



**Choctaw Nation
of Oklahoma**

BENEFITS GUIDE

2026



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/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 2024 and October 2025, you'll be eligible for the Variable Hour medical plan for the 2026 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
Medical and Pharmacy UMR/RxBenefits	<ul style="list-style-type: none"> • Full-Time Base Plan • Full-Time High Deductible Health Plan (HDHP) • Full-Time Buy-Up Plan • Variable Hour Plan
Dental Cigna	<ul style="list-style-type: none"> • Optional dental plan for full-time associates only • Provides comprehensive, competitive coverage for restorative care and dependent orthodontia • Preventive services covered at 100%
Vision VSP (Vision Service Plan)	<ul style="list-style-type: none"> • Optional vision plan for full-time associates only • Provides benefits for eye exams, lenses, frames, and/or contacts
Health Care Flexible Spending Account (FSA) UMR	<ul style="list-style-type: none"> • Set aside up to \$3,200 tax-free for eligible health care expenses • Full-time associates who are eligible for a medical plan can enroll, regardless of medical coverage status
Dependent Care Flexible Spending Account (FSA) UMR	<ul style="list-style-type: none"> • Set aside up to \$5,000 tax-free (\$2,500 if married and file taxes separately) to pay eligible day care expenses for your dependents • Full-time associates who are eligible for a medical plan can enroll, regardless of medical coverage status
Employee Assistance Program (EAP) Guardian	<ul style="list-style-type: none"> • 24/7 services available to help you and your family with day-to-day work/life issues • Licensed counselors available to chat online or meet in person • Hundreds of resources and services to assist with things like budgeting, will preparation, elder care referrals, substance abuse, suicide prevention, professional development, health and wellness, and much more
Short Term Disability Insurance Guardian	<ul style="list-style-type: none"> • Paid by Choctaw Nation of Oklahoma • Pays a benefit if you are unable to work for a short time due to illness or injury; certain limitations apply • Full-time associates: 60% of salary up to \$2,500 per week • Part-time associates: 70% of salary up to \$150 per week
Long Term Disability Insurance Guardian	<ul style="list-style-type: none"> • Paid by Choctaw Nation of Oklahoma for both full-time associates and part-time associates • Provides up to 60% of pay when you are considered disabled according to plan provisions for more than 90 days
Basic Term Life / AD&D Insurance Guardian	<ul style="list-style-type: none"> • Paid by Choctaw Nation of Oklahoma • Full-time associates have term life insurance coverage equal to 1.5X annual base salary, for a minimum of \$50,000 to a maximum of \$500,000. • All part-time associates who work at least 24 hours per week are provided \$20,000 of term life insurance coverage • Accidental Death & Dismemberment (AD&D) insurance is provided in the same amount as Basic Life
Supplemental Employee Term Life Insurance Guardian	<ul style="list-style-type: none"> • Optional associate-paid benefit • Associate coverage available in \$10,000 increments up to \$500,000 • No health questions required on amounts up to \$250,000 (for those who apply during initial eligibility period) • Full-time associates and eligible part-time associates who work at least 24 hours per week are eligible to participate
Supplemental Dependent Term Life Insurance Guardian	<ul style="list-style-type: none"> • Optional associate-paid benefit • Spouse: Up to 50% of the amount associate elected in Supplemental insurance in \$5,000 increments up to \$250,000 • Child(ren): \$5,000; \$10,000 or \$20,000 not to exceed 100% of associate's supplemental life benefit (associate must be enrolled in Supplemental Life insurance to elect child dependent life insurance) • Full-time associates and eligible part-time associates who work at least 24 hours per week are eligible to participate
Critical Illness Insurance Guardian	<ul style="list-style-type: none"> • Optional associate-paid benefit to supplement coverage for serious illnesses like cancer, a heart attack, or a stroke • Associate coverage available in \$5,000 increments up to \$50,000
Accident Insurance Guardian	<ul style="list-style-type: none"> • Optional associate-paid benefit to supplement for unexpected, qualifying accidents • Coverage available in the amounts of \$50,000 for associates, \$20,000 for spouses, and \$10,000 for children

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 and click Find a Provider or call the toll-free number that will be 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	\$634.51	\$79.13	\$95.47	\$145.62	\$96.00
Associate + Spouse	\$925.37	\$353.11	\$418.68	\$561.18	N/A
Associate + Child(ren)	\$886.42	\$168.61	\$194.91	\$278.21	\$284.18
Family	\$1,402.59	\$365.58	\$432.55	\$602.78	N/A

FULL-TIME ASSOCIATES

ALL-TYPE 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% 2nd visit: \$300 + 20% 3rd visit and beyond: \$400 + 20%	1st visit: \$200 + 10% 2nd visit: \$300 + 10% 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 (% 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). 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, visit cnerx.com and click "Sign Up." For information about this program, email pahickman@cnhsa.com or 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. 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 (Choctaw Nation Employee Prescription Program)	\$0
Specialty Preferred Brand (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

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 October 1, 2025, through October 31, 2026. If you have any other questions, call Wellworks for You at **800-425-4657** or visit wellworksforyoulogin.com.

Signing Up

- Go to 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, or call **888-438-8105**.



Orthopedic Surgery Guidance

To help you and your family members who are seeking either non-invasive orthopedic treatment or surgery, UMR partners with Specialist Management Solutions (SMS) to guide you through the experience – and save you money in the process. And by the way, SMS is included in your health benefits, so there are no extra costs involved!

Enrollment in this program is mandatory prior to any related orthopedic surgery. Failure to enroll in this program before any surgery will impact how the plan covers the procedure.

Why Consider SMS?

The SMS team will provide you with:

- Additional information about your treatment options
- Pre- and post-surgical counseling
- Guidance to lower-cost ambulatory surgery centers
- Access to high-quality, designated providers for musculoskeletal (MSK) procedures

with a Centers of Excellence (COE) surgeon at a COE facility, 100% of your out-of-pocket costs will be waived (deductible and coinsurance if enrolled in a PPO, or just coinsurance if enrolled in the HDHP).

Members who choose not to use a COE will not have their deductible and coinsurance waived, and will be subject to a \$500 additional fee that will NOT be credited toward your out-of-pocket maximum.

How Does It Work?

1. Contact SMS when you or a family member need support with specialty care, or face the possibility of surgery.
2. Learn more about your options and potential costs from an SMS Care Advocate, and receive a referral to a local surgeon or provider who specializes in your condition.
3. Meet with your surgeon or provider, who will work with you to determine the most appropriate setting for your needs if surgery is indicated.

To learn more, call **833-792-0501** and ask to speak directly with an SMS Care Advocate.
If you enroll in the SMS program and have surgery



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. You may also register for one of our weekly webinars at regenexxbenefits.com/webinar?mailer.

Conditions Treated

Ankle/Foot

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

Hand/Wrist/Elbow

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

Hip

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

Shoulder

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

Spine

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

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 \$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
Associate Only	\$0
Associate + Spouse	\$25
Associate + Child(ren)	\$25
Family	\$40

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

	IN-NETWORK	NON-NETWORK PLAN ALLOWANCE
WellVision Exam	100% after \$15 copay	Plan pays up to \$45
Materials	\$30 copay	\$150
Lenses	100% for single vision, lined bifocal, and lined trifocal lenses	<ul style="list-style-type: none"> • Single Vision: Up to \$30 • Lined Trifocal: Up to \$65 • Lined Bifocal: Up to \$50 • Progressive: Up to \$50
Frames	Up to \$160 allowance 20% off amount over allowance	Up to \$70 retail
Contact Lenses	\$160 allowance for contacts and contact lens exam (fitting and evaluation); 15% off the contact lens exam (fitting and evaluation)	Up to \$210 for medically necessary lenses; Up to \$105 for elective/cosmetic lenses
Lens Options	No additional charge for polycarbonate lenses, scratch-resistant coating, tints and dyes Standard, premium, and custom progressive lenses range from \$95-\$175 Average 20%-25% off other lens options	
Glasses and Sunglasses	20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam.	

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

	Vision Plan Monthly Rates
Associate Only	\$6.39
Associate + Spouse	\$12.95
Associate + Child(ren)	\$13.89
Family	\$19.19

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 – \$3,300	\$100 – \$5,000 (\$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 2026 FSA plan year, dependent care expenses must be incurred between January 1, 2026 and December 31, 2026. However, health care expenses may be incurred between January 1, 2026, and March 15, 2027.

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 2026 FSA plan year, all claims must be filed by March 30, 2027.

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 2025), 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.

Contribution Limits

Health Care FSA: You can elect to contribute any amount between \$100 to \$3,300 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.

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.

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

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
Associates (up to age 54)	\$4,400	n/a
Associates (age 55 and older)	\$4,400	\$1,000
Family (filing jointly)	\$8,750	\$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.

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.

VOLUNTARY CRITICAL AND GROUP 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
- Coma (resulting from severe injury lasting 14 consecutive days or more)
- Benign brain tumor
- Stroke
- Spinal tumors
- BRCA1 or BRCA2 mutation
- Bone marrow failure
- Coronary artery disease
- Pacemaker
- Aneurysm
- Pulmonary embolism
- Transient Ischemic Attack (TIA)
- Alzheimer's disease early
- MS early

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

Advantages of the Plan

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

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

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

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

VOLUNTARY GROUP ACCIDENT INSURANCE

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

- For every covered accident, Guardian can pay a benefit based on the injury you sustain and the various treatments and/or services received, regardless of what is covered by medical insurance.
- Plus, Guardian Accident insurance will increase covered benefits by 20% for a child who has an accident while playing organized sports.* The child must be insured by the plan on 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
You	You can purchase a minimum benefit amount of \$2,000, to a maximum of \$300,000 if you're between 15 and 80 years old. The cost is based on your age when coverage is issued and whether you use tobacco.
Your Spouse: Individual Coverage	Available for your spouse between the ages of 15 to 80, even if you don't purchase coverage for yourself. If you leave your employer, you can keep this coverage and be billed at home. You can purchase a minimum benefit amount of \$2,000, to a maximum of \$75,000. The cost is based on your spouse's age and whether they use tobacco.
Your Children: Individual Coverage	Your children and grandchildren can have individual coverage, even if you don't get coverage for yourself. If you leave your employer, your children can keep their coverage. You can purchase a minimum benefit amount of \$5,000, up to a maximum of \$25,000 for each child.
Your Children: Term Life Coverage	You can also purchase a Child Term Life benefit up to \$10,000, which can be added to an employee or spouse policy. Eligible children, legally adopted children and stepchildren are covered from 14 days until the earlier of their 25th birthday or the date your policy ends. At that time, the child has a right to buy an individual Whole Life policy at up to 5 times the amount of their rider.

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 Web ID: Guardian
- TDD/TTY: Dial 711 and enter the toll-free number listed above





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, email benefits@choctawnation.com, or call 800-228-4015.

You may elect to contribute up to a maximum of \$23,500* for 2025. The overall limit for defined contribution plan deferrals from all sources (employer and associate combined) for 2025 is \$58,000.*

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

Help is Easy to Access

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

* Adjusted periodically for cost of living by the IRS.

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 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

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.
- Activated 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 and your Hoshonti/SSO password).
- Should you have any questions, please email 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 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, or visit 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, or visit 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
- Seasonal allergies
- Upper respiratory infections
- Minor injuries, sprains and strains
- Headaches, dizziness, and extreme fatigue
- 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
- Digestive Issues
- Broken Bones
- Chronic Conditions
- Hospitalization
- Hip Dysplasia
- Cancer Treatments
- Prescription Medication
- Alternative and Behavioral Care
- Surgery
- Toxin Ingestion

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.



Choctaw Nation of Oklahoma