



ONEIDA



BENEFIT GUIDE
2020



EMPLOYEE ELIGIBILITY

	Regular Full-Time	Regular Half-Time	Limited Term Full-Time	Limited Term Half-Time	Health Plan Participants	Eligible Dependents
Medical	X		X			X
Ask A Nurse					X	X
Telemedicine					X	X
Prescription Drug					X	X
Flexible Spending Account (FSA)	X	X	X	X		
COBRA					X <i>and/or Dental & Vision</i>	X
Dental	X		X			X
Vision	X		X			X
Short Term Disability	X		X			
Long Term Disability	X		X			
Basic Life / AD&D	X		X			
Voluntary Life	X	X	X	X		
Voluntary Whole Life	X	X	X	X		
Voluntary Critical Illness	X	X	X	X		
Voluntary Accident	X	X	X	X		
Voluntary Short-Term Disability	X	X	X	X		
Employee Assistance Program <i>Oneida</i>	X	X	X	X	X	X
Employee Assistance Program <i>Employee Resource Center</i>					X	X
Employee Health Nursing	X	X	X	X	X	
Onsite Services					X	
401K (<i>age 18 or older</i>)	X	X	X	X	X	

***Part-time employees (less than 20 hours per week) are eligible for Employee Assistance Program through Oneida, Employee Health Nursing, and 401K.

CARRIER RESOURCES

CARRIER	GROUP NUMBER	PHONE NUMBER	WEBSITE
Medical Ask A Nurse	UMR / UnitedHealthcare Group Number: 76-010114	76-010114	1-800-756-5224 1-877-950-5083 www.umar.com
Telemedicine	First Stop Health	76-010114	1-888-699-8507 www.fshealth.com
Prescription Drug	UMR / Rx Benefits		1-800-334-8134 rxhelp@rxbenefits.com
Flexible Spending Account (FSA) COBRA	Benefit Advantage	N/A	1-800-686-6829 www.benefitadvantage.com
Dental	Delta Dental of WI	94251	1-800-236-3712 www.deltadentalwi.com
Dental	Care Plus	PPD185	1-800-318-7007 www.careplusdentalplans.com
Vision	Ameritas / EyeMed	301285	1-800-487-5553 www.ameritas.com
Short Term Disability Long Term Disability	The Hartford	681626	1-888-301-5615 TheHartford.com/GroupBenefits
Basic Life / AD&D	The Hartford	681626	1-888-563-1124 TheHartford.com/GroupBenefits
Voluntary Whole Life Voluntary Critical Illness Voluntary Accident Voluntary Short-Term Disability	Unum	8460497	1-800-635-5597 www.unum.com
Employee Resource Center	Employee Resource Center	N/A	1-800-222-8590 https://ercincorp.com/
401k Retirement	Transamerica	N/A	1-800-755-5801 https://oneida.trsrretire.com

ONEIDA RESOURCES

Voluntary Term Life	<i>Phone: (920) 490-3650 – Self-Administered through Oneida, carrier is The Hartford</i>
Employee Assistance Program	<i>Carol Bauman, MSW, LCSW, EAP MGR: (920) 490-3716 Crystal House, Counselor-IT, EAP Counselor: (920) 490-3706</i>
Employee Health Nursing	<i>Phone: (920) 405-4492</i>
Wellness Onsite Services	<i>Gaming: (920) 429-3150 (x3150) Non-Gaming: (920) 490-3731 (x3731)</i>
Nurse Care Coordinator	<i>Margaret VanDen Heuvel, MSN, RN, Phone: (920) 490-3729</i>
Financial Advisors	<i>General Number: (920) 574-3745 Nathan Van Stippen: (920) 277-3265 Todd Cherry: (920) 475-2202</i>
HRD Employee Insurance	<i>Phone: (920) 490-3650 Fax: (920) 490-3663 Email: HRD_Insurance@oneidanation.org</i>

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your employer. It does not include all of the terms, coverage, exclusions, limitations and conditions of the actual contract language/summary plan descriptions. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issue. It should not be construed as, nor is it intended to provide, legal advice. **NOTE: rates, terms, eligibility, etc., are subject to change. Please check with Employee Insurance for current information.**

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This guide will help you get to know your benefits and your choices for the 2020 plan year. Be sure to learn about your options so you can make informed choices for yourself and your eligible dependents.

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HOLIDAYS & PAID TIME OFF

HOLIDAYS | 11 Paid Holidays

1. New Year's Day
2. Good Friday (1/2 Day)
3. Oneida Code Talkers Day
4. Memorial Day
5. Independence Day
6. Labor Day
7. Veteran's Day
8. Thanksgiving Day
9. Indian Day (Friday After Thanksgiving)
10. Christmas Eve (1/2 Day)
11. Christmas Day

PAID TIME OFF

YEARS OF SERVICE	VACATION DAYS	PERSONAL DAYS
0 - 3	12	6
4 - 7	15	8
8 - 14	20	10
15 +	25	12

PAID TIME OFF

- Time Off To Vote
- Time Off To Donate Blood
- Parental Time (*time off for children's school events*)
- Exercise At Work Time

MEDICAL PLAN

You get the most from your benefits when you take the time to learn about your options and make decisions that are best for you and your family.

You have the freedom to receive care from any licensed provider. However, you generally pay less when you receive care from doctors, hospitals and other health care facilities that participate in the ChoicePlus network. Find a participating health care provider in your area by going to: www.umar.com.

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits Coverage (SBCs) for detailed medical plan coverage information.



CHANGE IN FAMILY STATUS

If a person becomes an eligible dependent through marriage, birth, adoption or placement for adoption, the employee, spouse and newly acquired dependent(s) who are not already enrolled, may enroll for health coverage under this plan during a special enrollment period.

The employee must request and apply for coverage within 30 calendar days of the marriage, birth, adoption or placement for adoption.

WHO IS ELIGIBLE FOR BENEFITS

- All full-time employees working 30 or more hours per week. Please see Employee Insurance for coverage options.
- Your legally married spouse, as defined by the state in which you reside, provided he or she is not covered as an employee under this plan. For purposes of eligibility under this plan, a legal spouse does not include a common-law marriage spouse, even if such partnership is recognized as a legal marriage in the state in which the couple resides. Documentation to determine dependent eligibility will be required by the plan administrator.
- Primary coverage under this plan is not available to the spouse of an eligible employee if the spouse is eligible for health coverage through his or her own employer. If a spouse owns a business, in whole or in part, which offers health insurance to its employees, that spouse is not eligible for primary coverage under the Nation's plan. Secondary coverage may be available to the spouse of an eligible employee after primary coverage is provided by a spouse's employer or owned business.
- Your biological children, stepchildren, legally adopted children (*effective from the date place for adoption*), and dependent under legal guardianship. Up to age 26.

Employees have the right to choose which eligible dependents are covered under the plan provided they meet the definition of an eligible dependent and all plan eligibility requirements.

Note: An employee must be covered under this plan in order for dependents to qualify for and obtain coverage.

Non-duplication of Coverage: Any person who is covered as an eligible employee shall not also be considered an eligible dependent of this plan

MEDICAL PLAN HIGHLIGHTS

UMR / UNITEDHEALTHCARE ChoicePlus Network	\$250 DEDUCTIBLE \$750 DEDUCTIBLE		
	In-Network		Out-of-Network
Deductible			
Single	\$250		\$501
Family	\$750		\$1,503
Out-of-Pocket Maximum			
Single	\$2,925		\$3,425
Family	\$5,850		\$6,850
Lifetime Maximum	Unlimited		
Dependent Eligibility	To Age 26		
Routine / Preventive Care	No Charge / Deductible Waived		40% Coinsurance
	TIER 1	TIER 2	TIER 3
Coinsurance	15%	20%	40%
Office Visit	\$25 Copay Per Visit	\$25 Copay Per Visit	
Primary Care Physician	15% Coinsurance	20% Coinsurance	40% Coinsurance
Specialist	<i>Deductible Waived</i>	<i>Deductible Waived</i>	
Diagnostic Test / Imaging	15% Coinsurance	20% Coinsurance	
X-Ray, Blood Work, CT/PET Scans and MRI	<i>Deductible Waived</i>	<i>Deductible Waived</i>	40% Coinsurance
Outpatient Setting	15% Coinsurance	20% Coinsurance	
Outpatient Surgery			
Facility Fee (<i>e.g. Ambulatory Surgery Center</i>)	15% Coinsurance	20% Coinsurance	40% Coinsurance
Emergency Room Care			
True	15% Coinsurance	15% Coinsurance	15% Coinsurance
Non-True	\$450 Copay Per Visit 20% Coinsurance	\$450 Copay Per Visit 20% Coinsurance	\$450 Copay Per Visit \$20% Coinsurance
Emergency Medical Transportation	15% Coinsurance	15% Coinsurance	15% Coinsurance
Urgent Care <i>see note below</i>	*\$25 OR \$75 Copay 15% Coinsurance <i>Deductible Waived</i>	*\$25 OR \$75 Copay 20% Coinsurance <i>Deductible Waived</i>	40% Coinsurance
Hospital Stay	15% Coinsurance	20% Coinsurance	40% Coinsurance
Mental Health, Behavioral Health, or Substance Abuse Needs	\$25 Copay Per Visit 15% Coinsurance	\$25 Copay Per Visit 15% Coinsurance	40% Coinsurance
Outpatient Services	<i>Deductible Waived</i>	<i>Deductible Waived</i>	
Inpatient Services	15% Coinsurance	20% Coinsurance	40% Coinsurance
Pregnancy			
Office Visits	Covered In Full	Covered In Full	40% Coinsurance
Delivery Professional & Facility Services	15% Coinsurance	20% Coinsurance	40% Coinsurance

Note:

*\$25 Copay per visit applies when treatment is provided at a Prevea or Bellin. \$75 copay applies at Aurora clinic location.

Payor of Last Resort

The Oneida Nation adopted the Payor of Last Resort Rule. This simply means that Oneida Nation health plan will pay last on plan participants medical claims when other insurance is present. Effective January 1, 2020, eligible Oneida Enrolled health plan participants due to age or disability, will be required to enroll in Medicare Part A. Plan participants can enroll by **phone:** 800-772-1213, **online:** www.SocialSecurity.gov , **In-person:** at your local Social Security Office.

HEALTH RISK ASSESSMENT

Oneida Nation offers an annual, voluntary health risk assessment (HRA) to employees and spouses on the Oneida Nation health plan as part of a company sponsored wellness program. The HRA is a tool used to educate employees in their personal health risks through completion of a health questionnaire along with a biometric screening. For those employees on the Oneida Nation health plan there is a financial incentive tied to your health care premiums.

REASONABLE ALTERNATIVE STANDARD PROGRAM

There is an annual voluntary RAS (Reasonable Alternative Standard) program available to all employees with an HRA score of 71 or less. Participants will maintain the \$0 health insurance premium rate with annual participation and completion. It is a 10 month program running from December 1st to September 30th.

2020 annual savings potential with RAS is \$1,040 for Single premium, \$2,080 for Single + 1 and \$2,860 for Family.

“Your health plan is committed to helping you achieve your best health status. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you may qualify for an opportunity to earn the same reward by different means. Contact EHN at 920-405-4492 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.”

Please contact Employee Health Nursing for information on your HRA, RAS, questions or clarification at (920) 405-4492 or to schedule your HRA after April 1st, 2020.

2020 MEDICAL PREMIUMS

HRA SCORE	SINGLE	LIMITED FAMILY	FAMILY
HRA Non-Participant	\$20	\$40	\$55
Completed	\$0	\$0	\$0

PRESCRIPTION DRUG COVERAGE

Refer to the Oneida Nation Summary Plan Description for a thorough explanation of health benefits, including any limitations and/or exclusions that might apply.

UMR / UNITEDHEALTHCARE ChoicePlus Network	\$250 DEDUCTIBLE \$750 DEDUCTIBLE	
	30 Day Supply	31 – 90 Day Supply
Generic (Tier 1)		
Participating OCHC Pharmacy	\$2 Copay	\$5 Copay
Retail Pharmacy	\$10 Copay	\$25 Copay
Preferred Brand Name (Tier 2)		
Participating OCHC Pharmacy	\$20 Copay	\$50 Copay
Retail Pharmacy	\$25 Copay	\$62.50 Copay
Non-Preferred Brand Name (Tier 3)		
Participating OCHC Pharmacy	\$40 Copay	\$100 Copay
Retail Pharmacy	\$50 Copay	\$125 Copay
Specialty Medication (Tier 4)		
Participating OCHC Pharmacy		\$20 Copay
Retail Pharmacy		\$50 Copay

\$0 Copay Medications – 90 day fills available

- Diabetic Insulin, Medications and Testing Supplies
- Generic Anti-Hypertension
- Generic Cholesterol Lowering Medications

\$0 Copay Smoking Cessation Products – Available up to 180 days per calendar year

- Zyban
- Chantix
- Nicotrol (nasal inhaler)

If you take prescription medication, you can cut costs up to 90% by becoming an informed consumer and using the same buying techniques that you use when shopping for other goods and services. As more individuals comparison shop for drugs, more retailers will compete to win their business, which will drive prices lower.

PRESCRIPTION DRUG COVERAGE *(continued)*

These strategies can help you become a savvy prescription drug consumer.

PRICE COMPARISON	Drug prices are not uniform; you can save a considerable amount of money by shopping around.
DRUG SUBSTITUTION	When your doctor prescribes a drug, ask if a cheaper alternative is available.
BULK BUYING	As you may know from your everyday shopping, it's cheaper to buy in bulk. The same is true for drugs. Buying larger quantities at a time generally reduces the per-dose cost of drugs. This is especially true for generics purchased by mail.
MAIL-ORDER PHARMACIES	Mail-order and Internet pharmacies offer the best deals on prescription drugs, especially for patients with chronic conditions.
PILL SPLITTING	<p>Many prescription drugs are available at increased dosages for similar costs as smaller dosages. Prescribing half as many higher-strength pills and having the patient split them to achieve the desired dosage can reduce the cost of some medications as much as 50%.</p> <p>However, pill splitting is not safe for all medications. If a pill is FDA-approved for pill splitting, it will say so on the label or informational insert that comes with the prescription. The FDA recommends pills only be split if FDA-approved and after consulting with your doctor to ensure it is safe.</p>
OVER-THE-COUNTER DRUGS (OTC)	Ask your doctor if an OTC drug will work just as well as a prescription drug. Today there are hundreds of OTC drugs that were previously only available by prescription.
GENERIC MEDICATIONS	Generic medications work as well as brand-name drugs and can cost 20% - 80% less. This applies for both prescriptions and OTC drugs.
PHARMACEUTICAL COMPANY ASSISTANCE PROGRAMS / STATE DRUG ASSISTANCE	Many drug companies and states offer drug assistance programs for the elderly, low-income and/or people with disabilities.
MEDICARE DRUG PLANS	Seniors can combine smart shopping techniques with the Medicare drug plan. All the information you need is available at www.medicare.gov .
SAMPLE	Drug companies give thousands of samples to doctors every year. Your doctor may be able to provide you with weeks' worth of the medication at no charge.

Stay on your medications. If you take medication regularly, don't skip doses or go off your medications to save money. Sticking to your medication schedule will help you avoid health complications that will cost more money in the future.

DENTAL PLANS | OPTION 1 OF 2

Refer to the Delta Dental Group Benefit plan handbook for a thorough explanation of dental benefits, including any limitations or exclusions that might apply.

DEDUCTIBLE	INDIVIDUAL ANNUAL MAXIMUM	DEPENDENT ELIGIBILITY
Single: \$25 Family: \$75	\$2,000	To Age 26

DELTA DENTAL COVERAGE	BENEFIT
Diagnostic and Preventive Services	
Dental Exams / Teeth Cleanings	
Fluoride Treatment	
Bitewing X-Rays	80%
Full Mouth X-Rays	
Sealants	
Space Maintainers	
Basic Restorative Procedures	
Emergency Treatment	
Extractions / Oral Surgery	
Amalgam Restorations; Silver	
Composite Restorations; Tooth Colored	80%
Stainless Steel Prefabricated Crowns	
Anesthetic (<i>as part of a dental procedure</i>)	
Endodontics / Periodontics	
Repairs / Adjustments to Prosthetic Appliances	
Major Restorative Procedures	
Crowns	65%
Inlays / Onlays	
Prosthetics	
Orthodontics (to age 26)	50%
Lifetime Maximum	\$2,000

PREMIUM INFORMATION

Coverage	Employee Weekly Amount
Single	\$1.84
Limited Family	\$3.68
Family	\$4.89

EVIDENCE BASED INTEGRATED CARE PLAN

Provide additional cleaning(s) and/or fluoride treatments for people with certain conditions (see summary plan description for full explanation).

DENTAL PLANS | OPTION 2 OF 2

Refer to the Care Plus Group Benefit plan handbook for a thorough explanation of dental benefits, including any limitations or exclusions that might apply. Please note, by electing this plan option, you and your covered family members can only seek treatment at a Dental Associates location.

DEDUCTIBLE	INDIVIDUAL ANNUAL MAXIMUM	DEPENDENT ELIGIBILITY
Single: \$0 Family: \$0	\$2,000	To Age 26

CARE PLUS COVERAGE	BENEFIT
Diagnostic and Preventive Services	
Oral Dental Exam	
X-Rays	
Cleanings	100%
Bitewings	
Fluoride Treatment	
Sealants	
Space Maintainers	
Basic Restorative Procedures	
Amalgam and Composite Fillings	100%
Endodontics / Periodontics	
Oral Surgery (<i>surgical extractions</i>)	
Major Restorative Procedures	
Anesthesia	
Crowns	100%
Prosthetics	
Endodontics / Periodontics	
Oral Surgery	
Implants	80%
Orthodontics (to age 26)	50%
Lifetime Maximum	\$2,000

PREMIUM INFORMATION

Coverage	Employee Weekly Amount
Single	\$1.69
Limited Family	\$3.39
Family	\$4.50

VISION PLAN

AMERITAS

You can choose to enroll yourself and family members in Oneida Nation’s vision plan. This plan allows for you to obtain vision exams and materials and provides substantial cost savings if you and/or your family members require vision care.

Dependent Eligibility: the day before turning age 26

AMERITAS EYEMED NETWORK	In-Network	Out-Of-Network
Frequency Limitations		
Eye Examination	Once Every 12 Months	
Lenses	Once Every 12 Months	
Frames	Once Every 24 Months	
Contact Lenses	Once Every 12 Months	
Deductible Exams or Materials	\$0	
Copayment	\$0 Exam	\$0 Materials
Vision Benefits		
Vision Examination	Covered In Full	Up To \$40
Contact Lens Fitting	Covered In Full	Up To \$40
Frames	Up To \$130	Up To \$45
Lens Benefit		
Single Vision	Covered In Full	Retail Value To \$40
Bifocal	Covered In Full	Retail Value To \$60
Trifocal	Covered In Full	Retail Value To \$80
Contact Lens Benefit		
Medically Necessary W/ Pre Auth.	Covered In Full	Retail Value To \$210
Elective	\$125	Retail Value To \$125
In Lieu of Spectacle Lenses	Yes	Yes

PREMIUM INFORMATION

Coverage	Employee Weekly Amount
Single	\$0.47
Limited Family	\$0.87
Family	\$1.15

DISABILITY & BASIC LIFE / AD&D

SHORT TERM DISABILITY PLAN | The Hartford

Elimination Period	14 days
Length of Benefit	11 weeks
Amount of Benefit	60% of weekly earnings to Max. of \$1,800 / week

LONG TERM DISABILITY PLAN | The Hartford

Elimination Period <i>(minimum amount of time you must be medically disabled)</i>	90 days
Length of Benefit – Maximum Benefit Duration	5 years
Amount of Benefit	60% of monthly earnings to a Max of \$5,000. Beyond 24 months, 80% of monthly earnings to a Max. of \$5,000.

BASIC LIFE / AD&D PLAN | The Hartford

Amount of Life Insurance Benefit	\$50,000
Age Based Benefit Reduction	Reduces by 50% at age 70
Amount of AD&D Insurance	\$50,000

FLEXIBLE SPENDING ACCOUNT (FSA)

BENEFIT ADVANTAGE

A flexible spending account is designed to help pay for healthcare expenses and/or dependent daycare expenses on a pre-tax basis. You can set aside funds through regular payroll deductions based on your anticipated expenses.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT

A healthcare FSA is used to pay expenses not covered by your medical, dental, or vision insurance. These expenses include deductibles, coinsurance, co-pays, medications, and other eligible expenses. To begin, estimate the amount you will spend on out-of-pocket healthcare expenses during the plan year (calendar year). The amount you elect to contribute will be deducted from your paycheck in equal amounts each pay period.

For 2020, employees can contribute up to \$2,750 into their Health FSA. Please note, this amount is determined by the IRS and subject to change each year. Any unused account dollars up to a maximum of \$500 may be rolled over into the following year.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

A dependent care FSA is used for daycare expenses for eligible children and adults. Qualified expenses for reimbursement include: adult and child daycare centers, preschool, before/after school care. Through regular payroll deductions, you can set aside part of your income to pay for these expenses on a tax-free basis. The maximum contribution for dependent care is \$5,000. Please note, this amount is determined by the IRS and subject to change each year.

NOTE: you must re-enroll each year to participate in this benefit plan.

PLEASE REFERENCE

<https://www.irs.gov/publications/p502/index.html>

FOR A COMPLETE LIST OF ELIGIBLE HEALTH CARE EXPENSES

401 RETIREMENT PLANS

Oneida Nation offers the option to save money for retirement. Transamerica Retirement Solutions is the 401 vendor for:

- Traditional 401 (*pre-tax contributions*)
- Roth 401 (*post-tax contributions*)

DOLLAR FOR DOLLAR, UP TO 4% MAXIMUM, MATCHED BY ONEIDA NATION

To enroll or make changes to your 401, contact Transamerica
Toll-free at 1-800-755-5801
Online: <https://oneida.trretire.com>

NEED FINANCIAL ADVICE?

Valley Investment Solutions offers free financial advice to Oneida employees

General Number	920-574-3745
Nathan Van Stippen	920-277-3265 NATHAN@visadvisors.com
Todd Cherry	920-475-2202 TODD@visadvisors.com

401k VESTING SCHEUDLE

Less Than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%



VOLUNTARY BENEFITS

VOLUNTARY SHORT TERM DISABILITY UNUM	Plan 1	Plan 2
Elimination Period	14 Days	7 Days
Length of Benefit	10 Weeks	11 Weeks
Amount of Benefit Standalone	60% Income	60% Income
Amount of Benefit with Oneida STD plan	75% Income	75% Income

VOLUNTARY TERM LIFE | The Hartford

Amount of Life Insurance Benefit	Employee: \$10,000 increments to a max of 5x annual earnings. Spouse: up to 100% of EE amount (not to exceed \$250,000)
Guarantee Issue	Employee \$200,000 Spouse \$25,000 Children: \$10,000
Amount of AD&D Insurance	Matches life amount

VOLUNTARY WHOLE LIFE | UNUM

Amount of Life Insurance Benefit <i>Age Based Benefit Reduction</i>	Employee - \$2,000 - \$300,000 Spouse - \$2,000 - \$75,000 Child - \$5,000 - \$50,000
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VOLUNTARY CRITICAL ILLNESS | UNUM

With critical illness coverage, you'll receive a lump sum benefit after a serious illness or a condition such as a heart attack, stroke, or major organ transplant is diagnosed. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Additional Feature

- \$75 wellness benefit per calendar year. Please see Unum detailed packet for eligible preventative procedures.

VOLUNTARY ACCIDENT PLAN | UNUM

A voluntary accident plan offers coverage for accidents, injuries, or ambulance services, in addition to your primary medical insurance. It's also available to your spouse and children – a plan that can protect your whole family.

Key Features

- Helps pay deductibles
- Benefits are paid directly to you
- There are no calendar year maximums

VALUE ADDED HEALTH PLAN BENEFITS

PLEASE NOTE

PAGES 16 – 22 REFLECT BENEFITS AVAILABLE TO MEMBERS
ENROLLED ON ONEIDA NATIONS MEDICAL PLAN

WELLNESS ONSITE CLINICS

SERVICES

Healthy lifestyle and natural health strategies
Same day visits for cough, colds, rashes, etc.
Chiropractic services

Medication & condition management
RAS counseling
Stress management

BENEFIT FOR ONEIDA NATION EMPLOYEES

- There are no charges or copays to you for these services
- All health records and visit information will remain locked and confidential

CLINICIANS



Suzanne Eickert, chiropractor & nurse practitioner, *Gaming & Programs Clinics.*

Suzanne has more than 25 years of experience in nursing and chiropractic care. She is also certified as a traditional naturopath, incorporating natural approaches into traditional medical care, based on clients' wants and needs.

seickert@oneidanation.org



Kristy Sipple, chiropractor, *Gaming Clinic.*

Kristy has over 10 years of chiropractic experience. She is certified in nutrition and kinesotaping. She enjoys providing exercises, stretching and nutrition to her patients to help them meet all their health and wellness goals. ksipple@oneidanation.org



Tammy Weyenberg, nurse practitioner, *Gaming & Programs Clinics.*

Tammy has over 10 years of experience providing primary medical and wellness care. She has a special certification for helping with anxiety, depression, insomnia, stress, and grieving. tweyenbe@oneidanation.org



Scott Capesius, chiropractor, *Programs Clinic.*

Scott has more than 20 years of experience as a traditional chiropractor. Since 2002, Scott has been certified by the American Chiropractic Neurology Board. Neurology certification allows better service those suffering with nerve or brain-based conditions. scapesiu@oneidanation.org

WELLNESS ONSITE CLINICS (*continued*)

LOCATIONS

Gaming - Main Casino: 920-429-3150 (x3150)

All gaming employees on the Oneida Health Plan and Spectra-insured employees
Located near the employee locker rooms, across from the vending and ATM machines
Monday, Tuesday, Wednesday & Thursday hours

Non-Gaming - Social Services Building: 920-490-3731 (x 3731)

All non-gaming employees on the Oneida Health Plan
Located in Room B117, on the main floor - enter through the front main entrance reception
Monday, Tuesday, Wednesday, & Thursday hours

HOURS

- Hours are posted on the clinic doors
- The most up-to-date schedules can be found by logging into the Appointment Plus scheduling system and checking the particular provider you are looking for

HOW TO SCHEDULE AN APPOINTMENT

Appointment Plus Scheduling System: Access by a link on your desktop with this icon:



- This link allows you to **create an account, schedule, re-schedule** and **cancel appointments**.
- The employee view shows openings over the upcoming 4 weeks.
 - If you don't see any available openings, the clinician's schedule is full over the 4 weeks.
 - Contact the clinician via a method listed below to request an appointment.
- If your information changes, such as name, contact information, or department, please login and update the system or let the clinicians know to update your account for you.
- Include an email address if you would like to receive reminder emails one to two days prior to your appointment.
- Cancelling at your earliest convenience, either by logging in at any time or calling during office hours improves access for others who are waiting to get in.
- **Gaming employees (Main Casino)**
 - The account only requires your employee badge number for login.
 - Access via your personal desktop or in the employee computer room.
- **Non-Gaming Employees (Social Services Building)**
 - The account will prompt you to create a password.
 - If you forget your login information, do not create another account to avoid appt. information being missed. Simply let one of the clinicians know for a reset link to be emailed to you.

OTHER SCHEDULING OPTIONS

- **Walk in** if door is open
- **Email** the clinician you are interested in scheduling with
- **Voicemail** is available for appointment requests, changes, or cancellations

Important Notes on Email and Voicemail

- Please understand that all clinicians staff the offices on a **part-time basis**, therefore, there may be a delay of several days in getting back to you via email or voicemail.
- Personal medical information is **not secure** in emails and voicemails; avoid including any information you want to remain confidential.
- **Seek appropriate medical attention** for emergency and urgent conditions rather than waiting for a clinician response.

HOW CAN I HELP YOU?

A GOOD MIND. A GOOD HEART. A STRONG FIRE.



**Margaret VanDen Heuvel,
MSN, RN**

Registered Nurse Care Coordinator

*Supporting Employee
Health Plan Participants
and Covered Dependents*



Phone: 920-490-3729
E-mail: mvandenh@oneidanation.org

WHO is eligible to utilize my services?

- Available to Oneida Gaming Employees, Programs Employees, and Covered Dependents who have **Oneida UMR (UHC) Health Plan Benefits**

WHAT is a Nurse Care Coordinator?

- I'm your "go-to" person who supports your care and helps you access the health system resources you need to achieve and maintain your health and well-being.
- I seek to empower you to be an active participant in your health and help you get what you need to make the best decisions regarding your health care plan benefits.
- I work with other care team members to make sure you're well informed about your care and will follow up with you to answer any questions.

HOW does the process work?

- I may reach out to you or you can contact me at 920.490.3729.
- I want you to feel "at home" with the resources available through your Oneida Nation health insurance and reduce your visits to the Emergency Department and Urgent Care.
- My services are available at no charge.

WHERE is my office located?

- Social Services Building on 2640 West Point Road, Room 309.
- I can also come to you.

WHEN am I available?

- Tuesday through Thursday
- 8AM to 4PM

TELEMEDICINE



WHAT TO EXPECT

- Diagnosis and treatment conveniently by phone
- Prescriptions when appropriate
- Available 24 / 7 / 365
- No Copays or fees to use the service
- Unlimited consultations
- U.S.-based, licensed physicians
- Includes your covered dependents
- Just call **888-699-8507** and provide your UMR **Group Number 76-010114**.
Within just a few minutes, you can be talking to a doctor!

Top 10 Reasons Members Call First Stop Health	
1	Sore Throat
2	Cough
3	Sinus Infection
4	Urinary Tract Infection
5	Skin Rash
6	Eye Infection
7	Ear Ache
8	Upset Stomach
9	Muscle/Joint Pain
10	Medication Refill

Avg Wait Times	
Dr. Office	19 Days
Urgent Care	2 Hours
ER	4 Hours
	Less than 5 minutes!



Health Plan Access To Convenient Health Services

The Pulse

Risk Management & Employee Benefits



WELLNESS ON-SITE CLINICS

Employee Cost: \$0

ONEIDA GAMING EMPLOYEES
920-490-3150

Location in the Main Casino

NON-GAMING EMPLOYEES
920-490-3731

Social Services Building
2640 West Point Rd., Green Bay, WI 54303

NURSE CARE COORDINATOR
920-490-3729

Social Services Building
2640 West Point Rd., Green Bay, WI 54303
One-On-One Assistance with your health needs

EMPLOYEE HEALTH NURSING
920-405-4492

701 Packerland Dr., Green Bay, WI 54303



Wellness On-Site
Scheduling

IN-NETWORK RETAIL CLINICS (FAST CARE or Quick Care) Employee Cost: \$0

Many services can be rendered and common medical conditions can be treated at retail clinics:

Bronchitis	Minor Rashes	Ringworm
Diarrhea	Minor Lower	Seasonal
Ear Infection	Back Pain	Allergies
Ear Wax Removal	Mononucleosis	Sinus Infection
Female Bladder Infection	Motion Sickness	Sore Throat/ Strep Throat
Influenza	Nausea/Vomiting	Wart Removal
Insect Stings	Pink Eye	
	Poison Ivy	

AURORA RETAIL QUICKCARE CLINICS AT WALGREENS

Ashwaubenon	Howard	Oshkosh
2301 Oneida St. (920) 497-7783	464 Cardinal Ln. (920) 434-3880	950 S. Koeller St. (920) 232-0718

Hours All Locations:
Mon.-Fri.: 9am-6:30pm • Sat.: 9am-4:30pm
Sun.: 10am-3:30pm

BELLIN HEALTH FAST CARE RETAIL CLINICS *Patients must be 18 months or older*

Green Bay East 1976 Lime Kiln Rd. (920) 445-7377 M-F: 9:30am-7:30pm Sat.: 8:30am-5pm Holiday: 10am-2pm	Green Bay West At Meijer 2015 Shawano Ave. (920) 445-7377 Hours: TBD	Marinette 3200 Shore Dr. (920) 445-7377 M-F: 9:30am-7:30pm Sat.: 8:30am-5pm Holiday: 10am-2pm
Sturgeon Bay 311 N. 3rd St. (920) 445-7377 M-F: 7:30am-5pm		

URGENT CARE CENTERS Employee Cost: see below

Call Location For Hours

URGENT CARE CENTERS are stand alone clinics or located in clinics or hospitals, and, like emergency rooms, offer after-hours care. Unlike emergency rooms, they are not equipped to handle life-threatening situations. Instead, they handle conditions that require immediate attention — those where delaying treatment could cause serious problems or discomfort. Examples of conditions that require urgent care are:

Animal and insect bites	Broken bones	Urinary tract infections	High fever
Asthma – mild to moderate	Cold and flu symptoms*	Rashes and burns*	Sinus infections*
Cuts without excessive bleeding but requiring stitches	Ear infections*	Severe cough and/or sore throat*	Sprains
	Minor infections*		Vomiting
			X-Rays

*Conditions can generally be treated at \$0 copay retail clinics.

Employee Cost: \$25 Copay + Coinsurance BELLIN URGENT CARE LOCATIONS

Ashwaubenon 1630 Commanche Ave. (920) 433-6000	Bellevue 3263 Eaton Rd. (920) 433-6000	Oconto 820 Arctus Ave. (920) 835-1100	Marinette 2820 Roosevelt Rd. (715) 735-5225
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Employee Cost: \$25 Copay + Coinsurance PREVEA URGENT CARE LOCATIONS

Ashwaubenon 2502 S. Ashland Ave. (920) 496-4700	East Mason 3021 Voyager Dr. (920) 496-4700	Sheboygan 1411 N. Taylor Dr. (920) 457-4858	Kewaunee 1020 Marquette Dr. (920) 388-0144
Howard 2793 Lineville Rd. (920) 496-4700	Green Bay 102 N. Washington St. (920) 496-4700	Oconto Falls 835 S. Main St. (888) 277-3832	
East De Pere 3860 Monroe Rd. (920) 496-4700	Pulaski 940 S. St. Augustine St. (920) 822-5444	Shawano 1300 E. Green Bay St. (715) 201-0870	

Employee Cost: \$75 Copay + Coinsurance AURORA URGENT CARE LOCATIONS

(Note: Be sure to request urgent care, hospital billing may apply)

Green Bay - West 2253 W. Mason St. (920) 327-7240	De Pere 1881 Chicago St. (920) 403-8291	Marinette 4061 Old Peshigo Rd. (715) 732-8090	Two Rivers 2219 Garfield St. (920) 793-7000
Green Bay - East 2845 Greenbrier Rd. (920) 288-4040	Manitowoc 3509 Dewey St. (920) 686-5731	Sheboygan 2414 Kohler Mem. Dr. (920) 457-4460	

First Stop Health 24/7/365 • Telemedicine 888-699-8507 • (GROUP #76-010114)
UNCERTAIN? Ask A Nurse by calling Nurse Line 24/7 at 877-950-5083



smart choice MRI™

Smart Choice MRI is accredited by the American College of Radiology and has garnered an “A” rating from American Imaging Management (AIM), an independent evaluator of clinical imaging. In addition, they utilize the same board-certified, sub-specialized radiologists and MRI technology as the Cleveland Clinic, recently ranked among the country’s top four hospitals by U.S. News & World Report.

SMART CHOICE MRI HAS 5 LOCATIONS IN WISCONSIN

1. **Appleton:** 3525 Calumet Street, Appleton, WI 54915
2. **De Pere:** 1716 Lawrence Drive, De Pere, WI 54115
3. **Kenosha:** 7224 118th Avenue, Kenosha, WI 53142
4. **Milwaukee:** 1621 Miller Park Way, West Milwaukee, WI 53214
5. **Richfield:** 3010 Helsan Drive, Richfield, WI 53076
6. **Waukesha:** 2005 Silvernail Road, Waukesha, WI 53072

Should you have questions, we encourage you to contact Employee Insurance or visit smartchoicemri.com or call: (844) 633-3674.

INFORM YOUR DOCTOR YOU WANT TO UTILIZE SMART CHOICE MRI FOR OUT-OF-POCKET SAVINGS

Power to the patient.

On average, an MRI costs \$2,600.
Ours cost \$600 or less. Every time.



Employee Health Nursing Services

Walk in Services:

- Early Return to Work
- Health & Wellness Education
 - Immunizations
- Injury/Illness Evaluation



Monitor:

- Blood Pressure
- Blood Sugar
- Weight Management
- Case management

Other:

- Oneida Blood Drive
- Presentations



Services by appointment:

- Cholesterol screening
- HRA (Health Risk Assessment)
(During announced HRA period)
- RAS (Reasonable Alternative Standard)
 - Tobacco Cessation
- Workplace Ergonomic Assessments



Training Programs:

- Bloodborne Pathogens
 - CPR & First Aid
- Respiratory Protection
- Safety / Injury Prevention



701 Packerland Drive
920-405-4492
Monday – Friday 7:00 – 4:30

MENTAL HEALTH BENEFITS

ERC

At one time or another, nearly all of us will experience a significant personal or work related concern. ERC (Employee Resource Center) consultants are available to help you resolve these issues. ERC is an employee benefit provided by the Oneida Nation. ERC counselors are available to employees, plan covered dependents and household members. ERC assistance is confidential, professional, and their location is secluded from Oneida Nation workplaces. The program's goal is to keep employees and dependents healthy and productive through prevention, early intervention and brief solution-focused assistance.

ERC HELPS PEOPLE WITH THESE CONCERNS:

- Marital or relationship conflict
- Parenting or family issues
- Domestic violence and abuse
- Depression and Anxiety
- Work-related issues
- Stress
- Grief counseling
- Trauma
- Substance abuse
- Information and referral services for issues such as child/elder care and finances

UTILIZATION

All plan covered employees can seek counseling through ERC. Up to 10 sessions per issue are available to employees and family household members at no cost.

ONEIDA EMPLOYEE ASSISTANCE PROGRAM (EAP)

Oneida EAP is another channel to seek counseling services. This is available to all employees at no cost.

BEHAVIORAL HEALTH SERVICES

Confidential services such therapy, psychological evaluations, support groups, medication management and case management. *All tribal members are eligible for behavioral health services.*

ERC & EAP "GATEWAY" INCENTIVE PROGRAM

If the Employee Resource Center or Oneida's EAP refers you to an in-network psychologist or psychiatrist for additional services, your office visit copays and coinsurance are waived and those services are free. If you have not met your deductible, your deductible would apply until met. Typically, 4 visits to a provider for mental health or substance treatment could cost you as much as \$400. If you utilize the "Gateway" program through Employee Resource Center (ERC) or Oneida EAP, it would cost you nothing.



Alcohol and Other
Drug Addiction Resources

Contact your Primary Care Physician or go to the nearest Emergency Room for immediate detox services.

**Call ERC at 1-800-222-8590
for support or guidance on resources
available to you.**

Please be advised to check with your health insurance plan to verify in-network providers.

AODA SUPPORT GROUPS:

Alcoholics Anonymous*
Green Bay (920) 432-2600
Fox Valley (920) 997-0221

Al Anon
www.al-anon.org
*Group support for family & friends of
someone dealing with an addiction*

The Bridge, Inc
Green Bay (920) 465-6878

* Signifies adult only services

AODA TREATMENT
PROGRAMS:

Bellin Psychiatric Center
*Assessment, Outpatient
Counseling, Intensive
Outpatient & Detox*
(920) 433-3630
301 E. St. Joseph's St
Green Bay, WI 54301

Brown County Community
Treatment Center
Outpatient Counseling
(920) 391-4700
3150 Gershwin Dr
Green Bay, WI 54311

Jackie Nitschke Center*
*Outpatient Counseling, Family,
Intensive Outpatient &
Residential Programs*
(920) 435-2093
630 Cherry St
Green Bay, WI 54301

Libertas
*Intensive Outpatient &
Residential Programs
(youth only)*
(920) 498-8600
1701 Dousman St
Green Bay, WI 54303

NOVA Counseling Services*
*Outpatient, Intensive
Outpatient & Residential
Programs*
(920) 231-0143
3240 Jackson St
Oshkosh, WI 54901

St. Elizabeth Hospital
*Outpatient Counseling,
Intensive Outpatient Program
& Detox*
(920) 738-2000
1506 S. Oneida St
Appleton, WI 54915

Thedacare Behavioral Health
*Outpatient Counseling,
Intensive Outpatient Program
& Detox*
(920) 720-2300
1095 Midway Rd
Menasha, WI 54952

GAMBLING:

Gambler's Anonymous
(800) 426-2535
Green Bay (920) 437-8888
Appleton (920) 730-0353

LEGAL:

Legal Action of Wisconsin
(920) 432-4645
Hotline (800) 362-9082

FINANCIAL ASSISTANCE:

Catholic Charities
*Budget Counseling
Open to all faiths*
(920) 272-8234
charitiesgb@gbdioc.org
1825 Riverside Dr
Green Bay, WI 54301

FISC – Main Office
(800) 366-8161
1800 Appleton Rd
Menasha, WI 54952

FISC – Green Bay
(920) 569-1598
1660 W. Mason St
Green Bay, WI 54303



Mental Health Resources

**Call ERC at 1-800-222-8590
for support or guidance on resources
available to you.**

Check with your health insurance plan to
verify in-network providers.

CRISIS:

Brown County Crisis Center
(920) 436-8888

Oconto County Crisis
(920) 834-7000 or St. Clare Hospital
(920) 846-3444 (after hours)

Outagamie County Crisis
(920) 832-4646

Shawano County Crisis
(715) 526-3240

HOPE Text line
24/7 Phone Text and Crisis support
Text HOPELINE to 741741

National Suicide Prevention
(800) 273-8255

SEXUAL ASSAULT:

Brown County (920) 436-8899
Fox Cities (920) 733-8119

**MENTAL HEALTH
SUPPORT GROUPS:**

NAMI (National Alliance on
Mental Illness)
*Support groups for those with mental
illness, and teenagers struggling*
Brown County
(920) 430-7460
Fox Valley
(920) 954-1550

**MENTAL HEALTH
INPATIENT TREATMENT:**

Bellin Psychiatric Center
Green Bay (920) 433-3630

Brown County Community
Treatment Center
Green Bay (920) 391-4700

St. Elizabeth Hospital
Appleton (920) 738-2000

Thedacare Medical Center
Neenah (920) 729-3100

DOMESTIC VIOLENCE:

Golden House, Green Bay
(920) 435-0100

Harbor House, Appleton
(920) 832-1666

Rainbow House
Oconto (920) 834-5299
Marinette (715) 735-6656

Safe Haven
Shawano: (715) 526-3421

GRIEF SUPPORT:

Diocese of Green Bay
Open to all faiths
[www.gbdioc.org/parish-planning-
and-pastoral-services/](http://www.gbdioc.org/parish-planning-and-pastoral-services/)

S.O.S. (Survivors of Suicide)
Green Bay (920) 339-8952

Unity Hospice
Open to all with grief for loss
(920) 338-1111

OTHER RESOURCES:

Aging & Disability Resource
Center (ADRC)
Brown County
(920) 448-4300
Outagamie County
(920) 832-5145
Wolf River Region
(855) 492-2372

Family Services of
Northeastern Wisconsin
www.familyservicesnew.org
(920) 436-8888

Foundations
www.foundationsgb.org
(920) 437-8256

United Way
Any question: 2-1-1

Brown County
www.browncountyunitedway.org

Fox Cities
www.unitedwayfoxcities.org

MyConnection
www.MyConnectionNEW.org
*A searchable website to navigate
local mental health and substance
abuse services.*

Enhancing lives. Maximizing organizational performance.



Health & Wellness

COACHING

for Oneida Health Plan Employees

COACHING



What is Wellness Coaching?

A partnership with a coach, providing the structure, accountability, expertise, and inspiration to enable you to learn, grow, and develop beyond what you can do alone.

SKILLS



Our FREE coaching services include:

- Full assessment
- Coaching sessions (in person or by telephone)
- Personalized health education
- Resources to help you become successful

CREATIVITY



Take action to create the lifestyle you want with Oneida Health Promotion Wellness Coaching.

With a coach by your side, you can target the results you want, set goals to get there, and make them come to life!

- Have trouble sticking to health-related goals?
- Struggle with work/life balance?
- Find it difficult to prioritize your health?
- Want to make healthy changes to your lifestyle but not sure where to start?
- Want to lower your health insurance premium by improving your health risk score?

If you answered "YES" to any of these questions, health and wellness coaching may be a great option for you.

REGISTRATION

Register online at:
<https://oneida-nsn.gov/resources/health/health-promotions/online-registration/>

For more information, call:
920-490-3927 or email
HealthPromotion@oneidanation.org

FACTS

82% Improved Health Behaviors

82% of our participants increase physical activity, eat healthier, reduce stress, or quit smoking.

53% Reduced Diabetes Risk

53% of our participants who wanted to lose weight, lost at least 5% of their body weight.



HEALTH & WELLNESS BENEFIT SUMMARY

NO COST TO YOU

- Employee Health Nursing services
- UMR 24 / 7 / 365 Nurse Line or Live Chat
- 24 / 7 / 365 Telemedicine*
- 2 Wellness Onsite Clinics*
- Nurse Care Coordinator services*
- Retail/Quick Care Clinics*
- \$0 copay Medications – generic blood pressure and cholesterol, diabetic supplies, smoking cessation*
- Annual Physical, Mammogram and Colonoscopy*
- Hearing screenings*
- Oneida Family Fitness Center membership*
- Counseling – Oneida EAP (*internal*). If you are referred for additional treatment the copays and coinsurance are waived so outpatient treatment is no cost to you.
- Counseling – ERC (*external*) up to 10 visits. If you are referred for additional treatment the copays and coinsurance are waived so outpatient treatment is no cost to you.*
- \$0 copay chiropractic manipulations. Annual chiropractic max of \$1,000.*

*Health Plan Participants

INCENTIVES

- Preventative Services, HRA and RAS

PREVENTIVE WELLNESS INCENTIVES – \$\$ WHAT CAN I EARN \$\$

Oneida employees and spouses on the medical plan have an opportunity to receive incentives for completing the following services:

For the following services:

- Annual Physical
- Prostate Exam
- Annual Mammogram
- Colonoscopy

You can receive \$50 taxable incentive on a future payroll check once per eligible procedure per participant in a calendar year. Turn in required form to Employee Insurance within 6 months of service. Please allow 2-4 weeks for processing. Form can be found on the Oneida Portal: Employee/Benefits/Documents/Employee Wellness Incentive Reimbursement Form.

YOU CAN SEND ONE OF THREE WAYS

- Scan to HRD_Insurance@oneidanation.org
- Fax to (920)490-3663
- Drop off at Skenandoah Complex, 909 Packerland Drive

COPAY & COINSURANCE APPLY

- Primary Care Physician
- Urgent Care Clinics
- Up to 4 dental cleanings per year for specific qualified medical conditions
- Psychiatrist Treatment (*2 telephone counseling visits per month*)

REQUIRED FEDERAL NOTICES

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

<p align="center">ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
<p align="center">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p align="center">IOWA – Medicaid</p> <p>Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563</p>
<p align="center">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Website: https://chfs.ky.gov Phone: 1-800-635-2570</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>

MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

HIPAA PRIVACY NOTICE

If you have any questions about this notice, please contact the Human Resources office.

Who Will Follow This Notice

This notice describes the medical information practices of Oneida Nation's group health plan (the "Plan") and that of any third party that assists in the administration of Plan claims.

Our Pledge Regarding Protected Health Information

We understand that your protected health information and your health is personal. We are committed to protecting your protected health information. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of your protected health information created in the doctor's office or clinic. This notice will tell you about the ways in which we may use and disclose your protected health information. It also describes our obligations and your rights regarding the use and disclosure of protected health information. We are required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to you protected health information
- Give you this notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions about your protected health information that we maintain, as allowed or required by law. We will provide you with a copy of our revised Notices of Privacy Practices if we make any material change by direct mail or hand delivery.

How We May Use and Disclose Your Protected Health Information

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment (as described in applicable regulations). We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose protected health information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicated with prior prescriptions.

For Payment (as described in applicable regulations). We may use and disclose your protected health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

HIPAA PRIVACY NOTICE *(continued)*

For Health Care Operations (as described in applicable regulations). We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating and other activities relating to Plan coverage, submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

As Required By Law. We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order, in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety. We may use and disclose protected health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, your protected health information may be disclosed to certain employees of the Employer. Those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required or permitted by HIPAA. Your protected health information may not be used for employment purposes without your express authorization.

Disclosure to Health Plan Sponsor. Information may be disclosed to another health plan (as described by HIPAA) maintained Oneida Nation for purposes of facilitating claims payments under that plan.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, we may release protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

COBRA NOTICE

If you choose continuation coverage, Oneida Nation is required to give you coverage which, as of the time coverage is being provided, is identical to coverage provided under the plan to similarly situated employees or family members. The law requires that you be afforded the opportunity to maintain continuation coverage for three years unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation period is eighteen months. However, the law also provides that your continuation coverage may be cut short for any of the following reasons:

1. Oneida Nation no longer provides group health coverage to any of its employees
2. The premium for your continuation coverage is not paid
3. You become an employee covered under another group hospital plan that does not have a pre-existing condition provision
4. You become eligible for Medicare
5. You were divorced from a covered employee and subsequently remarry and are covered under the new spouse's group health plan

You do not have to show that you are insurable to choose continuation coverage. However, under the law, you may have to pay all or part of the premium for your continuation coverage.

CREDITABLE COVERAGE NOTICE

Important Notice from Oneida Nation About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Oneida Nation and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Oneida Nation has determined that the prescription drug coverage offered by the UMR is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

CREDITABLE COVERAGE NOTICE *(continued)*

What happens to your current coverage if you decide to join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Oneida Nation coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Oneida Nation coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Oneida Nation and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Oneida Nation, changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the Medicare & You handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

CREDITABLE COVERAGE NOTICE *(continued)*

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: _____ / _____ / _____

Name of Entity/Sender: Oneida Nation

Contact: Human Resources

Address: P.O. Box 365 Oneida WI, 54155

Phone Number: (920) 490-3650

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-185

WOMEN'S HEALTH AND CANCER RIGHTS ACT ENROLLMENT NOTICE

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call Employee Insurance.