



**Benefits Guide**

**2025**

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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.

# 2025 Benefit Updates



## Benefit Updates

2025

### Life Insurance

The Basic Life insurance benefit has increased from **\$50,000 to \$100,000** for all employees at no premium cost to you and/but is subject to IRS taxability.

### Medical Plan

There is a change to the medical deductible, maximum out of pocket, and copays for office visits for the 2025 plan year.

### Vision Insurance

Oneida Nation has increased the frame and contact lens allowance to \$150.00 beginning 1/1/2025. This enhancement did not affect vision rates for 1/1/2025.

### Flexible Spending Account

The Medical Flexible Spending Account limit will increase to \$3,200, with a \$640 carryover limit. The Dependent Care limit will remain at \$5,000.

### Dental Plan - Dental Associates

The Care Plus dental plan has been discontinued, effective 1/1/2025. The Delta Dental PPO & Premier network option provides broad network access. Providers that had been in-network with Care Plus are also in-network with Delta Dental. The Oneida Nation Health Center is also an in-network provider in Delta Dental's Premier Network.

In addition, we have enhanced the dental benefits with Delta Dental to now cover posterior composite fillings and full porcelain crowns on back teeth. These enhancements did not affect dental premiums for 1/1/2025.

### 401(k) Contributions

The 2025 401(k) limit has increased to \$23,500. Age 60-63? You may be eligible to save an extra \$11,250 in catch up contributions. The catch-up limit for age 50-59, has remained the same at \$7,500.

### Employee Assistance Program

As of April 1, 2025, Oneida Nation will be changing EAP providers, from ERC to Advocate Aurora. To learn more, visit [aah.org/eap](http://aah.org/eap) or call 800-236-3231.

### \*\*\*Reminder! Update Beneficiary Information

It's important to update your beneficiary information to ensure your assets are distributed according to your wishes.



# HOLIDAYS & PAID TIME OFF

## HOLIDAYS

### 11 Paid Holidays

1. New Year's Day
2. Good Friday (1/2 Day)
3. Oneida Code Talker 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

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

# BENEFITS ELIGIBILITY AND ELECTIONS

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](http://www.umar.com).

Refer to the Summary Plan Descriptions (SPDs) or Summary of Benefits and 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.**



*\*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*

## 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 placed 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

## ELIGIBILITY

Coverage Type/ Employment Type	Regular Full-Time	Regular Half-Time	Limited Term Full-Time	Limited Term Half-Time	Health Plan Participants	Dependents Eligible for Coverage
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 &amp; Vision</i>	X
Dental	X		X			X
Vision	X		X			X
Short Term Disability <i>Auto Enrolled</i>	X		X			
Long Term Disability <i>Auto Enrolled</i>	X		X			
Basic Life / AD&D <i>Auto Enrolled</i>	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>Aurora</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> ) <i>Auto Enrolled</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 CONTACTS



COVERAGE TYPE	CARRIER	GROUP NUMBER	PHONE NUMBER	WEBSITE
<b>Medical</b> UMR CARE Nurses	UMR / UnitedHealthcare	76-010114 76-010114	1-800-756-5224 1-877-950-5083	<a href="http://www.umar.com">www.umar.com</a>
<b>Telemedicine</b>	First Stop Health	76-010114	1-888-699-8507	<a href="http://www.fshealth.com">www.fshealth.com</a>
<b>Prescription Drug</b>	RxBenefits	RXBENHOSP	1-844-334-8134	<a href="http://www.rxbenefits.com">www.rxbenefits.com</a>
<b>Flexible Spending Account (FSA)</b> <b>COBRA</b>	Diversified Benefit Services (DBS)	N/A	1-800-234-1229 1-262-367-3300 x280 or x242	<a href="http://www.dbsbenefits.com">www.dbsbenefits.com</a>
<b>Dental</b>	Delta Dental of WI	94251	1-800-236-3712	<a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>
<b>Vision</b>	Ameritas / EyeMed	301285	1-800-487-5553	<a href="http://www.ameritas.com">www.ameritas.com</a>
<b>Short Term Disability</b>	The Hartford	681626	1-888-301-5615	<a href="http://thehartford.com/groupbenefits">thehartford.com/groupbenefits</a>
<b>Long Term Disability</b>			1-888-563-1124	
<b>Basic Life / AD&amp;D</b>				
<b>Voluntary Whole Life</b>				
<b>Voluntary Critical Illness</b>	Unum	8460497	1-800-635-5597	<a href="http://www.unum.com">www.unum.com</a>
<b>Voluntary Accident</b>				
<b>Voluntary Short-Term Disability</b>				
<b>Employee Assistance Program</b>	Aurora	N/A	1-800-236-3231	<a href="http://www.aah.org/eap.com">www.aah.org/eap.com</a>
<b>401k Retirement</b>	Transamerica	N/A	1-800-755-5801	<a href="https://oneida.trsetire.com">https://oneida.trsetire.com</a>

# ONEIDA RESOURCES

## BENEFIT

## CONTACT INFORMATION

**Employee Assistance Program**

Crystal House, Counselor-IT, EAP Counselor: (920) 490-3706

**Employee Health Nursing**

Phone: (920) 405-4492    EHN\_@oneidanation.org

**Wellness Onsite Clinics**

Gaming: (920) 429-3150 (x3150)    Non-Gaming: (920) 490-3731 (x3731)

**Health Advocates**

Phone: (920) 490-3729 or Email: Healthadvocate@oneidanation.org

**HRD Employee Insurance**

Phone: (920) 490-3650    Fax: (920) 490-3663    Email: HRD\_Insurance@oneidanation.org





# BENEFITS OVERVIEW

Oneida Nation offers a comprehensive benefit package to help support your needs and those of your eligible family members. Several options are available to help customize your coverage and maintain your budget.

## Our employee benefits include:

Medical Plan

Dental Insurance

Vision Coverage

Flexible Spending Account

Life Insurance

Voluntary Life Insurance

Disability Protection (Short term

and/or Long term)

Voluntary Benefit Options

Employee Assistance Program

Wellness Programs

Retirement Plan



## Important Terms

**Premium:** This is the amount of money that comes out of your paycheck to ensure that you have coverage. For some plans, you pay the entire amount and for others the company shares in the cost of the premium.

**Deductible:** The amount *you pay* out of your pocket each year *before the plan begins* sharing costs for many/most services. Payments apply toward your annual deductible and annual out-of-pocket maximum.

**Copayment/Copay:** A flat amount that you pay for certain services, such as an office visit or prescription medications. Copays do not help you satisfy your deductible, but they do apply toward your out-of-pocket maximum.

**Coinsurance:** The percentage that you cost share with the plan. Coinsurance often applies after the deductible has been reached. For example, if you have 80% coinsurance, then the plan pays 80% for covered services and you pay 20% until you have reached your out-of-pocket maximum.

**Out-of-Pocket Maximum (OOP max) :** The maximum amount you will pay for covered services each plan year. Once you have satisfied your out-of-pocket maximum the plan pays 100% for the remainder of the plan year. Your deductibles, coinsurance and copays all accumulate toward your out-of-pocket maximum.

**Embedded deductible/OOP max :** Each member of a family plan has their own individual amount. Therefore one person in the family will not be responsible for satisfying more than their individual deductible and OOP max before the plan begins to pay its portion.






**Non-embedded deductible/OOP max:** There are no individual amounts for a member with family coverage. The family totals would apply whether one person seeks care or a combination of family members.

**In Network/Non-Network:** Your plan allows you to see any provider, however you pay less for using doctors and facilities that are contracted within your insurance plan's provider network. Not only does your plan design (deductibles/out-of-pocket maximums) reflect the cost difference, but network doctors have also negotiated discounted fees for service.



## CARE OPTIONS

Understanding your care options can have a big impact on the amount you pay out-of-pocket. You have several options to consider when seeking care — identify the right setting for your specific needs depending on the severity and urgency of your situation.

Type of Care	Common Services		Approximate Wait Time	Cost
<b>Virtual Care</b> 	Colds or flu Bronchitis Respiratory infection Pink eye	Sinus problems Allergies Urinary tract infection Poison ivy	15-20 Minutes	\$
<b>Retail Clinic</b> 	Colds or flu Sinus Infection Allergies Minor cut	Vaccinations Screenings Minor sprain Minor burn	15-30 Minutes	\$
<b>Your Doctor's Office</b> 	Preventative services Vaccinations	Non-life threatening Injuries or illnesses	1 Week or More	\$\$
<b>Urgent Care</b> 	Sprains or strains Mild asthma attack Sore throat Earaches	Minor broken bone Minor cut Minor infection Minor rash	30-90 Minutes	\$\$
<b>Emergency Room</b> 	Sudden change in vision Sudden trouble talking Large open wounds Major burn	Severe head injury Heavy bleeding Chest pain Major broken bone	3 – 12 Hours	\$\$\$

# MEDICAL PLAN HIGHLIGHTS

UMR/UNITEDHEALTHCARE – ChoicePlus Network	In-Network	Out of Network	
<b>Deductible – <i>Note Medical Deductible Change for 1/1/2025</i></b>			
Single	\$350	\$700	
Family	\$1050	\$2,100	
<b>Out-of-Pocket Maximum – <i>Note Medical Out of Pocket Maximum Change for 1/1/2025</i></b>			
Single	\$3,250	\$6,500	
Family	\$9,750	\$19,500	
<b>Lifetime Maximum</b>	Unlimited		
<b>Dependent Eligibility</b>	To Age 26		
<b>Routine/Preventive Care</b>	No Charge/Deductible Waived	40% Coinsurance	
	<b>Tier 1 Premium Designation UHC Choice Plus &amp; MLR for Tribal Members</b>	<b>Tier 2 In –Network Oneida Health Center</b>	<b>Tier 3 Out-of-Network</b>
<b>Coinsurance</b>	15%	20%	40%
<b>Office Visit – <i>Note Office Copay Change for 1/1/2025</i></b>			
Primary Care Physician Specialist	\$30 Copay Per Visit 15% Coinsurance Deductible Waived	\$30 Copay Per Visit 20% Coinsurance Deductible Waived	40% Coinsurance
<b>Diagnostic Test/Imaging</b>			
X-Ray, Blood Work, CT/PET Scans and MRI	15% Coinsurance Deductible Waived	20% Coinsurance Deductible Waived	40% Coinsurance
Outpatient Setting	15% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Outpatient Surgery</b>			
Facility Fee (e.g. Ambulatory Surgery Center)	15% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Emergency Room Care</b>			
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
<b>Urgent care</b> <b>** \$75 Copay applies at Aurora Clinic Location</b>	*\$25 <b>OR</b> \$75 Copay 15% Coinsurance Deductible Waived	*\$25 <b>OR</b> \$75 Copay 15% Coinsurance Deductible Waived	40% Coinsurance
<b>Hospital Stay</b>	15% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Mental Health, Behavioral Health/Substance Abuse Needs</b> Outpatient	\$25 Copay Per Visit 15% Coinsurance Deductible Waived	\$25 Copay Per Visit 15% Coinsurance Deductible Waived	40% Coinsurance
Inpatient	15% Coinsurance	20% Coinsurance	40% Coinsurance
<b>Pregnancy</b>			
Office Visits	Covered In Full	Covered In Full	40% Coinsurance
Delivery Professional & Facility Services	15% Coinsurance	20% Coinsurance	

# ONLINE TOOLS AND VALUE-ADDED RESOURCES

Health cost estimator



## KNOW WHERE TO GO!

Look up the cost of a treatment or procedure in your area! Compare options and make an informed choice!

Claim cost summary



## WHAT DID I SPEND?

Get a breakdown of your health care expenditures by the types of services.



Health education library



## HEALTH EDUCATION CENTER

Personalize your search for health topics that matter to you. Be confident knowing the information that UMR gathered draws upon guidelines from trusted health organizations.

## FIND SUPPORT

Search your health symptoms, get the essentials on men's/women's/children's health, understand your treatment options, find first aid information, and learn about drug interactions.

Symptom navigator



Fitness tools



## FITNESS FUN!

Track your fitness goals, log your exercise and activity, calculate your body mass index (BMI), download apps to help you stay healthy.

The healthy plate



## EATING WELL MADE EASIER

Establish your nutrition goals, watch step-by-step recipe videos, access tools to keep you on track.

Visit [umr.com](http://umr.com) to view your personalized dashboard.

If it's your first time, use the **Log in/Register** button.

### Things to do:

- ◆ Check your benefit coverage
- ◆ View claims history
- ◆ Find a network doctor
- ◆ View/replace your ID card
- ◆ Access tools to help you live a better life

The UMR app is a faster way to manage your health care benefits!

- ⇒ Access your digital ID card
- ⇒ View your plan details
- ⇒ Chat, call or message UMR's member support team

## Easy access to replacement ID cards

Select ID Card from the main navigation to see a copy of your card. With a couple more clicks, you can have a new card mailed to your home.

Can't wait for the mailman? Print a Temporary copy from the UMR desktop. Or, use your smartphone to view your ID card or fax a copy to your doctor's office.



# PAYMENTS AND PREMIUMS

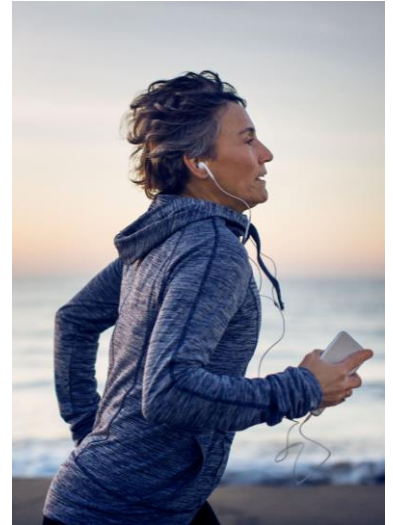
## PAYOR OF LAST RESORT

The Oneida Nation adopted the Payor of Last Resort Rule. This simply means that the 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](http://www.SocialSecurity.gov)

**in-person:** at your local Social Security Office.



## WELLNESS PROGRAM INCENTIVE

2025 Medical Premiums were based on your participation in completing an Annual Physical Exam with your Primary Care Provider. For more details, please refer to 2025 Medical Plan Year Wellness Incentive documents or contact the Employee Health Nurse at (920) 405-4492.

## 2025 WEEKLY MEDICAL PREMIUMS

(Based on participation in 2025 Wellness Incentive Program)

	Employee Weekly Amount		Employer Weekly Amount	
	Annual Physical Exam complete	Annual Physical Exam incomplete	Annual Physical Exam complete	Annual Physical Exam incomplete
Single	\$0	\$20.00	\$236.12	\$216.12
Limited Family	\$0	\$40.00	\$472.32	\$432.32
Family	\$0	\$55.00	\$627.64	\$572.64

Employees hired *AFTER* and including July 1, 2024, and those who sign up for the health plan during the 2024 open enrollment period, will default to the \$0 premium copay for plan year 2025.

# 2025 Wellness Incentive

- ✓ Preventive Care Visit – Complete between 9/1/2024 – 8/15/2025
- ✓ Complete Form & turn into Employee Health Nursing
- ✓ \$0 Medical Premium will apply for the 2026 plan year
- ✓ Make your appointment today!



## 2025 Plan Year Wellness Incentive Form

Preventive Care visits completed between 9/1/2024 – 8/15/2025 will receive \$0 Medical Premium Insurance Premiums during the 2026 plan year. Please have this form completed by your Primary Care Physician

It is your responsibility to ensure that this form is received by the Employee Health Nursing by August 31, 2025. Forms can be submitted via email to [EHN\\_Department@oneidanation.org](mailto:EHN_Department@oneidanation.org) or in person to 701 N Packerland Dr. Green Bay, WI 54303. No inter-office submissions, please.

### Section 1 | Patient Section

Health Plan Member /  
Patient Name:

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Last Name*

Patient Date of Birth:

\_\_\_\_\_  
*Month*

\_\_\_\_\_  
*Day*

\_\_\_\_\_  
*Year*

Employee #:

I am participating in the 2025 Wellness Incentive Program and hereby authorize my healthcare provider to complete this document on my behalf. I also acknowledge that it is my responsibility to ensure my wellness certificate is completed by my Primary Care Provider (PCP) and is returned to Oneida Nation's Employee Health Nursing by August 31, 2025. This is a voluntary program.

I understand that providing any false or misleading information will result in a termination of coverage as permitted by the Patient Protection and Affordable Care Act. Termination of coverage is a retroactive termination of coverage due to fraud or intentional misrepresentation of material fact. Additional actions may be taken according to Oneida Nation personnel policies.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

### Section 2 | Primary Care Provider (PCP) Section

# PRESCRIPTION DRUGS

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

## RxBenefits

	30 Day Supply	31-90 Day Supply
<b>Generic (Tier 1)</b>		
Participating OCHC Pharmacy	\$2 copay	\$5 copay
Retail Pharmacy	\$10 copay	\$25 copay
<b>Preferred Brand Name (Tier 2)</b>		
Participating OCHC Pharmacy	\$20 copay	\$50 copay
Retail Pharmacy	\$25 copay	\$62.50 copay
<b>Non-Preferred Brand Name (Tier 3)</b>		
Participating OCHC Pharmacy	\$40 copay	\$100 copay
Retail Pharmacy	\$50 copay	\$125 copay
<b>Specialty Medication (Tier 4)</b>		
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 DRUGS

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

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%.

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.

## 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](http://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 PLAN

Preventive care is an important part of your dental health because not only does it impact your smile but regular cleanings can help to manage other health problems throughout your body such as heart disease and diabetes. The plan offers comprehensive coverage for preventive and routine dental care in addition to the major restorative procedures you might need.

Please refer to the Delta Dental Group Benefit plan handbook for a thorough explanation of dental benefits including any limitations or exclusions.

**Administered by: Delta Dental**  
[www.deltadentalwi.com](http://www.deltadentalwi.com)



Deductible: Individual \$25/Family: \$75

Annual Benefit Maximum Per Person: \$2,000

Dependent Eligibility: To Age 26

**Preventive and diagnostic services**

Exams/Cleanings/X-Rays	80%
Fluoride and sealants/space maintainers	

**Basic Services**

Emergency treatments	
Fillings (Amalgam or Composite)	80%
Endodontics & periodontics	
Extractions	

**Major services**

Crowns, inlays, onlays	65%
Bridges & dentures	

**Orthodontic Benefits (to Age 26)**

Lifetime Benefit Maximum	\$2,000
--------------------------	---------

**Evidence Based Integrated Care Plan** – provides additional cleaning(s) and/or fluoride treatments for people with certain medical conditions (See summary plan description for details).

PREMIUMS	EMPLOYEE WEEKLY AMOUNT
Single	\$1.84
Limited Family	\$3.68
Family	\$4.89

*\*out-of-network providers do not offer network discounts and do not agree to network rates. Therefore, you could be balanced billed for amounts charged over what the plan allows. You may also be required to pay for your services upfront and submit a claim to the insurance carrier for reimbursement.*

# VISION PLAN

Administered by: Ameritas & EyeMed – [www.eyemed.com](http://www.eyemed.com)

Vision insurance is helpful in offsetting the costs of eye exams, eyewear and other vision services. Even if you haven't noticed changes with your eyesight, receiving routine vision care exams is a vital part of the early detection of serious eye health conditions. See plan material for details.

**Dependent Eligibility: through the day before turning 26**



## Ameritas EyeMed Network

## Out of Network

### Service/benefit frequency

Exam	Every 12 months
Frames	Every 24 months
Lenses	Every 12 months
Deductible	\$0
Copayment	\$0
Contact Lenses	Every 12 months

Increased Frame & Contact Lens Benefit Effective 1/1/2025

### Exam and/or Contact Lens Fitting

Covered in Full      Up to \$40 allowance

### Frames

\$150 retail allowance      Up to a \$45 allowance

### Lens:

Single Vision	Covered in Full	Up to \$40 allowance
Bifocal	Covered in Full	Up to \$60 allowance
Trifocal	Covered in Full	Up to \$80 allowance

### Contact Lenses – in lieu of glasses

Medically Necessary w/Pre-Auth	Covered in Full	Up to \$210 allowance
Elective	\$150 retail allowance	Up to \$125 allowance

## PREMIUMS

## EMPLOYEE WEEKLY AMOUNT

Single	\$0.47
Limited Family	\$0.88
Family	\$1.17



**PRIORIT-EYES your vision health!**

- ⇒ Schedule your annual eye exam! Protect your sight through early detection of serious conditions.
- ⇒ Guard against UVA/UVB rays - choose sunglasses that keep your eyes safe from the sun.
- ⇒ Take a break from blue light - screen over-use can cause eye strain and negatively impact eye health.
- ⇒ Quit smoking and decrease your risk of developing macular degeneration, optic nerve damage and cataracts.
- ⇒ Keep your contacts and free from tears to prevent infections, scratches, and abrasions.

# VISION PLAN

## How to Use Your Vision Benefits



You can see any provider. But you save more when you visit an EyeMed network provider.

### Access your account and ID card

Register for or log in to your member account at [EyeMed.com](https://www.eyemed.com) and locate the My Benefits page to verify your coverage and eligibility. Access your ID card directly from your account. Manage your vision benefits anytime by downloading the EyeMed Members app.

### Find a provider

Verify your network and search for a network provider in your member account by selecting Find an Eye Doctor.

EyeMed's network includes some of the most recognized names, including:



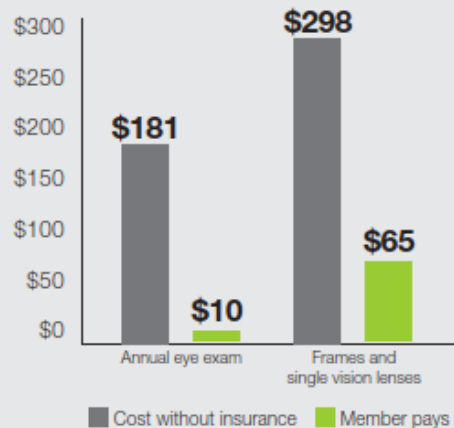
Walmart and Sam's Club are not in the EyeMed network. When you visit these retail locations, your out-of-network benefits apply.

Browse and buy eyewear online with network benefits. Vision benefits are applied directly to online orders at [lenscrafters.com](https://www.lenscrafters.com), [targetoptical.com](https://www.targetoptical.com), [rayban.com](https://www.rayban.com), [oakley.com](https://www.oakley.com), [glasses.com](https://www.glasses.com) and [contactsdirect.com](https://www.contactsdirect.com).

### Schedule an appointment and check claims

Appointments can be scheduled online with participating network providers. To access the out-of-network form or to check the status of a claim, go to the Claims tab in your member account.

### EyeMed Network Provider Savings



This example reflects average savings. For illustrative purposes, the initial cost without insurance has been estimated. Actual charges may vary.

Find ways to save more with [EyeMed Perks](#).

### Here to help

Contact EyeMed for benefit, claims or network questions. 866-289-0614

Contact Ameritas for billing, administration, ID card or network questions. [group@ameritas.com](mailto:group@ameritas.com)

If you enrolled through an employer: 800-487-5553

If you purchased online: 800-300-9566

# FLEXIBLE SPENDING ACCOUNTS

Administered by: Diversified Benefits Services (DBS)  
[www.dbsbenefits.com](http://www.dbsbenefits.com)

You have the opportunity to save money on your healthcare and/or dependent daycare expenses by participating in the Flexible Spending Account (FSA) that the company offers.

The FSA allows you to set money aside on a pre-tax basis with convenient payroll deductions to use for qualified expenses. Your FSA contributions are deducted from your paycheck in equal amounts throughout the year before taxes are withheld, so you save on income taxes and have more disposable income.



## **DBS offers you several convenient ways to manage your account:**

**Online portal:** File claims, track account balances, review plan details, download forms, view eligible expenses.

**Mobile app:** allows you to access all of your account details on the go! Download on the Appstore!!

**Debit card:** a convenient option to pay for eligible expenses at the point of service like the doctors office or pharmacy. Make sure to keep your receipt in case a debit card claim is ever audited and documentation is required.

### **Health Care FSAs**

⇒ **Medical:** eligible expenses include office visits, hospital chargers, prescription drugs. You can use the FSA to pay for your medical care needs and/or those of your family members.

⇒ **Dental:** your FSA can be used to pay for routine and restorative services. You can also save money on orthodontic care!

⇒ **Vision:** your vision care needs include many FSA qualified costs like exams, glasses and contact lenses. You can even use your FSA for contact lens solution and LASIK surgery.

### **IMPORTANT!**

You must use the funds in your FSA prior to the end of the plan year.

The plan will allow you to rollover \$640 into the following plan year. Unused funds exceeding the rollover will be forfeited.

### **Dependent Care FSA**

⇒ Licensed daycare provider

⇒ Qualified day camps

⇒ Before and after school programs

⇒ Adult daycare

NOTE: eligible dependents include children under the age of 13 or physically/mentally disabled and in need of constant care. You (and your spouse, if married) must be working, looking for work or a full-time student to use this plan).



For a full list of FSA eligible expenses visit  
[www.irs.gov/publications/p502/indenx.html](http://www.irs.gov/publications/p502/indenx.html)

2025 Annual IRS Contribution Limit:	
Health Care	\$3,200
Dependent Care	\$5,000

# LIFE AND DISABILITY INSURANCE

Administered by: The Hartford

## Life Insurance

The company provides basic life and accidental death and dismemberment (AD&D) insurance at no cost to eligible employees. Life insurance provides the peace of mind that your loved ones will be less overwhelmed with unexpected funeral costs and everyday living expenses after your passing.

	How it works	Amount of coverage
Life	Your beneficiary receives this amount if you die.	\$100,000
	Age Based Benefit Reduction --	Reduces by 50% at age 70
AD&D	Your beneficiary receives this additional amount if your death the result of an accident. Or you receive this amount if you meet the policy definition of severely injured.	\$100,000

Increased Life  
Benefit  
1/1/2025

## Disability Insurance

This benefit replaces a portion of your income if you become unable to work due to an injury or illness.

### Short Term Disability (STD)

Benefit	66.6% of your weekly income to a maximum of \$1,800 per week
Waiting Period	14 days
Benefit Duration	11 weeks



### Long Term Disability (LTD)

Benefit	66% of your monthly income to a maximum of \$5,000/month
	Beyond 24 months, 80% monthly earnings to a maximum of \$5,000/month
Waiting Period	90 days
Benefit Duration	4 years

**NOTE:** Both the STD and LTD include pre-existing condition limitations. Please review the plan summaries for more details. Earnings for STD and LTD benefits are based on your base annual earnings and do not include other income such as bonuses and commissions.

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@oneidation.org](mailto:HRD_insurance@oneidation.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@oneidation.org](mailto:HRD_insurance@oneidation.org)

## LIFE AND DISABILITY RESOURCES

Your Life and Disability Insurance from The Hartford include value-added resources and services to support you and your family.

### Funeral Concierge Services

- Online tools and live telephonic support
- Database of funeral home prices
- Comparison and negotiations

1-866-854-5429

[www.everestfuneral.com/hartford](http://www.everestfuneral.com/hartford)

Code: HFEVLC

### Beneficiary Assist Counseling Services

- Assistance coping with grief
- Emotional, financial and legal support
- Unlimited phone contact and five in-person sessions with counselors, attorneys and/or financial planners

1-800-411-7239

### EstateGuidance Will Services

Online will prep

Online attorney support

[www.estateguidance.com](http://www.estateguidance.com)

Code: WILLHLF

### Travel Assistance w/ID Theft Protection

Access to professionals across the globe for medical assistance when traveling 100+ miles from home.

ID theft services available at home or when traveling.

1-800-242-6108

ID number: GLD-09012

### Ability Assist Counseling Services & Health Champion

Disability related guidance , care options and resources

1-800-96-HELPS



[www.thehartford.com/employeebenefits](http://www.thehartford.com/employeebenefits)

# VOLUNTARY BENEFITS

Voluntary benefits supplement the core benefit offerings and provide the opportunity to customize your benefit package to meet your unique needs. There are a variety of options to choose among - all of which offer you affordable protection through the convenience of payroll deductions. See your plan documents for additional details.

## 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 employee amount (not to exceed \$250,000)
Guarantee Issue (no medical questions)	Employee: \$200,000 Spouse: \$50,000 Child: \$10,000
Amount of AD&D Benefit	Matches life amount

VOLUNTARY SHORT-TERM DISABILITY -- UNUM	PLAN ONE	PLAN TWO
Waiting Period	14 days	14 days
Benefit Duration	10 weeks	11 weeks
Amount of Benefit (standalone)	60% income	60% income
Amount of Benefit (with Oneida STD plan)	75% income	75% income

VOLUNTARY WHOLE LIFE -- UNUM	
Amount of Life Insurance Benefit (age-based benefit reduction)	Employee: \$2,000-\$300,000 Spouse: \$2,000 - \$75,000 Child: \$5,000 - \$50,000

VOLUNTARY CRITICAL ILLNESS -- UNUM
With critical illness coverage, you will 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.
Wellness Benefit: \$75 per calendar year; see UNUM packet for list of eligible preventive 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 to protect your whole family.
KEY FEATURES: helps pay your deductible, benefits are paid directly to you, there are no calendar year maximums.

Unum Voluntary Benefits are currently in an enrollment pause while being re-evaluated.

# RETIREMENT PLANS

Planning for your future financial security is as important to your overall wellbeing as your health insurance. The 401k Plan is designed to help you build retirement savings. You may contribute to the 401k Plan through automatic tax-deferred payroll deductions.

## Traditional 401(k) *(pre-tax contributions)*

**DOLLAR FOR DOLLAR, UP TO 5% MAXIMUM,  
MATCHED BY ONEIDA NATION**

Vesting Schedule	
Less than one year	0%
1 year	25%
2 years	50%
3 or more years	100%

## Roth 401(k) *(post-tax contributions, not matched)*

Administered by: Transamerica Retirement Solutions  
To enroll or make changes to your 401(k)  
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](mailto:NATHAN@visadvisors.com)

Todd Cherry 920-475-2202  
[TODD@visadvisors.com](mailto:TODD@visadvisors.com)





# EMPLOYEE ASSISTANCE PROGRAMS

Life has a way of throwing curveballs and every new day can present complex challenges. It's important to be aware of the support solutions available when you need you need some extra help coping with the stress that may come your way.

Oneida Nation's Employee Assistance Program (EAP) opportunities and value-added therapy and counseling options help you navigate impactful issues such as:



## Aurora EAP

Services are confidential as state and federal guidelines apply.

Counselors & consultants to help you and the members of your household address mental health or life issues.

### Benefits

- 8 sessions per issue
- Telephonic, virtual &/or in-person sessions
- Live 24/7 toll-free access
- Interpreter and TDD services
- Behavior change coaching
  - ✓ Coping with Stress and Anxiety
  - ✓ Communication/Conflict Resolution
  - ✓ Anger Management
  - ✓ Substance Abuse

### Work/Life Balance Services

- Financial and Legal Consultation
- Identity theft guidance
- Adoption information and referral
- Elder care information and referral services
- Daycare information and referral services

To learn more about Advocate Aurora EAP, visit [aah.org/eap](http://aah.org/eap) or call 800-236-3231.

## Aurora & EAP "GATEWAY" INCENTIVE PROGRAM

If the Aurora 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 Aurora or Oneida EAP, it would cost you \$0.

## ONEAP: Oneida Nation EAP



Reduce problems in the workplace and retain valued employees:

- Confidential, professional, problem-solving assessments
- Short-term counseling sessions (1-12)
- Referral to appropriate community service providers

**FREE to ALL Oneida Nation employees and families**

2685 W. Mason St. STE E  
Green Bay, WI 54303

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

## ONEIDA BEHAVIORAL HEALTH SERVICES

Confidential services such therapy, psychological evaluations, support groups, medication management, and case management. *Tribal members are eligible for Oneida Behavioral Health services.*

## UMR – Talk Space Online Therapy

*(Medical Deductible & Coinsurance Apply)*

- Available to members on the medical plan
- Message a licensed therapist 24/7
- Be matched with clinician
- No appointment required
- Live video sessions
- Convenient, safe and secure



**Talkspace.com/connect**



**APPOINTMENTS AVAILABLE IN DAYS**  
(Compared to typical wait times of 6-12 months.)



**ONLINE AND LICENSED IN EVERY STATE**

# VALUE ADDED HEALTH PLAN BENEFITS

THE FOLLOWING PAGES REFLECT BENEFITS AVAILABLE TO MEMBERS  
ENROLLED ON ONEIDA NATION MEDICAL PLAN



# WELLNESS ONSITE CLINICS

## Chiropractic and Wellness Care at Work

### BENEFIT FOR EMPLOYEES CURRENTLY ENROLLED IN ONEIDA'S UMR (UHC) HEALTH PLAN

- There is no charge to you for these services.
- All health records and visit information will remain locked and confidential.

### ONSITE SERVICES INCLUDE

- Chiropractic treatments, dry needling, kinesio taping
- Healthy lifestyle, natural health strategies
- Management of illness, stress, and chronic conditions
- Exercise and rehab guidance

### CLINIC STAFF

#### 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' interests. [seickert@oneidanation.org](mailto:seickert@oneidanation.org)

#### Kristy Sipple, Chiropractor, *GAMING & PROGRAMS clinics.*



Kristy has over 10 years of chiropractic experience. She is certified in nutrition and kinesio taping. She enjoys providing exercises, stretching and nutrition to her patients to help them meet all their health and wellness goals. [ksipple@oneidanation.org](mailto: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](mailto:scapesiu@oneidanation.org)

### LOCATIONS

- **Gaming - Main Casino: 920-429-3150 (x3150)**
  - Located near the employee locker room entrances, across from the ATM/vending machines.
- **Programs – Oneida Hotel: 920-490-3731 (x 3731)**
  - Located in Room 105, entry door on the west wing of the hotel across from Parking Lot C.

### SCHEDULING AN APPOINTMENT

- **DaySmart Scheduling Software**
  - Use link on your desktop with this icon: 
  - Allows you to **create an account, schedule & cancel appointments.**
- **Email** a clinic staff member or **call/voicemail** (contact info above)
- Hours are **part-time**; there may be a delay in getting back to you.
- 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 response.

# ONEIDA HEALTH ADVOCATES

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

**Some examples of how they may serve you:**

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

**You can expect to hear from them:**

- After avoidable emergency room visits
- If you have complex care conditions



## Margaret VandenHeuvel, MSN, RN

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

Cost: No Charge

Location: Oneida Hotel – Room 107

Hours: Vary; contact information is below

Call: 1-920-490-3729

Email: [HealthAdvocate@oneidanation.org](mailto:HealthAdvocate@oneidanation.org)



## Nurses

Open Position on our Health Advocate Team

*For more information contact: Lisa Moore*

*L.moore@oneidanation.org*

# ONEIDA HEALTH PLAN 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** (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.

**Enroll Now!** 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.

### 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.

*"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

### **NO COST!**

To learn more about Wondr Health, contact one of our Oneida Health Advocates.



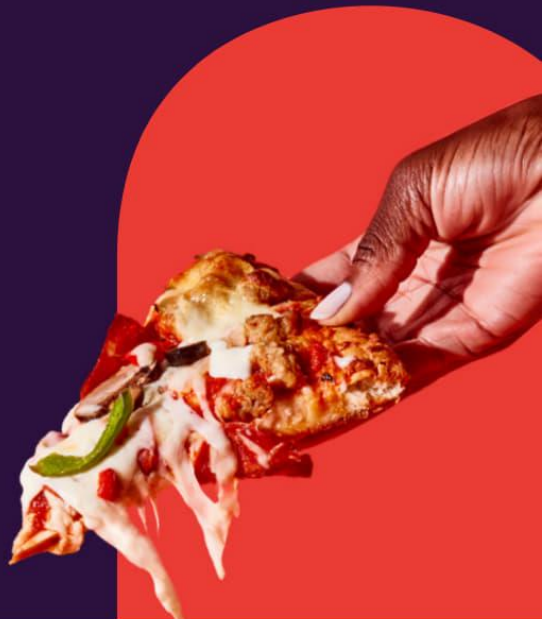
# ONEIDA HEALTH PLAN SPONSORED WEIGHT MANAGEMENT PROGRAM

## 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](https://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](https://wondrhealth.com/Oneida)

Questions? Visit [support.wondrhealth.com](https://support.wondrhealth.com)

### LET'S TALK RESULTS

#### In as little as 12 weeks:

**84%**   
LOST WEIGHT

**64%**   
HAVE MORE ENERGY

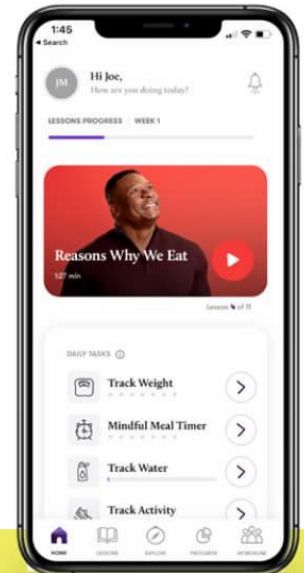
**68%**   
ARE MORE PHYSICALLY ACTIVE

**65%**   
FEEL MORE CONFIDENT

**85%**   
FEEL MORE IN CONTROL OF THEIR WEIGHT

**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.  
WONDR PARTICIPANT

LOST  
**35** lbs

GAINED  
Confidence



# BELLIN NEARSITE CARE

bellinhealth



24/7 APPOINTMENT SCHEDULING

You do not need to be a Bellin Health patient.

800.528.7883

bellin.org/oneida

## Oneida Health Plan Members

No referrals necessary. You do not need to be a Bellin Health patient.



CO-PAY  
\$0\*  
PLUS  
CONSUPTIONS

### 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.)

For locations or a list of providers, please visit [bellin.org/services/primary-care](http://bellin.org/services/primary-care).



CO-PAY  
\$10\*  
PLUS  
CONSUPTIONS

### PHYSICAL THERAPY

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

For locations or a list of providers, please visit [bellin.org/services/physical-specialized-therapy](http://bellin.org/services/physical-specialized-therapy).



CO-PAY  
\$0  
NO  
CONSUPTIONS

### 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](http://bellinfastcare.org) for locations and hours.



CO-PAY  
\$0  
NO  
CONSUPTIONS

### URGENT CARE

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

Visit [bellin.org/urgentcare](http://bellin.org/urgentcare) for locations and hours.



TRUE  
EMERGENCY  
\$0

NON-TRUE  
EMERGENCY  
\$525

### EMERGENCY CARE

- **NON-TRUE EMERGENCY** means any medical condition that, although requiring attention does not require immediate care treatment in order to avoid jeopardizing the life and health of the person seeking treatment.
- **TRUE EMERGENCY** means a serious medical condition, with acute symptoms that require immediate care and treatment in order to avoid jeopardy to the life and health of the person.

bellinhealth



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

# PREVEA NEARSITE CARE

## Prevea Partnered Health

Oneida Nation has partnered with Prevea Health to offer greater accessibility to health care services for you at a minimal fee. All those insured by the Oneida Nation health insurance plan have access to urgent care, family medicine, internal medicine, pediatrics, physical and occupational therapy, and some labs at all Prevea Partnered Health locations where those services are offered\*. Additional services if needed, such as X-rays, MRI, or specialty care, will be billed to your personal health insurance.

**The Prevea Partnered Health access card must be presented at time of check-in. Otherwise, the service will be billed to your personal health insurance. No referral needed. Visit [prevea.com/PartneredHealth](http://prevea.com/PartneredHealth) to schedule an appointment.**

*\$0 co-pay per visit*

### PRIMARY CARE SERVICES FOR:

- 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)

### EMERGENCY CARE:

- **\$525 for Non-true Emergency:** Any medical condition that, although requiring attention, does not require immediate care treatment in order to avoid jeopardizing the life and health of the person seeking treatment.
- **\$0 for True Emergency:** A serious medical condition, with acute symptoms, that require immediate care and treatment in order to avoid jeopardy to the life and health of the person.

*\$10 co-pay per visit*

### PHYSICAL AND OCCUPATIONAL THERAPY SERVICES FOR:

- 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

*\$0 co-pay per visit*

### URGENT CARE SERVICES FOR:

- Allergies
- Bites and stings
- Burns and sunburn
- Coughs and colds
- Ear pain
- Flu
- Headache
- Injuries and musculoskeletal care
- Minor lacerations and repair
- Pink eye/stye
- Sinus infections
- Skin infections
- Sore throats
- UTI/bladder infection





# PREVEA NEARSITE CARE (CONT)

## LABS

The following labs are available at no additional cost to you as the patient with a Prevea Partnered Health physician or provider order. Labs not listed or ordered by a non-Prevea Partnered Health physician or provider will be billed to your personal health insurance.

- 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

## IMMUNIZATIONS

The following immunizations are available at no additional cost to you as the patient with a Prevea Partnered Health physician or provider order. Immunizations not listed or ordered by a non-Prevea Partnered Health physician or provider will be billed to your personal health insurance.

- 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

### *Prevea Partnered Health*

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

**\$10** Physical and Occupational Therapy

To schedule an appointment,  
visit [prevea.com/PartneredHealth](http://prevea.com/PartneredHealth)



### *Prevea Partnered Health*

Company Oneida Nation

Guarantor 500000888, GB10  
500000890, SB90  
500000889, WW60

PRV\_HW000445-4 0320



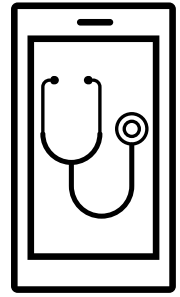
**You must present your physical card at check-in.**

# TELEMEDICINE

## First Stop Health (FSH)

Talk to a doctor 24/7 WITHOUT LEAVING YOUR HOME!  
Average wait time is less than 5 minutes!!

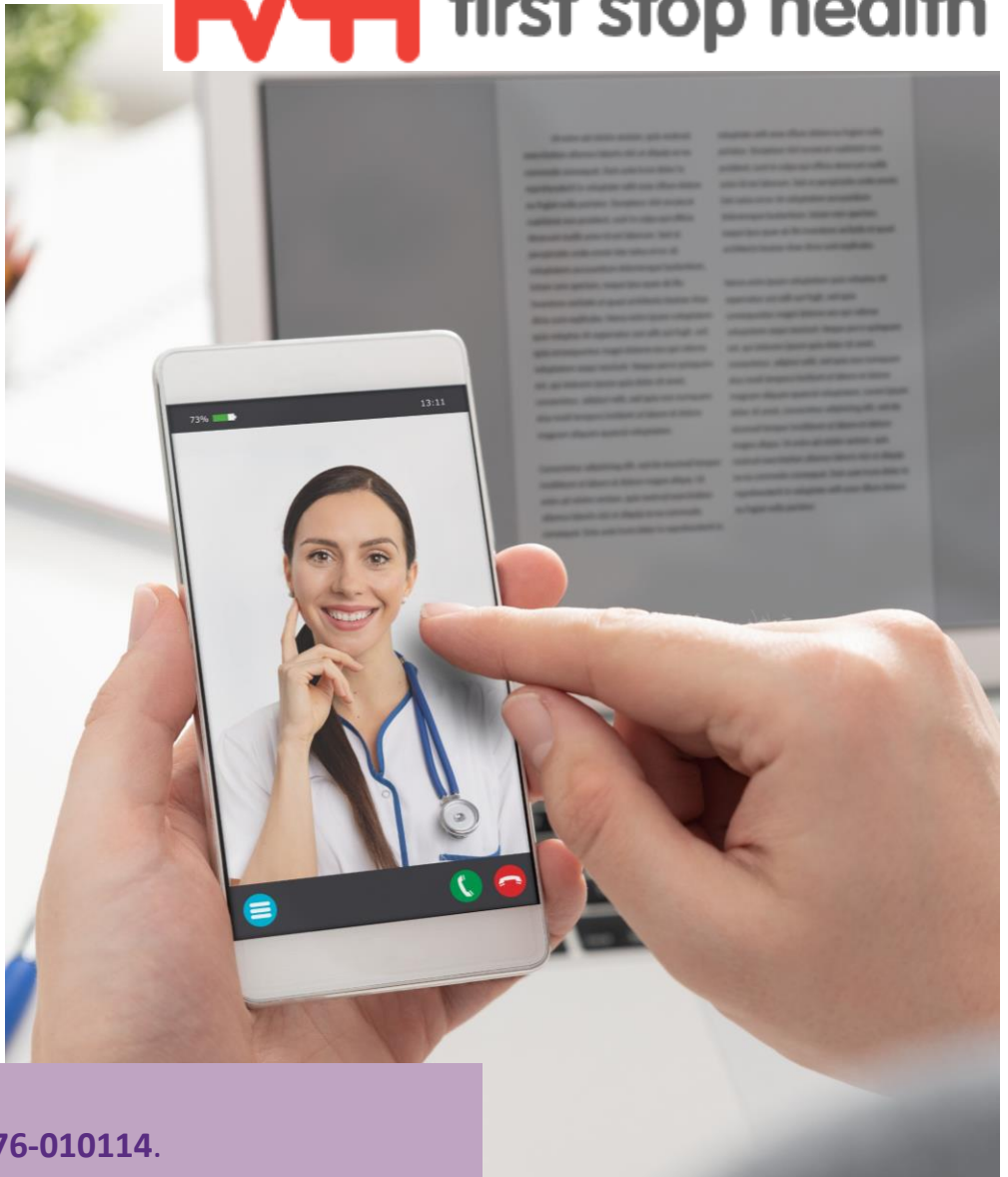
Available to employees and their family members covered on the UMR medical plan.



### NO COST! NO COPAY!

Request virtual care for:

- Sore throat
- Cough
- Sinus infection
- Skin rash
- Eye infection
- Earache
- Urinary tract infection
- Aches and pains
- Medical questions
- Medication refills



Call **888-699-8507**

UMR Group Number **76-010114**.

Within just a few minutes, you can be talking to a doctor.

# Save on hearing aids and hear life to the fullest



A UnitedHealthcare Company

Through UnitedHealthcare Hearing, you have access to hundreds of name-brand and private-label hearing aids, plus convenient ordering options and personalized care to help you improve your hearing.



	BASIC	RESERVE	ENTRY	ESSENTIAL	STANDARD	ADVANCED	PREMIUM
Hearing aids	Private label	Private label	Name brand	Name brand	Name brand	Name brand	Name brand
Cost	\$	\$+	\$\$	\$\$\$	\$\$\$\$	\$\$\$\$\$	\$\$\$\$\$\$
Styles*	BTE	RIC, ITE, Ultra Power BTE, CIC		All styles			
Batteries	One-year supply						Five-year supply
Follow-up care	Additional cost per follow-up visit		Hearing aid fitting and three free follow-up visits included within the first year, after the 45-day trial period				
Trial period	70 days		45 days				
Warranty	Three-year extended warranty (covers repair and a one-time loss/damage replacement)**						

\* BTE = behind-the-ear; RIC = receiver-in-canal; ITE = in-the-ear; CIC = completely-in-canal

\*\* One-time replacement cost may apply.



## Personal support, every step of the way

You'll receive access to professional, nationwide support, online tutorials, hearing health tips and more, so you can stay connected and get the most out of your hearing aids.



## Contact UnitedHealthcare Hearing today to start using your hearing benefit.


Call: 855-523-9355, TTY 711

Visit: [uhchearing.com](http://uhchearing.com)

# Your Hearing Program

If you have noticed changes in your hearing, rest easy.

Delta Dental of Wisconsin has teamed up with Amplifon to offer you quality hearing care.

	Level 1	Level 2	Level 3	Level 4	Level 5
	Hearing aid options from the top brands with an average savings of 66% off retail pricing.*				
<b>Amplifon Price (per ear)</b>	<b>\$995</b>	<b>\$1,295</b>	<b>\$1,495</b>	<b>\$1,895</b>	<b>\$2,195</b>
	<b>Virtual services</b>				
	<b>Virtual screening</b> – determine need from the comfort of home				
	<b>Personalized coaching</b> – enhance adjustment and use of hearing aids				
	<b>On-demand virtual visits</b> – convenient care for non-clinical support				
	<b>60-day risk-free trial</b> Find your right fit by trying your hearing aids risk-free				
	<b>Complimentary aftercare</b>				
	<b>1-year follow-up care</b> - ensures smooth transition to your new hearing aids				
	<b>2-year battery support</b> - battery supply or charging station to keep you powered				
	<b>3-year warranty</b> - coverage for loss, repairs, or damage				

## To learn more:

Call 888-901-0132 (TTY: 711) | Hours: Mon-Fri 7am - 8pm CT

Visit [amplifonusa.com/deltadentalwi](https://amplifonusa.com/deltadentalwi)



\*Based on 2022 internal MSRP analysis. Your savings may vary.

You and your provider will determine the best device to meet your hearing loss, lifestyle, and technology needs.

**Risk-free trial** - 100% money-back guarantee if not completely satisfied, no return or restocking fees. **Follow-up care** - for one year following purchase. **Batteries** - two-year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - exclusions and limitations may apply. Contact Amplifon 888-901-0132 for details. Virtual screening does not take the place of a diagnostic exam by a licensed professional. Not all virtual services are available on all products.

Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental of Wisconsin and Amplifon are independent, unaffiliated companies. Hearing services are administered by Amplifon Hearing Health Care, Corp. The Amplifon Hearing Health Care discount program is not approved for use with any third-party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

# 2nd.MD May Be Calling *find out why*

As part of your benefits, you have access to 2nd.MD, a medical second opinion service that provides virtual consultations with top specialists at a time that's convenient for you.

If your insurance lets us know that you or a covered family member receive a medical diagnosis, **one of our dedicated Health Advocates may reach out** via phone or email to help you get the best care.

## It's no cost to you!

2nd.MD services are available to you and your eligible dependents at no additional cost as part of your company benefits.

**You don't have to wait for 2nd.MD to call, you can request a consult today.**

**Call 2nd.MD at 1.866.918.0764**

**Visit [www.2nd.MD/reach](http://www.2nd.MD/reach)**



CALL 911 IMMEDIATELY IF YOU ARE HAVING A MEDICAL EMERGENCY. 2nd.MD is not an emergency service. 2nd.MD is an independent resource to support you in receiving information from Expert Medical Specialists. 2nd.MD does not practice medicine or provide patient care and is independent from the Specialists providing the expert medical consultations.

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## Conditions our specialist cover:

- Autoimmune
- Cardiac/vascular
- Ear, nose, throat, and oral
- Endocrine
- Gastrointestinal
- Hepatobiliary system & pancreas
- Hematology
- Infectious disease
- Integumentary
- Men's health
- Musculoskeletal
- Neonatology
- Nervous system
- Nutrition
- Ophthalmology
- Oncology
- Pulmonary system
- Renal
- Toxicology
- Urology
- Women's health
- And more

**Get expert advice from top specialists when you or an eligible family member have questions about:**

- A possible surgery or procedure
- A chronic condition that isn't improving
- Diagnostic testing (MRI, CT, lab work, ultrasound)
- Your medications and overall treatment plan

**All 2nd.MD services are secure and 100% confidential.**

# HEALTH PROMOTION & DISEASE PREVENTION

## 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\*
- Two 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 (only applies to health plan participants).
- 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

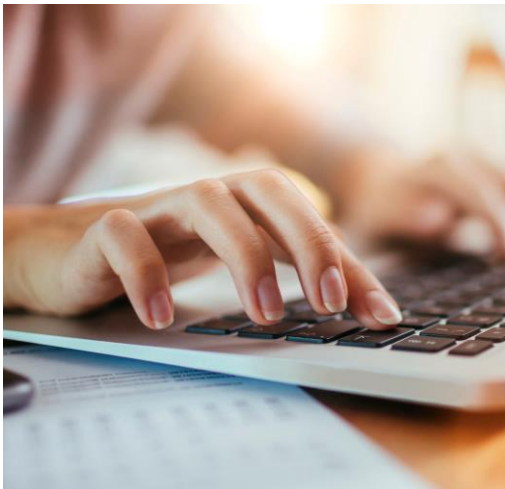


## PREVENTIVE WELLNESS INCENTIVES – \$\$ WHAT CAN I EARN \$\$

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

- Annual Physical (spouses only)
- Prostate Exam
- Annual Mammogram
- Colonoscopy

You can receive a \$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](mailto:HRD_Insurance@oneidanation.org)
- Fax to (920)490-3663
- Drop off at Skenandoah Complex, 909 Packerland Drive

# EMPLOYEE HEALTH RESOURCES

## WALK IN SERVICES

- Early return to work
- Health & wellness education
- Immunizations
- Injury/illness evaluation

## MONITOR

- Blood pressure
- Blood sugar
- Weight management

## OTHER

- Oneida blood drives
- Presentations
- Drug & alcohol testing
- Work Comp Case Management
- Disability Case Management
- Wellness Incentive Case Management



## SERVICES BY APPOINTMENT

- Review HRA results w/medical professional
- Tobacco cessation
- Workplace ergonomics assessment

## TRAINING PROGRAMS

- Bloodborne pathogens
- CBP & first aid
- Respiratory protection
- Safety/injury prevention



## EHN LOCATION:

701 Packerland Drive

## Hours:

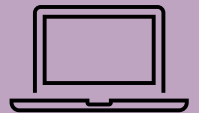
Monday – Friday  
8:00 am – 4:30 pm

Open during the lunch hour  
Closed holidays & weekends

## Contact:

phone: 920-405-4492  
fax: 920-405-4494

email: [ehn\\_department@oneidation.org](mailto:ehn_department@oneidation.org)





## ONEIDA WORK INJURY

### ONEIDA EMPLOYEES

Immediately notify your supervisor (within 48 hours), complete an incident report within 10 days, and notify Employee Health Nursing of your incident by calling **920.405.4492**.

If injury is critical, call **911**.

If the injury is not critical, and you seek treatment\*, utilize the **CONCENTRA OCCUPATIONAL HEALTH and URGENT CARE**, Oneida Community Health Center (OCHC), all Bellin Health locations or call the Bellin Health Work Injury Hotline at **920.433.3733**.



### CONCENTRA OCCUPATIONAL HEALTH AND URGENT CARE

Ashwaubenon: 2920 Ramada Way, Green Bay • 920.305.0360  
Monday-Friday, 8am – 5pm (after hours, call 920.433.3733)

### BELLIN HEALTH URGENT CARE

Ashwaubenon: 1360 Commanche Ave. (west entrance), Green Bay • 920.433.6000  
Bellevue: 3263 Eaton Rd., Green Bay • 920.433.6000  
Monday-Sunday, 8am-8pm • Holidays 8am-4pm

### BELLIN HEALTH EMERGENCY DEPARTMENT

Green Bay: 744 S. Webster Ave., Green Bay  
24/7



\* **IMPORTANT:** If the injury is not critical, and you seek treatment, utilize Concentra Occupational Health and Urgent care, a Bellin Health clinic or Oneida Community Health Center (OCHC). Failure to seek treatment at these clinics may result in employee responsibility for 50% of treatment costs.

[bellin.org/workinjury](https://bellin.org/workinjury)

# ANNUAL NOTICES

## 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 insert the name, title, telephone number and any additional contact information of the appropriate plan representative.



# ANNUAL NOTICES

## 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, 2025

### **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, CONT...

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.

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.

## HIPAA NOTICE OF PRIVACY PRACTICES, CONT...

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 \(920\) 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.

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 (920) 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 (920) 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 (920) 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, CONT...

To obtain a paper copy of this notice, contact the following individual: Employee Insurance at (920) 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 (920) 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.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) 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. Please see your Summary of Benefits and Coverage (SBC) for deductible and coinsurance information.

If you would like more information on WHCRA benefits, call your Plan Administrator.



## 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.





## 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 the 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 15<sup>th</sup> to December 7<sup>th</sup>.

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.

### **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.

MEDICARE PART D: CREDITABLE COVERAGE NOTICE, CONT...

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 (920) 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](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**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).

<b>Date:</b>	<b>January 1, 2025</b>
<b>Name of Entity/Sender:</b>	<b>Oneida Nation</b>
<b>Contact--Position/Office:</b>	<b>Human Resources</b>
<b>Address:</b>	<b>PO Box 365, Oneida WI, 54155</b>
<b>Phone Number:</b>	<b>(920) 490-3650</b>

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

## 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 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"<sup>1</sup> standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit [healthcare.gov](http://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](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> 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, CONT...

**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 [u may be able to buy in](#) individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –**

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

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p>Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a></p> <p>Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p> <p>Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)</p> <p>Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p>Phone: 1-800-862-4840</p> <p>TTY: 711</p> <p>Email: <a href="mailto:masspreassistance@accenture.com">masspreassistance@accenture.com</a></p>

MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
<p>Website:  <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>  Phone: 1-800-692-7462  CHIP Website: <a href="http://www.dhs.pa.gov/CHIP">Children's Health Insurance Program (CHIP)(pa.gov)</a>  CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or  401-462-0311 (Direct Rlte Share Line)</p>
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
TEXAS – Medicaid	UTAH – Medicaid and CHIP
<p>Website: <a href="http://www.dhs.texas.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>  Phone: 1-800-440-0493</p>	<p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
<p>Website: <a href="http://www.vermont.gov/health-insurance-premium-payment-hipp-program">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a>  Phone: 1-800-250-8427</p>	<p>Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a>  <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>  Medicaid/CHIP Phone: 1-800-432-5924</p>
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
<p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002</p>	<p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>  Phone: 1-800-251-1269</p>



To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

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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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137

*OMB Control Number 1210-0137 (expires 1/31/2026)*

*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.*

*M3 Insurance Solutions, Inc. (M3) has prepared the Employee Benefits Guide template to assist your organization in educating employees on health and welfare insurance benefits placed by M3. This template does not include all terms, coverages, exclusions, limitations, and conditions of applicable plan(s) contract language.*



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