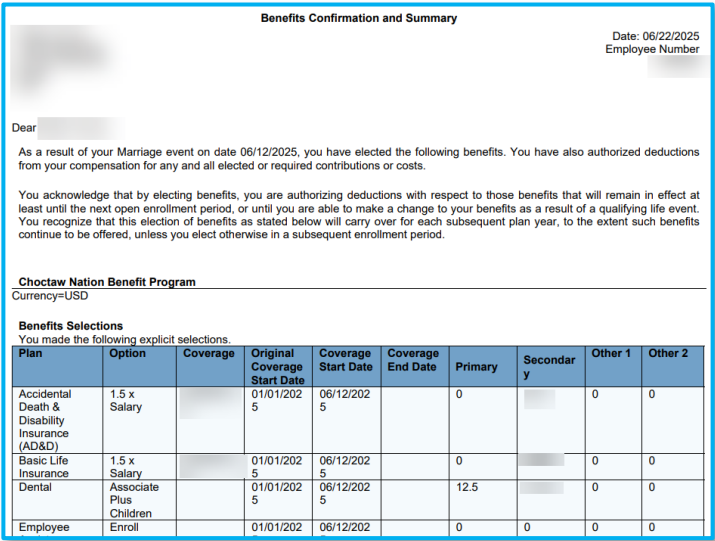
- 1. Under **Enroll in benefits that matter to you:**
 - a. Select **View Enrollment**;



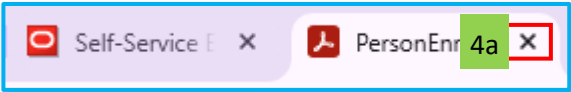
- 2. Select **View Report**;



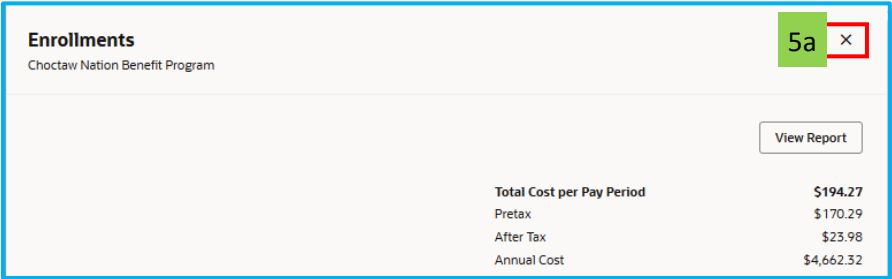
- 3. The report will **open** in a separate tab;



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



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

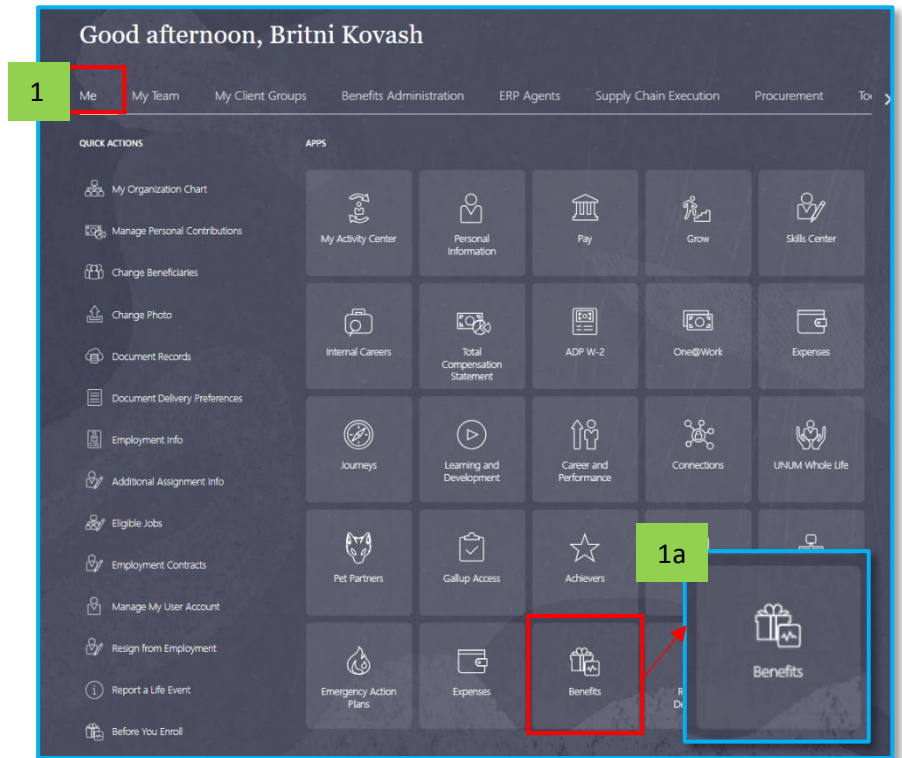


Enrollments	
Choctaw Nation Benefit Program	
View Report	
Total Cost per Pay Period	\$194.27
Pretax	\$170.29
After Tax	\$23.98
Annual Cost	\$4,662.32

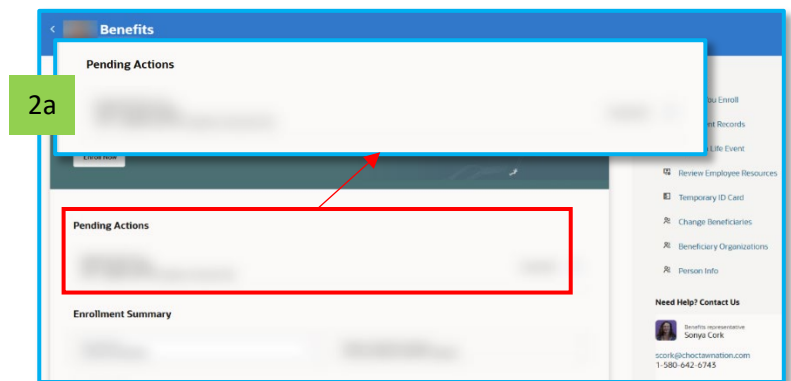


Review Pending Actions

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



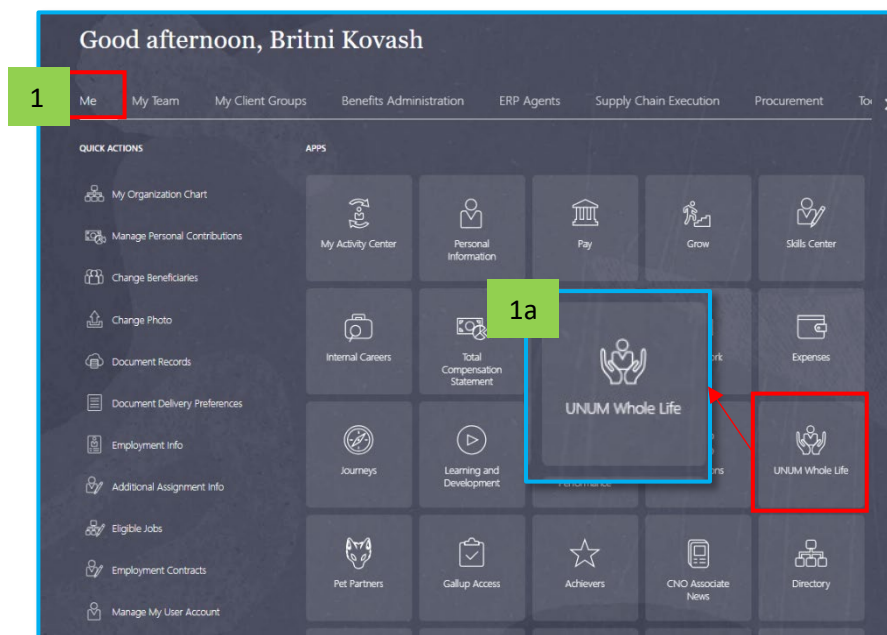
2. Under **Pending Actions** you will find:
 - a. Any **outstanding items** that need to be completed;



Whole Life Insurance

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

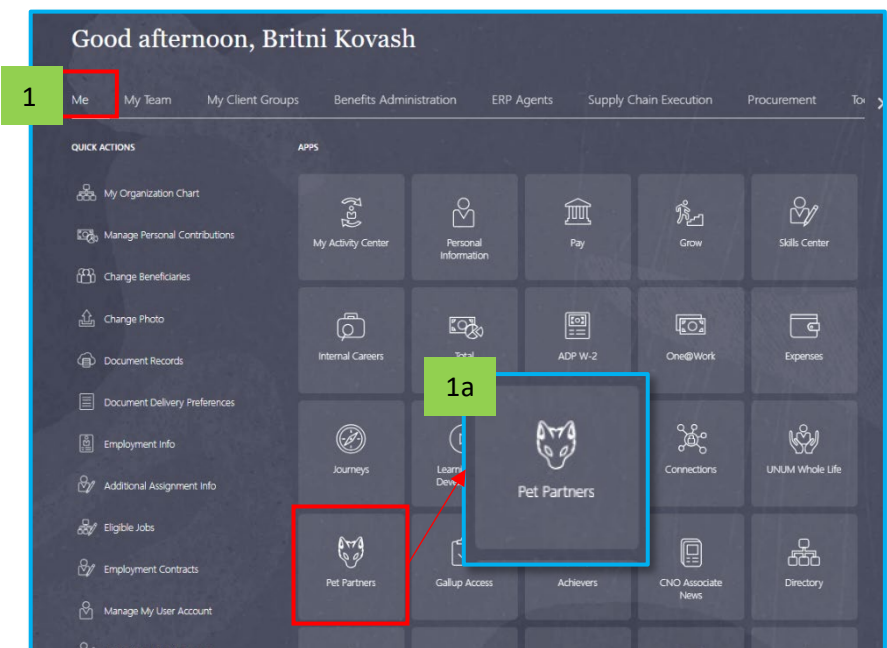
Note: You will then be redirected to a new webpage.



Pet Partner Insurance

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

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



Additional Information

Your Benefits homepage will also display the Open Enrollment window, or the number of days remaining to make changes to your benefits. **Please make sure that all benefits changes for 2027 are submitted by 11:59 pm on 11/08/26.** To make changes select **Enroll Now** on the **Benefits** page.

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

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

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

Have questions about your benefits options?

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

