



ONEIDA



BENEFIT GUIDE

2024

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
UMR CARE Nurses					X	X
Telemedicine					X	X
Prescription Drug					X	X
Flexible Spending Account (FSA)	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	
Wellness Onsite Clinics					X	
Health Advocates					X	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 UMR CARE Nurses	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	Optum RX	RXBENHOSP	1-844-334-8134	www.optumrx.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.trsrretire.com

ONEIDA RESOURCES

Voluntary Term Life	<i>Phone:</i> (920) 490-3650 – Self-Administered through Oneida, carrier is The Hartford
Employee Assistance Program	<i>Crystal House, Manager-IT, EAP</i> (920) 490-3706
Employee Health Nursing	<i>Phone:</i> (920) 405-4492
Wellness Onsite Clinics	<i>Gaming:</i> (920) 429-3150 (x3150) <i>Non-Gaming:</i> (920) 490-3731 (x3731)
Health Advocates	<i>Phone:</i> (920) 490-3729 or Healthadvocate@oneidanation.org
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 2024 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	<i>Deductible Waived</i>	<i>Deductible Waived</i>	
Diagnostic Test / Imaging	15% Coinsurance	20% Coinsurance	40% Coinsurance
X-Ray, Blood Work, CT/PET Scans and MRI	<i>Deductible Waived</i>	<i>Deductible Waived</i>	
Outpatient Setting	15% Coinsurance	20% Coinsurance	40% Coinsurance
Outpatient Surgery	15% Coinsurance	20% Coinsurance	40% Coinsurance
Facility Fee (<i>e.g. Ambulatory Surgery Center</i>)			
Emergency Room Care			
True	15% Coinsurance	15% Coinsurance	15% Coinsurance
Non-True	\$525 Copay Per Visit 20% Coinsurance	\$525 Copay Per Visit 20% Coinsurance	\$525 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:

\$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.

WELLNESS PROGRAM INCENTIVE

Oneida Nation may offer a *wellness program incentive* again in the spring of 2024 to help employees manage their health and wellness and be given the opportunity to maintain or lower their medical premiums to a \$0 medical premium copay for 2025.

2024 WEEKLY MEDICAL PREMIUMS (based on HRA results)

	SINGLE	LIMITED FAMILY	FAMILY
Employee	\$0	\$0	\$0
Employee – HRA Non-Participant Rate	\$20	\$40	\$55
Employer	\$236.12	\$472.32	\$627.64
Employer – HRA Non-Participant Rate	\$216.12	\$432.32	\$572.64

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.

OptumRx	\$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	\$1.74
Limited Family	\$3.47
Family	\$4.61

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	\$0.88
Family	\$1.17

See Clearly and Look Sharp With Vision Benefits



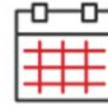
Maintaining good vision and eye health is a priority, but it can get expensive. That's where benefits come in.

Using your vision benefits is easy

1. Find an EyeMed network provider
2. Schedule an appointment
3. Enjoy clear vision and healthy eyes



1



2



3

EyeMed network

EyeMed's Select includes some of the most recognized names, including LensCrafters, Pearle Vision and Target Optical.



Browse and buy eyewear online, too. [Glasses.com](#) and [ContactsDirect.com](#) are in-network, and your EyeMed benefits are applied to your order.



EyeMed providers offer:

- Discounts on lens options, and 20% off your remaining frame balance and non-prescription sunglasses. Plus save 40% off a second pair of prescriptions glasses. More savings offers are available within the EyeMed member portal.
- Nearly 100 frames priced \$130 or less at every location.
- Cutting-edge lens simulators, virtual frame side-by-side comparisons and some even have on-site labs for same-day glasses.
- 15% average off retail for LASIK or PRK laser vision correction, or 5% off a promotional price, at U.S. Laser Network locations.
- Extended hours and no claim forms. EyeMed providers are open an average of 10 evening hours and 12 weekend hours each week, and they submit your claim form for you.



Based on applicable laws, reduced costs may vary by doctor location.

FAQ

Q: Can I use my benefits if I visit a provider outside the network?

A: Yes. If you visit an out-of-network provider, you pay your provider the full balance and submit a claim with your itemized receipt for reimbursement based on your out-of-network benefits. Greater benefits are available with network providers, and they submit the claim for you.

Q: Can I use my benefits at Walmart and Sam's Club?

A: Yes. These locations are out-of-network for EyeMed plans, so your out-of-network benefits would apply. But these benefits still go a long way due to the lower overall price points of these retailers.

Q: Can I get glasses and contacts in the same year?

A: No. Your benefit can be applied to glasses OR contacts during the benefit year. In other words, you will not receive an allowance for contacts if you already chose to apply your vision benefits to a new pair of lenses and/or frames during the same benefit year.

Contact EyeMed for benefit, claims or network questions.
866-289-0614 | Mon-Sat 6:30am-10pm | Sun 10am-7pm (CST)

Contact Ameritas for billing, administration, ID card or network questions.

If you enrolled through an employer: 800-659-2223

If you purchased online: 800-300-9566

Mon-Thu 7am-7pm | Fri 7am-5:30pm (CST)

Or, visit [eyemed.com](#) and [ameritas.com](#) to set up your member accounts and access this information.



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DISABILITY & BASIC LIFE / AD&D

SHORT TERM DISABILITY PLAN | The Hartford

Elimination Period	14 days
Length of Benefit	11 weeks
Amount of Benefit	66.6% 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	66% 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

Effective 2/1/22 – New employees will be auto enrolled. Since this benefit is Employee and Employer paid, you will have the option to opt-out. To opt-out, you MUST fill out the Short-Term and Long-Term Disability Opt-Out Form (found on the Oneida Portal under Employee Benefits) and submit it to employee insurance 30 days after hire date. You may email your form to HRD_insurance@oneidanation.org or drop it off in the drop off box located at 909 Packerland Drive.

If you have any questions, please contact the Employee Insurance Department at 490-3650 or HRD_insurance@oneidanation.org



MAKE THE MOST OF YOUR BENEFITS PACKAGE

Life and Disability insurance from The Hartford can help you protect the financial future of your loved ones. Your coverage includes valuable services that can help you and your family.

FUNERAL CONCIERGE SERVICES¹

Helps provide peace of mind when it's needed most.

The Hartford's Funeral Concierge offers a suite of online tools and live support to help guide you through key decisions. It allows for pre-planning, documentation of wishes, and even offers cost comparisons of funeral-related expenses. After a loss, this service includes family advocacy and professional negotiation of funeral prices with local providers - often resulting in significant savings.

For more information, call: **1-866-854-5429**

Visit: www.everestfuneral.com/hartford

Use code: **HFEVLC**

BENEFICIARY ASSIST* COUNSELING SERVICES²

Getting through a loss is hard. Getting support shouldn't be.

The Hartford offers you Beneficiary Assist counseling that can help you or your beneficiaries (named in your policy) cope with emotional, financial and legal issues that arise after a loss. Includes unlimited phone contact with a counselor, attorney or financial planner and five face-to-face sessions for up to a year from the date a claim is filed.

For more information, call: **1-800-411-7239**

ESTATEGUIDANCE* WILL SERVICES^{2,3}

Create a simple will from the convenience of your home.

Whether your assets are few or many, it's important to have a will. Through The Hartford you have access to EstateGuidance®. It helps you protect your family's future by creating a will online - backed by online support from licensed attorneys.

Visit: www.estateguidance.com

Use code: **WILLHLF**

continued



Travel Assistance

Call toll-free: **1-800-243-6108**
 From other locations,
 call collect: **202-828-5885**
 Fax: **202-331-1528**

What to have ready:

- Your employer's name
- Your phone number
- Nature of the problem
- Your policy number
- Your Travel Assist ID number:
GLD-09012

Ability Assist® & HealthChampion™

Call toll-free:
1-800-96-HELPS
(1-800-964-3577)

 (Snap a photo with a mobile device to capture information above.)

TRAVEL ASSISTANCE WITH ID THEFT PROTECTION⁴

Even the best planned trips can be full of surprises.

Travel Assistance with ID Theft Protection includes pre-trip information to help you feel more secure while traveling. It can also help you access professionals across the globe for medical assistance when traveling 100+ miles away from home for 90 days or less. ID Theft services are available to you and your family at home or when traveling.

In case of a serious medical emergency while traveling, please obtain emergency medical services first (contact the local "911"), and then contact Travel Assistance to alert them.

ABILITY ASSIST® COUNSELING SERVICES WITH HEALTHCHAMPION™ HEALTH CARE SUPPORT^{2,5}

Disability can be a challenge. Getting support doesn't have to be.

Ability Assist Counseling Services offers 24/7 access to master's- and Ph.D.- level clinicians. Includes three face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal and work-life concerns.

If your company provides disability coverage for less than 5,000 people, Ability Assist is available to you at any time if you're covered by Disability, Voluntary or Leave Management services with The Hartford. If your company provides disability coverage for more than 5,000 people, you'll have access to this service once you have an approved claim. See your benefits manager for details.

HealthChampion offers support if you've become disabled or are diagnosed with a critical illness. You'll receive guidance on care options, helpful resources and help with timely and fair resolution of issues.

Visit TheHartford.com/employeebenefits



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Life Form Series includes GBD-1000, GBD-1100, or state equivalent. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

Some services may not be available in all states. For more information, visit www.TheHartford.com/employee-benefits/value-added-services.

² Funeral Concierge Services are offered through Everest Funeral Package, LLC (Everest). Everest and the Everest logo are service marks of Everest Funeral Package, LLC. Everest is not affiliated with The Hartford and is not a provider of insurance services. Everest and its affiliates have no affiliation with Everest Re Group, Ltd., Everest Reinsurance Company or any of their affiliates. The Hartford is not responsible and assumes no liability for the services provided by Everest Funeral Package, LLC, as described in these materials and reserves the right to discontinue any of these services at any time.

³ EstateGuidance®, BeneficiaryAssist®, AbilityAssist® and HealthChampion™ are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. ComPsych®, Ability Assist®, Beneficiary Assist®, HealthChampion™ and EstateGuidance® are registered trademarks of ComPsych Corporation.

⁴ The EstateGuidance® website is secured with a GoDaddy.com WebServer Certificate. Transactions on the site are protected with up to 256-bit Secure Sockets Layer encryption. Printing of a simple will is available at an additional cost to you.

⁵ Travel Assistance and ID Theft Protection are provided by Generali Global Assistance, Inc. Generali is not affiliated with The Hartford and is not a provider of insurance services.

⁶ HealthChampion™ specialists are available during business hours only. Inquiries outside this time frame can request a callback or schedule appointment.

The Hartford's Privacy Policy is available at: www.TheHartford.com/online-privacy-policy.

The Hartford is not responsible and assumes no liability for the goods and services described in these materials and reserves the right to discontinue any of these services at any time.

4339 MS 07/16

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 2024, employees can contribute up to \$3,050 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 \$610 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





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.

DBSbenefits.com

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

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

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 5% 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 SCHEDULE

Less Than 1 year	0%
1 year	25%
2 years	50%
3 or more 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
--	---

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 FOR ENROLLED PLAN MEMBERS

PLEASE NOTE

PAGES 21 – 32 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
HRA results 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 Clinic.*

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 & Programs Clinics.*

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



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 – Oneida Hotel (formally Radisson): 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.

ONEIDA HEALTH ADVOCATES

Margaret VandenHeuvel | MSN, RN & *Barb Webster* | BSN, RN

Oneida Health Advocates (formerly Registered Nurse Care Coordinators) are your personal health advocates, providing confidential, one-on-one help to navigate the complex healthcare system. |

Some examples of how we may serve you:

- Find the right in-network care
- Drive more informed care decisions
- Resolve time-consuming coverage, benefits, claims & billing issues

You can expect to hear from us:

- After an emergency department visit or hospital discharge
- If you have gaps in care, such as being overdue for an annual physical, health screening, or med refill.

Eligibility: Oneida employees, spouses, and dependents covered on the Oneida UMR (UHC) health plan

Cost: No charge

Radisson Hotel – Room 107

Hours: Vary; Feel free to call or email and we will respond ASAP

Call (920) 490-3729 or email HealthAdvocate@oneidanation.org

ONEIDA UMR (UHC) SPONSORED WEIGHT MANAGEMENT PROGRAM

Struggling with weight is common but you do not have to face the challenge alone. Oneida employees, covered spouses, and covered dependents (age 18 and older) who are on the Oneida UMR (UHC) Health Plan are eligible for weight management programs as preventive care benefit.

WONDR HEALTH

With Wondr Health (formerly Naturally Slim) you can expect to eat the food you love, lose weight, and lower stress in *12 weeks*! Participants are taught lifelong skills on how and when to eat. Wondr Health is 100% digital, allowing 24/7 access to the online content. Previous participants lost an average weight of 6.2 lbs. by week 10.

What's new for 2024? Application period is open year-round so you can enroll anytime that is convenient for you!

New content & topics: Gut health, Diabetes, Menopause, Hypertension, Recipes, Movement/Flexibility and Meet the instructor.

"I can't praise this program enough, deep down I always knew diets didn't work. I didn't think I could lose weight and eat the foods I like. We eat out a lot and I still lost weight. I still have 2/3 of the weight to lose but I know I can do it" – Oneida Nation Employee Participant

Eligibility:

1. Oneida employees, covered spouses, and covered dependents (age 18 and older) who are on the Oneida UMR (UHC) Health Plan
2. BMI > 25
3. Unable to participate if pregnant or have an unstable medical or mental condition, eating disorder, or terminal illness.

Cost: **NO COST!**

To learn more about Wondr Health, refer to the attached program brochure.

For additional information or to sign up, reach out to our Oneida Health Advocates at (920) 490-3729 or email HealthAdvocate@oneidanation.org.

Clinically proven weight loss without counting calories

Now you can lose weight, gain energy, sleep better, and improve your mind and body—all while eating your favorite foods.

Oneida Nation is offering you Wondr™ to help improve your health at no cost to you.*

To learn more, visit:
wondrhealth.com/Oneida



What is Wondr?

No points, plans, or counting calories.

Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians (which is why we left out the “e” in Wondr) and is clinically proven for lasting results.

*Restrictions and eligibility info can be found at wondrhealth.com/Oneida

Questions? Visit support.wondrhealth.com

LET'S TALK RESULTS

In as little as 12 weeks:

84% 

LOST WEIGHT

65% 

FEEL MORE CONFIDENT

64% 

HAVE MORE ENERGY

85% 

FEEL MORE IN CONTROL OF THEIR WEIGHT

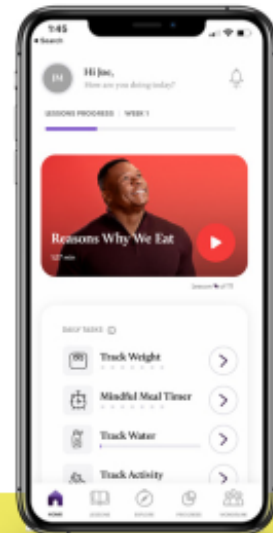
68% 

ARE MORE PHYSICALLY ACTIVE

61% 

FEEL THEY STRESS LESS

*Based on Wondr Health Book of Business

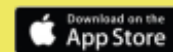


“As I got into the psychology behind it, the health coaches, the doctors, the nutritionists, all of it just started clicking with me. Wondr gave me the knowledge of what it takes to change my life. It’s why we eat, how we eat, not just what we eat.”

—Gail M.
 WONDRA PARTICIPANT

LOST
35 lbs

GAINED
 Confidence



©2023 WONDRA | W3015.2

24/7 Appointment Scheduling:
bellin.org/oneida
800.528.7883

Oneida Health Plan Members

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.



PRIMARY CARE including PEDIATRICS and INTERNAL MEDICINE

- All preventative care visits are \$0.
- Full primary care (physicals, chronic disease management, and acute care), pediatrics, and internal medicine services.
- Includes all labs and routine vaccinations. (Excludes travel medicine.)

*Available at the following locations: **Ashwaubenon, Bellevue, De Pere East, De Pere West, Howard, and Seymour.** Visit bellin.org/primarylocations.



PHYSICAL THERAPY

- Conditions treated include, but are not limited to, sports injuries, work injuries, tendonitis, bursitis, sprains, strains, postop rehabilitation, and chronic pain conditions.

*Available at the following locations: **Ashwaubenon, Bellevue De Pere East, De Pere West, Howard, Seymour, and Tiletown Sports Medicine & Orthopedics.** Visit bellin.org/locations/bellin-health-physical-therapy-locations or bellin.org/locations/bellin-health-tiletown-sports-medicine-orthopedics.



FASTCARE®

- Sore throats, earaches, sinus infections, cold symptoms, bladder infections (females ages 12 and older), insect bites, and more. Immunizations, and screenings are also available.

Walk-ins only. Patients must be 18 months or older and age restrictions exist for select services.

Visit bellinfastcare.org for locations and hours.



URGENT CARE

- Care for colds, flu, broken bones, cuts requiring stitches, and other ailments that are not life threatening.

Visit bellin.org/urgentcare for locations and hours.



WORK INJURY

- **EMPLOYEES:** If you are injured on the job, immediately notify your supervisor and complete an incident report within 48 hours and notify Employee Health Nursing of your incident by calling **920.405.4492**.
- If the injury is not critical, you must* seek treatment at a Bellin Health clinic, OCHC, or call the Bellin Health Work Injury Hotline at **920.433.3733**.
- If the injury is critical or in case of an emergency, call 911.

**IMPORTANT: Failure to seek treatment at Bellin Health or OCHC may result in employee responsibility for 50% of treatment costs.*

Go to bellin.org/workinjury for locations and hours.

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)

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"



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

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.



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.



bellin.org/oneida

WELCOME TO
BELLIN HEALTH
URGENT CARE.



BELLIN NEARSITE CLINIC OFFERINGS CONTINUED:



IN-PERSON AND VIDEO VISITS

NEARSITE PHYSICAL THERAPY

\$10 Copay*, confidential appointments available to all Oneida Health Plan Participants.

- Patients are required to wear a face mask to appointments.

Customized treatment plans including:

- ✓ Acute injury consultation
- ✓ Options for chronic pain and muscle or joint discomfort throughout the body
- ✓ Therapy for back pain, dizziness headaches, and jaw pain
- ✓ Postsurgical therapy

bellinhealth

ONEIDA

*\$10 Co-pay due at the time of service via credit, debit, or benefit card only, no cash or check. Services not listed will be billed to personal insurance and incur normal charges. Specialty services/providers/locations are not covered under this benefit.

**NO REFERRAL
NECESSARY**

LOCATIONS:

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

**24/7 SCHEDULING:
bellin.org/oneida
800.528.7883**



bellin.org/oneida

08/12/22

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, diptheria and pertussis, adult and pediatric • Varicella

You must present or show a picture of 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



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!

Employee Health Resources

Walk-In Services:

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

Services By Appointment:

Cholesterol Check
HRA (Health Risk Assessment)
(Review Results with Medical Professional)
Tobacco Cessation
Workplace Ergonomics Assessments

Monitor:

Blood Pressure
Blood Sugar
Weight Management

Training Programs:

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

Other:

Oneida Blood Drives
Presentations
Drug & Alcohol Testing

EHN Location:

701 Packerland Drive

Hours:

Monday through Friday
7:00 am to 4:30 pm
Open during the lunch hour
Closed holidays and weekends



Contact:

405-4492 Fax: 405-4494
EHN_Department@oneidanation.org

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



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.

ONEIDA NATION EMPLOYEE ASSISTANCE PROGRAM FOR ALL EMPLOYEES

A Professional Counseling Program to help Employees and
Family Members Address Issues at Work and Home

Purpose of ONEAP: The primary purpose of Oneida Nation Employee Assistance Program is “to reduce problems in the workplace and retain valued employees.”

Professional Services: ONEAP offers confidential, professional problem-solving assessments, short-term counseling (1-12) sessions, referral to appropriate community service providers, and follow-up for the broad range of human problems such as stress, depression, substance abuse, child/family, grief, anger, financial, and other workplace or personal problems. ONEAP also offers consultations with supervisors in helping employees with job performance issues and supervisors are encouraged to refer their employees to ONEAP for assistance as soon as an issue negatively affecting work behavior is identified.

Eligibility and Cost: The Oneida Nation Employee Assistance Program is offered FREE OF COST to ALL Oneida Nation Employees *and* their families.

Our office is located at **2685 W. Mason St. STE E, Green Bay, WI 54303-4901**. An appointment can be made for between the hours of 9:00 a.m. and 6:00 p.m. by contacting the staff listed below:

Oneida Nation Employee Assistance Professional Staff

Crystalene House, MAC, LPC Manager (920) 490-3706

Rev. 3-2024

Mission

Oneida Health Promotion Disease Prevention empowers the Oneida Community to achieve optimal health.



Health Promotion Disease Prevention



Phone:
(920) 490-3780



Email:
healthpromotion@oneidanation.org



Justmoveit Oneida

Who Can Join Our Programs

- > Patients of the Oneida Community Health Center age 18 and older
- > Employees of the Oneida Nation who participate in the Health Plan

How To Join Our Programs

- > Physician Referral from your OCHC Provider
- > Call Health Promotion (920) 490-3780

About Our Programs

- > **Diabetes Prevention Program**
A year long program that includes one-on-one Wellness Coaching & Group Classes with a focus on behavior change, healthy eating & increasing physical activity.
- > **Wellness Coaching**
A Wellness Coach works one-on-one with individuals who want to improve their health & well-being through support, goal setting & problem solving.
- > **Just Move It Oneida**
JMIO offers the Oneida Community a FREE walk event each month. Events are open to all ages. Registration is required once per calendar year & registrant will receive a free t-shirt.



HEALTH & WELLNESS BENEFIT SUMMARY

NO COST TO YOU

- Employee Health Nursing services
- UMR 24 / 7 / 365 Live Chat
- 24 / 7 / 365 Telemedicine*
- 2 Wellness Onsite Clinics*
- Oneida Health Advocates*
- 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.

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:

- 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

Marketplace Coverage Notice

GENERAL INFORMATION

When key parts of the health care law took effect, you were eligible for a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you look at options for you and your family, this notice provides some basic information about the new Marketplace and the employment based coverage offered to you.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find private health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Annual open enrollment for private health insurance coverage through the Marketplace runs during the months of November, December, January and February. The specific timeline will be announced each year.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you are eligible for depends on your household income.

DOES THE HEALTH INSURANCE WE OFFER TO YOU AFFECT YOUR ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If we have offered you health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in our health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than a certain percentage of your household income for the year, or if our health plan does not meet the "minimum value"¹ standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit healthcare.gov for the annual affordability percentage or contact the employer identified on the following page of this notice.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution – as well as your employee contribution – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the marketplace and its cost. You can visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1

An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Marketplace Coverage Notice (continued)

INFORMATION ABOUT THE HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

If you complete an application for coverage through the Marketplace, you will be asked for information about our health plan. The information below will help you complete an application for coverage in the Marketplace.

Employer Name: Oneida Nation
Employer Identification Number (EIN): 39-6081138
Employer Address: 909 Packerland Drive Green Bay, WI 54303
Employer Phone Number: (920) 490-3650
Who can we contact about employee health coverage at this job? Phone Number (if different from above): Human Resources (920) 490-3650

- You may also be asked whether or not you are currently eligible for our health plan or whether you will become eligible within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.
- If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Summary Plan Description for our health plan. You can obtain a copy of the Summary Plan Description by contacting your Employer at the phone and/or email listed above.
- If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.
- If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.
- If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact your Employer at the phone and/or email listed above.
- You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes and inform employees about those changes at the appropriate time. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

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, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

CHIP (continued)

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</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: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>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 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>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/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

CHIP (continued)

<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcnp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</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">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>
<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075</p>
<p align="center">PENNSYLVANIA – Medicaid and CHIP</p> <p>Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)</p>
<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>	<p align="center">SOUTH DAKOTA - Medicaid</p> <p>Website: http://dss.sd.gov Phone: 1-888-828-0059</p>
<p align="center">TEXAS – Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493</p>	<p align="center">UTAH – Medicaid and CHIP</p> <p>Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669</p>
<p align="center">VERMONT– Medicaid</p> <p>Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427</p>	<p align="center">VIRGINIA – Medicaid and CHIP</p> <p>Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924</p>
<p align="center">WASHINGTON – Medicaid</p> <p>Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022</p>	<p align="center">WEST VIRGINIA – Medicaid and CHIP</p> <p>Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>

CHIP (continued)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, 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 1/31/2026)

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, 2024

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, vision 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

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 OptumRx 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)

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 Human Resources Employee Insurance at 490-3650.

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: January 1, 2024

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

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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.

WELLNESS PROGRAM DISCLOSURE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 920-490-3512 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.