



ONEIDA



BENEFIT GUIDE

2021

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	Diversified Benefit Services (DBS)	N/A	1-800-234-1229 1-262-367-3300 x280 or x242	www.dbsbenefits.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 Assistance Program	Employee Resource Center	N/A	1-800-222-8590	https://ercincorp.com/
401k Retirement	Transamerica	N/A	1-800-755-5801	https://oneida.trsretire.com

ONEIDA RESOURCES

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

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 2021 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

- Funeral/Bereavement Time
- 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 UnitedHealthcare 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

**Summary Plan Descriptions & Summary of Benefits, as required for medical benefit plans, are available to all plan participants. For additional information contact Employee Insurance at 920-496-3650.*

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	Deductible Waived	Deductible Waived	
Diagnostic Test / Imaging	15% Coinsurance	20% Coinsurance	
X-Ray, Blood Work, CT/PET Scans and MRI	Deductible Waived	Deductible Waived	40% Coinsurance
Outpatient Setting	15% Coinsurance	20% Coinsurance	
Outpatient Surgery			
Facility Fee (e.g. Ambulatory Surgery Center)	15% Coinsurance	20% Coinsurance	40% Coinsurance
Emergency Room Care			
True	15% Coinsurance	15% Coinsurance	15% Coinsurance
Non-True	\$500 Copay Per Visit 20% Coinsurance	\$500 Copay Per Visit 20% Coinsurance	\$500 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 Deductible Waived	*\$25 OR \$75 Copay 20% Coinsurance Deductible Waived	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	Deductible Waived	Deductible Waived	
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:

\$75 copay applies at Aurora clinic location.

PRIMARY CARE DIRECT

Managing health care and health care costs is important for you and your dependents covered under the Nation's plan. Critically important is having access to the right type of care, at the right time, and at the right cost. For those three important things, we've enhanced the Employee Health Plan by partnering with **Bellin and Prevea** to offer you a new benefit that will result in savings to both you and the Nation.

BELLIN NEARSITE CLINIC OFFERINGS:

NEARSITE PRIMARY CARE SERVICES

\$0 Copay, Confidential appointments available to ALL Oneida Health Plan Participants.

**You do NOT need to be a Bellin Health Patient.
NO Referral Necessary.**

- ✓ Physicals for both well-exams and sports
- ✓ Chronic disease management
- ✓ Respiratory infections, sore throat, and bronchitis
- ✓ Ear infections
- ✓ Headache, migraine, and allergy symptoms
- ✓ Urinary tract and yeast infections
- ✓ Injury treatment for sprains, minor cuts, and burns (X-rays and EKGs not included)
- ✓ Immunizations
- ✓ Laboratory services
- ✓ Electronic medication prescriptions and refills
- ✓ Minor treatments (wart treatment and laceration repair)

bellinhealth



A good mind. A good heart. A strong fire.

LOCATIONS:

- Algoma
- Ashwaubenon
- Ashwaubenon Internal Medicine and Pediatrics
- Bellevue
- Bonduel
- Brillion
- Crivitz
- Daggett
- Denmark
- De Pere East
- De Pere West
- Escanaba
- Green Bay
- Howard
- Iron Mountain
- Kewaunee
- Lakewood
- Luxemburg
- Manitowoc
- Marinette
- Menominee
- Oconto
- Oconto Falls
- Peshtigo
- Pulaski
- Seymour
- Sturgeon Bay
- Suring
- Wrightstown

CALL TO SCHEDULE

800.528.7883

or online at

bellin.org/oneida

IMPORTANT: MENTION

**"ONEIDA NEARSITE
PRIMARY CARE"**

bellin.org/oneida

BELLIN NEARSITE CLINIC OFFERINGS CONTINUED:

- Easy, seamless care
- Online appointments
- Convenient walk-in service
- Care for minor emergencies and other health care needs
- Within minutes of home
- Great Bellin care at affordable prices

Visit bellin.org/oneida to schedule an appointment and to see a complete listing of all we offer.

ONEIDA
CO-PAY
\$0*

Ashwaubenon

1630 Commanche Avenue, Green Bay, WI
920.433.4700
Monday-Friday: 7 a.m.-8 p.m.
Weekends: 8 a.m.-8 p.m.
Holidays: 8 a.m.-4 p.m.

Oconto

820 Arbutus Avenue, Oconto, WI
920.835.1100
Open 7 days a week, 24 hours a day,
365 days a year

Iron Mountain

440 Woodward Avenue, Iron Mountain, MI
906.776.9040
Monday-Friday: 7 a.m.-8 p.m.
Weekends: 8 a.m.-8 p.m.
Holidays: 8 a.m.-4 p.m.

Marinette

2820 Roosevelt Road, Marinette, WI
715.735.5225
Monday-Friday: 8 a.m.-8 p.m.
Weekend & Holidays: 8 a.m.-4 p.m.

• **IMPORTANT:** Mention "Oneida Nearsite" when scheduling to avoid being billed through your insurance. No referrals necessary. You do not need to be a Bellin Health patient.

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ONEIDA

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WELCOME TO
BELLIN HEALTH
URGENT CARE.



ONEIDA
CO-PAY
\$0*

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ONEIDA

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NEW NEARSITE PHYSICAL THERAPY

**\$10 Copay*, Confidential Appointments
available to all Oneida Health Plan Participants.**

**You do NOT need to be a Bellin Health Patient.
NO Referral Necessary.**

- ✓ Acute injury consultation
- ✓ Options for chronic pain and muscle or joint discomfort throughout the body
- ✓ Treatment options based on individual patient needs including joint mobilizations and manipulations, dry needling, muscle energy techniques, and more
- ✓ Therapy for headaches, jaw pain, and dizziness
- ✓ Postsurgical therapy

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*\$10 co-pay due at the time of service.

Locations:

- Algoma
- Ashwaubenon
- Bellevue
- Brillion
- Crivitz
- Denmark
- DePere East
- DePere West
- Escanaba
- Howard
- Iron Mountain
- Kewaunee
- Luxemburg
- Manitowoc
- Marinette
- Oconto Falls
- Oconto Hospital
- Pulaski
- Seymour
- Sturgeon Bay
- Tiptonville
- Sports Medicine & Orthopedics
- Wrightstown

CALL TO SCHEDULE

800.528.7883

or online at

bellin.org/oneida

IMPORTANT: MENTION

**"ONEIDA NEARSITE
PHYSICAL THERAPY"**

bellin.org/oneida

You must present this card at the time of service.

Front of Card

\$0 Oneida Nearsite Primary Care, Fast Care and Urgent Care
\$10 Copay Physical Therapy

To schedule an appointment at an approved location visit bellin.org/oneida or call **800.528.7883**.

*Failure to **present this card** at your appointment will result in your personal insurance being billed.*



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Back of Card



A good mind. A good heart. A strong fire.

Company: Oneida Nation
Client Billing Flag: ECONDNTN01
Bellin Health Locations: see bellin.org/oneida

PREVEA PARTNERED HEALTH CLINIC OFFERINGS:

PRIMARY CARE SERVICES FOR: \$0		PHYSICAL AND OCCUPATIONAL THERAPY SERVICES FOR: \$10	
<ul style="list-style-type: none">• Preventive care such as physical exams, well-child exams, health screenings and sports physicals• Acute care such as allergies, bites and stings, burns and sunburn, coughs and colds, ear pain, flu, headache, injuries/non-surgical fracture and musculoskeletal care, laceration evaluations, pink eye/stye, sinus infections, skin infections, sore throats, UTI/bladder infection• Routine medical care for children, adults and elderly including medication management• Chronic disease management for high blood pressure and cholesterol, hyperlipidemia, diabetes, dyslipidemia, COPD, asthma, thyroid problems• Minor office procedures such as skin lesion removal/biopsy, stitches• Cardiovascular disease prevention• Nicotine cessation• Basic mental health including anxiety and depression• Immunizations including flu shots (see back page)• Labs (see back page)		<ul style="list-style-type: none">• Blood flow restriction therapy• Dry needling• Ergonomic assessments• Gait assessment• Injury assessment and consultation• Injury prevention• Manual therapy• Muscle, bone or joint pain• Pre- and post-surgical therapy• Posture and body mechanics training• Range-of-motion, flexibility, balance and strength training• Spinal stabilization instruction	
URGENT CARE SERVICES FOR: \$0			
<ul style="list-style-type: none">• Allergies• Bites and stings• Burns and sunburn• Coughs and colds• Ear pain	<ul style="list-style-type: none">• Flu• Headache• Injuries and musculoskeletal care• Minor lacerations and repair• Pink eye/stye	<ul style="list-style-type: none">• Sinus infections• Skin infections• Sore throats• UTI/bladder infection	



PREVEA PARTNERED HEALTH CLINIC OFFERINGS CONTINUED:

LABS The following labs are available at no additional cost to you as the patient. Labs not listed will be billed to your personal health insurance.	IMMUNIZATIONS The following immunizations are available at no additional cost to you as the patient. Immunizations not listed will be billed to your personal health insurance.
<ul style="list-style-type: none"> • ALT/SGPT • Antibiotic sensitivity • AST/SGOT • BMP • CBC, Auto, No diff • CBC w/ diff • CMP • Creatinine • Complete UA • C. Trachomatis RNA • Hbg A1c • General health panel • Glucose blood draw • Glucose (fingerstick) • Group A strep culture • Hepatic function panel • Influenza A/B • Lipid panel • N. Gonorrhoeae RNA • Occult blood (feces) • Potassium • Prothrombin time (fingerstick) • Rapid strep • TSH • Urine culture • Urine dip • Urine microalbumin • Urine pregnancy test 	<ul style="list-style-type: none"> • Hepatitis A & B, adult and pediatric • Hib (haemophilus influenzae type B) • Human Papilloma Virus (HPV) • Influenza • Measles, mumps and rubella • Meningococcal • Pneumococcal • Poliovirus • Rotavirus • Shingles • Tetanus, diphtheria and pertussis, adult and pediatric • Varicella

You must present this card at the time of service.

Front of Card

Prevea Partnered Health

\$0 Urgent Care, Family Medicine,
Internal Medicine, Pediatrics

\$10 Physical and Occupational Therapy

To schedule an appointment,
visit prevea.com/PartneredHealth




Back of Card

Prevea Partnered Health

Company Oneida Nation

Guarantor 500000888, GB10
500000890, SB90
500000889, WW60

PRV_HW000445-4 0320



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 / REASONABLE ALTERNATIVE STANDARD PROGRAM (RAS)

Oneida Nation may offer health risk assessments and incentive programs to help employees manage their health and wellness.

2021 WEEKLY MEDICAL PREMIUMS

	SINGLE	LIMITED FAMILY	FAMILY
Employee	\$0	\$0	\$0
Employer	\$202.17	\$404.39	\$537.37

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)

DIVERSIFIED BENEFIT SERVICES (DBS)

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 2021, 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





DIVERSIFIED
BENEFIT SERVICES, INC.

Excellence in Benefit Management Solutions

Claims Filing Options that meet your needs.

Why file online?

- **Fast**
There's no quicker way to get reimbursed for your FSA or HRA claims.
- **Convenient**
Day or night, on your favorite device, go online and get account information.
- **Safe**
You have encrypted Internet access to the site, which is protected and Verisign secured.
- **Comprehensive**
View account balance and activity.

File Online—it's fast, convenient and secure

Using your laptop or PC, you can submit your claims online 24/7. DBS's exclusive A.S.A.P.® (Advanced Strategic Administration Program) is a safe and quick way to see claim information and get reimbursed from your Health Care FSA (HCFSA), Dependent Care FSA (DCFSA), Limited Purpose FSA (LPFSA), or Health Reimbursement Arrangement (HRA).

1. Login to your online account at DBSbenefits.com
2. Select the Benefit Plan Type (FSA, HRA)
3. Select "Claims > Claims View/Submit > Submit"
4. Complete the required information
5. Attach an image with supporting documentation (.pdf or .jpg)
6. Submit

File on the go—use our Mobile Phone App

Filing using your smartphone or tablet is simple.

1. Login using your A.S.A.P.® name and password, click "File a Claim"
2. Take a picture or use an existing photo, click "Attach Image"
3. Select the Benefit Plan Type
4. Enter dollar amount, answer questions, click "Submit"

Visit your favorite app store to download.



File via mail or fax

More traditional filing is available, too.

1. Download a claim form at DBSbenefits.com
2. Select the "Participant Resources Tab > Forms"
3. Complete the form and attach copies of your documentation
4. Mail to Diversified Benefit Services, P.O. Box 260, Hartland, WI 53029
5. Or fax to 262-367-5938

DBSbenefits.com

Diversified Benefit Services, Inc.
P.O. Box 260
Hartland, WI 53029
(800) 234-1229

For assistance, please call DBS at **(800) 234-1229**
or visit **DBSbenefits.com**

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.trsretire.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	Employee - \$2,000 - \$300,000
Age Based Benefit Reduction	Spouse - \$2,000 - \$75,000 Child - \$5,000 - \$50,000

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*.

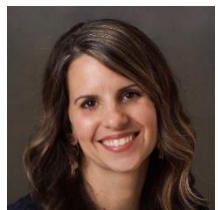
Suzanne has more than 25 years of experience in nursing and chiropractic care. She is also certified as a traditional naturopath, incorporating natural approaches into traditional medical care, based on clients' wants and needs.

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

Located near the employee locker rooms, across from the vending and ATM machines

Monday, Tuesday, Wednesday & Thursday hours

Non-Gaming – Radisson Hotel: 920-490-3731 (x 3731)

All non-gaming employees on the Oneida Health Plan

Located in Room 105, enter door marked M-1 in purple

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: mvandenb@oneidanation.org

WHO is eligible to utilize my services?

- Available to eligible Oneida Nation health plan participants and covered dependents.

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 care plan.
- 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?

- Radisson Hotel - Room 107. *
- I can also come to you.

WHEN am I available?

- Tuesday through Thursday
- 8AM to 4PM

* Enter door marked M-1 in purple.

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	Green Bay West	Marinette
1976 Lime Kiln Rd. (920) 445-7377 M-F: 9:30am-7:30pm Sat.: 8:30am-5pm Holiday: 10am-2pm	At Meijer 2015 Shawano Ave. (920) 445-7377 Hours: TBD	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	Bellevue	Oconto	Marinette
1630 Commanche Ave. (920) 433-6000	3263 Eaton Rd. (920) 433-6000	820 Arbutus Ave. (920) 835-1100	2820 Roosevelt Rd. (715) 735-5225

Employee Cost: \$25 Copay + Coinsurance

PREVEA URGENT CARE LOCATIONS

Ashwaubenon	East Mason	Sheboygan	Kewaunee
2502 S. Ashland Ave. (920) 496-4700	3021 Voyager Dr. (920) 496-4700	1411 N. Taylor Dr. (920) 457-4858	1020 Marquette Dr. (920) 388-0144
Howard	Green Bay	Oconto Falls	
2793 Lineville Rd. (920) 496-4700	102 N. Washington St. (920) 496-4700	835 S. Main St. (888) 277-3832	
East De Pere	Pulaski	Shawano	
3860 Monroe Rd. (920) 496-4700	940 S. St. Augustine St. (920) 822-5444	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	De Pere	Marinette	Two Rivers
2253 W. Mason St. (920) 327-7240	1881 Chicago St. (920) 403-8291	4061 Old Peshtigo Rd. (715) 732-8090	2219 Garfield St. (920) 793-7000
Green Bay - East	Manitowoc	Sheboygan	
2845 Greenbrier Rd. (920) 288-4040	3509 Dewey St. (920) 686-5731	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



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

EMPLOYEE RESOURCE CENTER (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

Enhancing lives. Maximizing organizational performance.



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 or 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
- The Nation may offer incentives for participation in wellness activities. Information will be provided for any future programs will be provided.

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 January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – 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.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website:
https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 1-800-541-5555

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

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

FLORIDA – Medicaid

Website: <http://flmedicaidtplrecovery.com/hipp/>
Phone: 1-877-357-3268

CHIP (continued)

GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 678-564-1162 ext 2131

INDIANA – Medicaid

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

IOWA – Medicaid

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/default.htm>

Phone: 1-800-792-4884

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:

<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>

Phone: 1-855-459-6328

Email: KIHIPPPROGRAM@ky.gov

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website:

<https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp> [Under ELIGIBILITY tab, see “what if I have other health insurance?”]

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website:

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

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

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

CHIP (continued)

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website:
<https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/hipp/>
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, 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 1/31/2023)

HIPAA Notice of Special Enrollment Rights

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

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

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Employee Insurance at 490-3650.

HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Effective Date of Notice: January 1, 2021

Who will follow this notice:

This notice describes the health information practices of Oneida Nation Employee Benefit Plan (the “Plan”) and that of any third party that receives medical information from or for us to assist us in providing your medical, dental and flexible spending account benefits.

Our pledge to you:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you.

This notice is required by the Standards for Privacy of Individually Identifiable Health Information regulations (the “Rule”). This notice will tell you about the ways in which we may use or disclose medical information about you. It also describes our obligations and your rights regarding the use and disclosure of medical information.

We are required by law to:

- make sure that medical information that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the notice that is currently in effect.

HOW THE PLAN MAY USE AND DISCLOSE YOUR MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information, as permitted by law. The Plan, its business associates, and their agents/subcontractors, if any, will use or disclose medical information to carry out treatment, payment and health care operations or other purposes permitted or required by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan will disclose your medical information to Oneida Nation Employee Benefit Plan (“Plan Sponsor”) for purposes related to treatment, payment and health care operations. The plan sponsor has amended its plan documents to protect your medical information as required by the Rule.

Treatment means the provision, coordination, or management of health care by one or more health care providers, or a health care provider and a third party.

HIPAA Notice of Privacy Practices (continued)

Payment means activities undertaken by a health plan to determine coverage responsibilities and payment obligations for the provision of health care, or activities undertaken by a health care provider, or a health plan to obtain or provide reimbursement for health care.

For example, the Plan may disclose to your provider that you are eligible for benefits.

Health Care Operations means activities directly related to the provision of health care or the processing of health information. This includes internal quality oversight review, credentialing and health care provider evaluation, underwriting, insurance rating and other activities related to creation, renewal or replacement of a contract of health insurance or health benefits.

For example, the Plan may use medical information about you to project future benefit costs.

The Plan will disclose medical information about you when required by federal, state or local law.

The Plan may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

The Plan may disclose medical information if you are a member of the armed forces and this is required by military command authorities.

The Plan may disclose medical information about you for workers' compensation or similar programs.

The Plan may disclose medical information about you for public health activities. These activities may include the following:

- to prevent or control disease, injury or disability;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;

The Plan may disclose medical information to a health oversight agency for activities authorized by law.

The Plan may disclose medical information about you if you are involved in a lawsuit or a dispute and we are responding to a court or administrative order. Also, the Plan may disclose medical information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute.

The Plan may disclose medical information about you if asked to do so by law enforcement official, such as in response to a court order, subpoena, warrant, summons or similar process;

The Plan may disclose medical information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure to funeral directors, as necessary to carry out their duties, is permitted.

HIPAA Notice of Privacy Practices (continued)

The Plan may not disclose psychotherapy notes (under most circumstances), may not disclose protected health information for marketing purposes, and may not make disclosures that constitute a sale of protected health information unless authorized by the individual. Other disclosures not mentioned in this notice also require authorization from the individual.

The Plan may not disclose protected health information that is genetic information under the Genetic Information Nondiscrimination Act (“GINA”) for underwriting purposes.

YOUR RIGHTS

You have the following rights regarding medical information the Plan maintains about you:

You have the right to request an inspection and a copy of your medical information contained in a “designated record set,” for as long as the Plan maintains your medical information in the designated record set.

“Designated record set,” means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and care or medical management record systems maintained by or for a health plan; or used in whole or in part by or for the health plan to make decisions about individuals. Information used for quality control or for health care operations and not used to make decisions about individuals is not in the designated record set.

The Plan has the right to charge a reasonable, cost-based fee for providing a copy of your medical information or summary or explanation of your medical information.

The Plan has the right to deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If you feel the medical information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have a right to request an amendment for as long as the information is kept by the Plan.

To request an amendment, your request must be in writing and should be addressed to the following individual: Employee Insurance at 490-3650. All requests for amendment of your medical information must include a reason to support the requested amendment.

The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy.

HIPAA Notice of Privacy Practices (continued)

You have the right to request an “accounting of disclosures,” where such disclosure was made for any purpose other than treatment, payment or health care operations. Additionally, no accounting of disclosures will be made for the following reasons:

- if the disclosure was made to the individual about his or her own medical information;
- if the disclosure was made pursuant to an authorization;
- if the disclosure was made to certain person involved in your care or payment for your care;
- if the disclosure was made prior to the compliance date of April 14, 2003.

To request an accounting of disclosures, address your request to the following individual: Employee Insurance at 490-3650.

If you request more than one accounting in a 12-month period, the Plan can charge a reasonable, cost-based fee for each subsequent accounting, unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You have the right to request a limit on the medical information the Plan discloses about you to someone who is involved in your care or payment for your care, such as friends or family members.

The Plan is not required to agree with your request.

You have the right to restrict certain disclosures of protected health information to a health plan where you pay out of pocket in full for the health care item or service.

To request restrictions, you must make your request in writing to the following individual: Employee Insurance at 490-3650. The request must include (a) what information you want to limit, (b) whether you want to limit the Plan’s use, disclosure or both, and (c) to whom you want the limits to apply.

You have the right to request to receive communications of your medical information from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information could endanger you. The Plan will accommodate all such reasonable requests.

You will be required to request confidential communications of your medical information in writing. The request should be addressed to the following individual: Employee Insurance at 490-3650.

You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at the Plan’s website <https://oneida-nsn.gov/divisions/hr-employment/benefits-package/>.

HIPAA Notice of Privacy Practices (continued)

To obtain a paper copy of this notice, contact the following individual: Employee Insurance at 490-3650.

You have the right to be notified following a breach of unsecured protected health information.

If you believe your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the following individual: Employee Insurance at 490-3650.

You may also file a complaint with the Secretary of Health and Human Services.

The Plan will not retaliate against you for filing a complaint. The Plan will only release the minimum amount of PHI necessary to complete the required task or request.

Other uses or disclosures of your medical information not covered by this notice or the laws that apply will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke the authorization at any time, providing the revocation is done in writing. You understand that the Plan is unable to take back any disclosures already made with your permission.

Medicare Part D: Creditable Coverage Notice

MODEL INDIVIDUAL **CREDITABLE** COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

OMB 0938-0990

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.

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 21244-1850

Medicare Part D: Creditable Coverage Notice (continued)

MODEL INDIVIDUAL **CREDITABLE** COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

OMB 0938-0990

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).

Medicare Part D: 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.