



ONEIDA



Benefits Guide

2026

TABLE OF CONTENTS

Table of Contents

2026 Benefit Updates	4
Holidays & Paid Time Off	5
Benefit Eligibility & Elections	6-7
Carrier Contacts	8
Oneida Resources	9
Benefits Overview	10
Care Options	11
Medical Plan Highlights	12
Online Tools & Value-Added Resources	13
Value-Added Resources	14
Payment & Premiums	15
Prescription Drugs	16-17
Dental Plan Options	18-19
Vision Plan	20-21
Flexible Spending Account	22
Life & Disability Insurance	23
Life & Disability Resources	24
Voluntary Life Insurance	25
Retirement Plans	26
Employee Assistance Programs	27
Value Added Health Benefits	28-40
Important Notices	41

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.

2026 Benefit Updates



Benefit Updates 2026

Medical Plan

There is a change to the medical deductible and maximum out of pocket for the 2026 plan year. Additionally, Prevea Nearsite has been discontinued, effective 1/1/2026.

Flexible Spending Account

The Medical Flexible Spending Account limit will increase to \$3,400, with a \$680 carryover limit. The Dependent Care limit has increased to \$7,500.

Dental Plan - CarePlus

Effective January 1, 2026, employees will have access to the Care Plus dental plan as an additional coverage option. Plan participants will have access to providers within both the Dental Associates and Midwest Dental networks.

401(k) Contributions

The 2026 401(k) limit has increased to \$24,500. Age 60-63? You may be eligible to save an extra \$11,500 in catch up contributions. The catch-up limit for age 50-59, has remained the same at \$8,000.

SECURE 2.0 Catch up contributions for eligible, highly compensated participants will be mandated to be made on a Roth (after-tax) basis.

First Stop Health

NEW: Virtual Primary Care visits. Appointments via app, website or phone.

UMR New Programs

Emerging CARE - Behavioral Health:

Assists members who have chronic behavioral or substance use challenges

Family Advocate Support CARE:

Assisting eligible dependents and families who are navigating complex health challenges by providing comprehensive and personalized support

***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.

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.

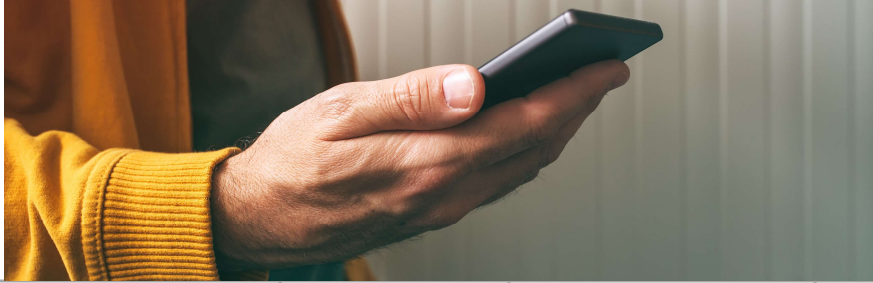
Non-duplication of Coverage: Any person who is covered as an eligible employee shall not also be considered an eligible dependent of this plan

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 – First Stop Health					X	X
Prescription Drug					X	X
Flexible Spending Account (FSA)	X		X			
COBRA					X and/or Dental & Vision	X
Delta Dental	X		X			X
CarePlus	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		
Employee Assistance Program - <i>Oneida</i>	X	X	X	X	X	X
Employee Assistance Program - <i>Aurora</i>	X	X	X	X	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 Programs, Employee Health Nursing, and 401K.

CARRIER CONTACTS



COVERAGE TYPE	CARRIER	GROUP NUMBER	PHONE NUMBER	WEBSITE
Medical UMR CARE Nurses	UMR / UnitedHealthcare	76-010114 76-010114	1-800-756-5224 1-877-950-5083	www.umar.com
Telemedicine	First Stop Health	N/A	1-888-699-8507	www.fshealth.com
Prescription Drug	RxBenefits	RXBENHOSP	1-844-334-8134	www.rxbenefits.com
Flexible Spending Account (FSA)	Diversified Benefit Services (DBS)	N/A	1-800-234-1229	www.dbsbenefits.com
COBRA			1-262-367-3300 x280 or x242	
Delta Dental HB1	Delta Dental of WI	94251	1-800-236-3712	www.deltadentalwi.com
Care Plus	CarePlus	MW044	1-800- 318-7007	www.careplusdentalplans.com
Vision	Ameritas / EyeMed	301285	1-800-487-5553	www.ameritas.com
Short Term Disability	The Hartford	681626	1-888-301-5615	thehartford.com/groupbenefits
Long Term Disability				
Basic Life / AD&D Voluntary Life /AD&D			1-888-563-1124	
Voluntary Whole Life	Unum	8460497	1-800-635-5597	www.unum.com
Employee Assistance Program	Aurora	N/A	1-800-236-3231	www.aah.org/eap.com
401k Retirement	Transamerica	N/A	1-800-755-5801	https://oneida.trsrretire.com

Slide 8

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Need contact info

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ONEIDA RESOURCES

BENEFIT

CONTACT INFORMATION

Employee Assistance Program

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

Employee Health Nursing

Phone: (920) 405-4492 Email: EHN_Department@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)

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

Proactively 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
Virtual Care 	Colds or flu Bronchitis Respiratory infection Pink eye	Sinus problems Allergies Urinary tract infection Poison ivy	15-20 Minutes	\$
Onsite Clinic 	Colds or flu Sinus Infection Allergies	Vaccinations Health Screenings Headaches	Same Day Availability	\$
Retail Clinic 	Colds or flu Sinus Infection Allergies Minor Cuts	Vaccinations Screenings Minor sprain Minor burn	15-30 Minutes	\$
Bellin Nearsite Clinic 	Colds or flu Sinus Infection Allergies Minor Cut	Vaccinations Screenings Minor Sprain Minor Burn	Same Day Availability	\$
Your Doctor's Office 	Preventative services Vaccinations	Non-life threatening injuries or illnesses	1 Week or More	\$\$
Urgent Care 	Sprains or strains Mild asthma attack Sore throat Earaches	Minor broken bone Minor cut Minor infection Minor rash	30-90 Minutes	\$\$
Emergency Room 	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	\$\$\$

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. 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.

MEDICAL PLAN HIGHLIGHTS

UMR/UNITEDHEALTHCARE – ChoicePlus Network

In-Network

Out of Network

Deductible – *Note Medical Deductible Change for 1/1/2026*

Single	\$375	\$750
Family	\$1,125	\$2,250

Out-of-Pocket Maximum – *Note Medical Out of Pocket Maximum Change for 1/1/2026*

Single	\$3,300	\$6,500
Family	\$9,900	\$19,500

Lifetime Maximum Unlimited

Dependent Eligibility To Age 26

Routine/Preventive Care No Charge/Deductible Waived 40% Coinsurance

**Tier 1
Premium Designation
UHC Choice Plus & MLR for Tribal
Members**

**Tier 2
In –Network
Oneida Health Center**

**Tier 3
Out-of-Network**

Coinsurance 15% 20% 40%

Office Visit

Primary Care Physician Specialist	\$30 Copay Per Visit 15% Coinsurance Deductible Waived	\$30 Copay Per Visit 20% Coinsurance Deductible Waived	40% Coinsurance
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Diagnostic Test/Imaging

X-Ray, Blood Work, CT/PET Scans and MRI	15% Coinsurance Deductible Waived	20% Coinsurance Deductible Waived	40% Coinsurance
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Outpatient Setting	15% Coinsurance	20% Coinsurance	40% Coinsurance
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Outpatient Surgery

Facility Fee (e.g. Ambulatory Surgery Center)	15% Coinsurance	20% Coinsurance	40% Coinsurance
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Emergency Room Care

True	15% Coinsurance	15% Coinsurance	15% Coinsurance
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Non-True	\$525 Copay per visit 20% Coinsurance	\$525 Copay Per Visit 20% Coinsurance	\$525 Copay Per Visit 20% Coinsurance
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Emergency Medical Transportation	15% Coinsurance	15% Coinsurance	15% Coinsurance
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Urgent Care	\$75 Copay per visit 15% Coinsurance Deductible Waived	\$75 Copay per visit 20% Coinsurance Deductible Waived	40% Coinsurance
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Hospital Stay	15% Coinsurance	20% Coinsurance	40% Coinsurance
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Mental Health, Behavioral Health/Substance Abuse Needs Outpatient	\$30 Copay per visit 15% Coinsurance Deductible Waived	\$30 Copay per visit 20% Coinsurance Deductible Waived	40% Coinsurance
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Inpatient	15% Coinsurance	20% Coinsurance	40% Coinsurance
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Pregnancy

Office Visits	Covered In Full	Covered In Full	40% Coinsurance
Delivery Professional & Facility Services	15% Coinsurance	20% Coinsurance	

ONLINE TOOLS

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.

Symptom navigator



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.

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.



Members of the UMR medical plan have access to a catalog of resources at their fingertips!

Visit 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.



VALUE-ADDED RESOURCES



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



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.

UMR Emerging CARE

Assistance, advocacy and support to help avoid high-risk health conditions.

- **Emergency & Discharge Support:** Monitors frequent ER visits and provides outreach 2-3 days after discharge
- **Pre-Admission Counseling:** Support for elective surgeries including caregiver inclusion and tools for managing anxiety
- **Specialized Care:** Dedicated assistance for LGBTQ+ members, fertility support, and specialty medication support
- **Appeals Help:** Clinical staff explain denials and guide you through alternative treatment options

Family Advocate Support CARE Program

Assists eligible dependents and families who are navigating complex health challenges.

- Holistic support for members, caregivers, and families.
- Helps secure appointments with specialized medical centers
- Connection to critical community resources based on your needs
- Specialized team to help understand benefits, claims, and policies

Emerging CARE – Behavioral Health

Assists members who have chronic behavioral health or substance use challenges.

- Outreach for behavioral health or substance use ER visits
- Assistance with newly prescribed behavioral health medications
- Outreach during discharge from inpatient programs

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. For coordination of benefits, Medicare needs to be marked primary when enrolling to ensure proper and efficient claim processing. Plan participants can enroll by:

phone: 800-772-1213

online: www.SocialSecurity.gov

in-person: at your local Social Security Office.

WELLNESS PROGRAM INCENTIVE

2026 Medical Premiums were based on your participation in completing an Annual Physical Exam with your Primary Care Provider.

For more details, please refer to 2026 Medical Plan Year Wellness Incentive documents or contact Christina Blue Bird at 920-869-4492 or cbluebi1@oneidanation.org.



2026 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	\$40.00	\$264.32	\$224.32
Limited Family	\$0	\$80.00	\$528.72	\$448.72
Family	\$0	\$110.00	\$702.59	\$592.59

Employees hired *AFTER* and including July 1, 2025 will default to \$0 weekly premium for the 2026 plan year.

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
Generic (Tier 1)		
Participating OCHC Pharmacy	\$2 copay	\$5 copay
Retail Pharmacy	\$10 copay	\$25 copay
Preferred Brand Name (Tier 2)		
Participating OCHC Pharmacy	\$20 copay	\$50 copay
Retail Pharmacy	\$25 copay	\$62.50 copay
Non-Preferred Brand Name (Tier 3)		
Participating OCHC Pharmacy	\$40 copay	\$100 copay
Retail Pharmacy	\$50 copay	\$125 copay
Specialty Medication (Tier 4)		
Participating OCHC Pharmacy	\$20 copay	
Retail Pharmacy	\$50 copay	

\$0 Copay Medications – 90 day fills available

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

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

- Zyban
- Chantix
- Nicotrol (nasal inhaler)

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



PRESCRIPTION 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	<p>Many prescription drugs are available at increased dosages for similar costs as smaller dosages. Prescribing half as many higher-strength pills and having the patient split them to achieve the desired dosage can reduce the cost of some medications as much as 50%.</p> <p>However, pill splitting is not safe for all medications. If a pill is FDA-approved for pill splitting, it will say so on the label or informational insert that comes with the prescription. The FDA recommends pills only be split if FDA-approved and after consulting with your doctor to ensure it is safe.</p>
OVER-THE-COUNTER DRUGS (OTC)	Ask your doctor if an OTC drug will work just as well as a prescription drug. Today there are hundreds of OTC drugs that were previously only available by prescription.
GENERIC MEDICATIONS	Generic medications work as well as brand-name drugs and can cost 20% - 80% less. This applies for both prescriptions and OTC drugs.
PHARMACEUTICAL COMPANY ASSISTANCE PROGRAMS / STATE DRUG ASSISTANCE	Many drug companies and states offer drug assistance programs for the elderly, low-income and/or people with disabilities.
MEDICARE DRUG PLANS	Seniors can combine smart shopping techniques with the Medicare drug plan. All the information you need is available at www.medicare.gov .
SAMPLE	Drug companies give thousands of samples to doctors every year. Your doctor may be able to provide you with weeks' worth of the medication at no charge.

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

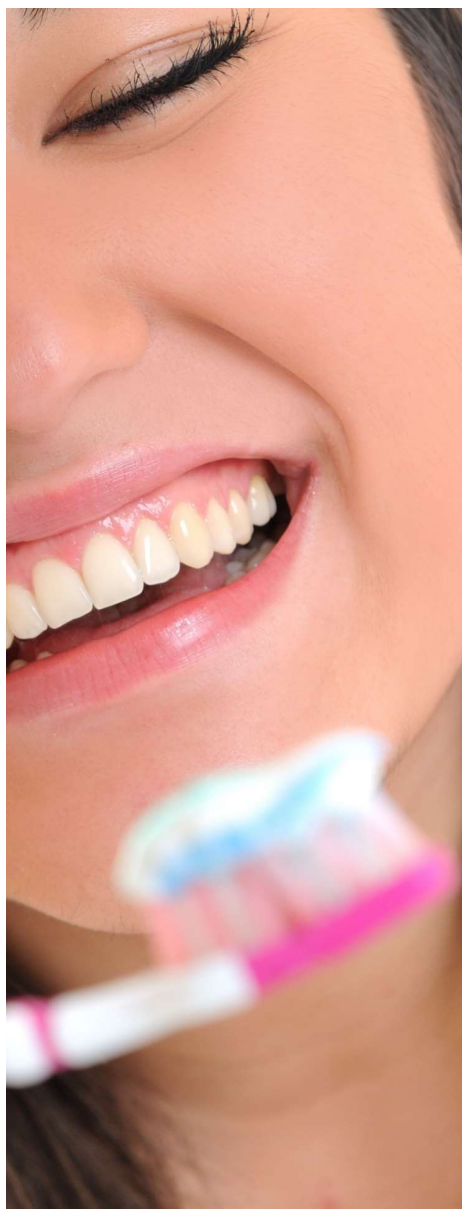
DENTAL PLANS | DELTA DENTAL | OPTION 1 OF 2

Delta Dental: 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



DELTA DENTAL COVERAGE

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) 50%

Lifetime Benefit Maximum \$2,000

Special Health Care Needs - Enhanced dental benefits for members with a qualifying special health care need (See summary plan description for details).

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 \$1.81

Limited Family \$3.62

Family \$4.82

**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.*

DENTAL PLANS | CAREPLUS | OPTION 2 OF 2

CarePlus Dental Plan is designed to provide extensive coverage for preventive, restorative, and specialty dental services. Refer to the Care Plus Group Benefit plan handbook for a thorough explanation of dental benefits, including any limitations or exclusions that might apply. Please note, by electing this plan option, you and your covered family members can only seek treatment at a Dental Associates or Midwest Dental location.

Administered by: CarePlus
www.careplusdentalplans.com



	CarePlus	Midwest Dental
Annual Maximum	\$3,000	\$2,500
Deductible	\$0	\$25 Individual / \$75 Family

	CarePlus	Midwest Dental
Diagnostic Services	100%	100%
Oral exams**, X-rays		
Preventive Care	100%	100%
Cleanings**, sealants, space maintainers, fluoride treatments***		
Restorative Care	100%	100%
Amalgam & composite fillings		
Crowns	100%	70%
Prosthodontics	100%	70%
Full and partial dentures, fixed bridgework		
Adjustments & Repairs	80%	70%
Denture relines & repair		
Endodontics	100%	70%
Root canals/therapy		
Periodontics	100%	70%
Scaling and root planing, gingivectomy		
Oral Surgery	100%	70%
Surgical extractions		
Implants	80%	70%
Orthodontics		
Lifetime Maximum	\$2,500	\$2,000
Coverage Level	50%	50%
Age Limit	To Include Adults	26

PREMIUMS	EMPLOYEE WEEKLY AMOUNT
Single	\$1.74
Limited Family	\$3.47
Family	\$4.61

** Cleanings and exams do not count towards the Annual Maximum (CarePlus Only)

*** Fluoride Treatments covered to age 19 (CarePlus Only)

Evidence Based Dentistry Included – Allows additional cleanings and topical fluoride for members who are pregnant or have certain medical conditions.

VISION PLAN



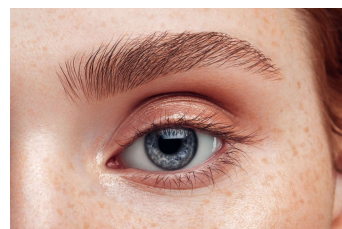
Administered by: Ameritas & EyeMed – www.eyemed.com

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	
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:



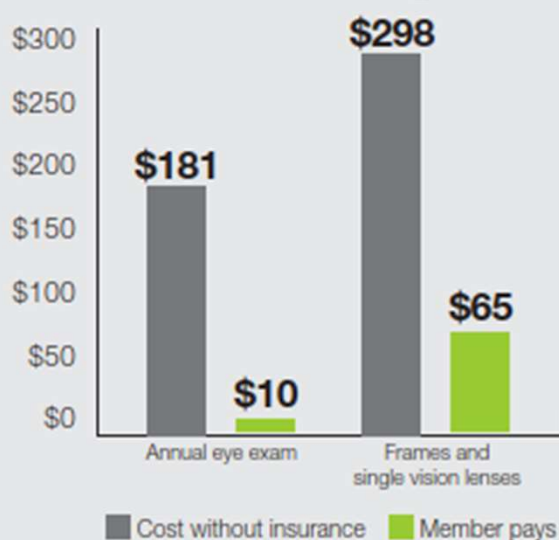
Walmart and Sam's Club are not in the EyeMed network. When you visit these retail locations, your out-of-network benefits apply.

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

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

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 \$680 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/index.html

Annual IRS Contribution Limit:	
Health Care 2026	\$3,400
Dependent Care 2026	\$7,500

LIFE AND DISABILITY INSURANCE

Life Insurance

Administered by: The Hartford

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

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



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.

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

2026– New employees will be auto enrolled. Since this benefit is Employee and Employer paid, you will have the option to opt-out. To opt-out, you MUST fill out the Short-Term and Long-Term Disability Opt-Out Form (found on the Oneida Portal under Employee Benefits) and submit it to employee insurance 30 days after hire date. You may email your form to HRD_Insurance@oneidanation.org or drop it off in the drop off box located at 909 Packerland Drive.

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

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

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

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

VOLUNTARY LIFE & AD&D BENEFITS

The Voluntary Term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer is a smart, affordable way to purchase the extra protection that you and your family may need. Voluntary Term Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your families income-earning ability. Benefits are disbursed to you or your beneficiaries in a lump sum in the event of an accident or death.

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



RETIREMENT PLANS

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

Traditional 401(k) (pre-tax contributions)

Roth 401(k) (post-tax contributions)

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

2026 401(k) Limits	
Elective Deferral (under age 50)	\$24,500
Standard Catch up (Age 50+)	\$8,000
Enhanced Catch-up (Age 60-63)	\$11,500
Vesting Schedule	
Less than one year	0%
1 year	25%
2 years	50%
3 or more years	100%

Administered by: Transamerica Retirement Solutions
To enroll or make changes to your 401(k)
Toll-free at 1-800-755-5801
Online: <https://www.transamerica.com/portal>

NEED FINANCIAL ADVICE?

Valley Investment Solutions offers free financial advice to Oneida employees:

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

Secure Act 2.0: Catch up contributions for eligible, highly compensated participants will be mandated to be made on the Roth (after-tax) basis.

Auto-Enrollment: New employees are auto-enrolled in the pre-tax 401(k) at 5% after 90 days of service.

Rehires: Will be auto-enrolled in the pre-tax 401(k) at 5% after 30 days of service if previously enrolled in the 401K.



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 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 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

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

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

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

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



What is Wondr?

No points, plans, or counting calories.

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

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

Questions? Visit support.wondrhealth.com

LET'S TALK RESULTS

In as little as 12 weeks:

84%

LOST WEIGHT

65%

FEEL MORE CONFIDENT

64%

HAVE MORE ENERGY

85%

FEEL MORE IN CONTROL OF THEIR WEIGHT

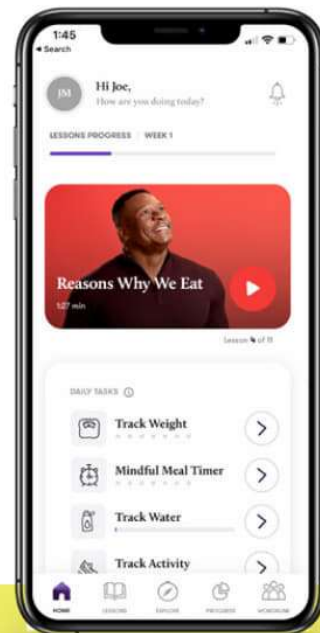
68%

ARE MORE PHYSICALLY ACTIVE

61%

FEEL THEY STRESS LESS

*Based on Wondr Health Book of Business



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

—Gail M.
WONDR PARTICIPANT

LOST
35 lbs

GAINED
Confidence

GET IT ON
Google Play

Download on the
App Store



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
CONSUANCE

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.



CO-PAY
\$10*
PLUS
CONSUANCE

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.



CO-PAY
\$0
NO
CONSUANCE

FASTCARE®

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

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

Visit bellinfastcare.org for locations and hours.



CO-PAY
\$0
NO
CONSUANCE

URGENT CARE

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

Visit bellin.org/urgentcare for locations and hours.



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 fit.

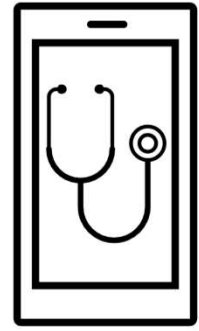
10/29/24

TELEMEDICINE

First Stop Health (FSH) – Virtual Healthcare

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!



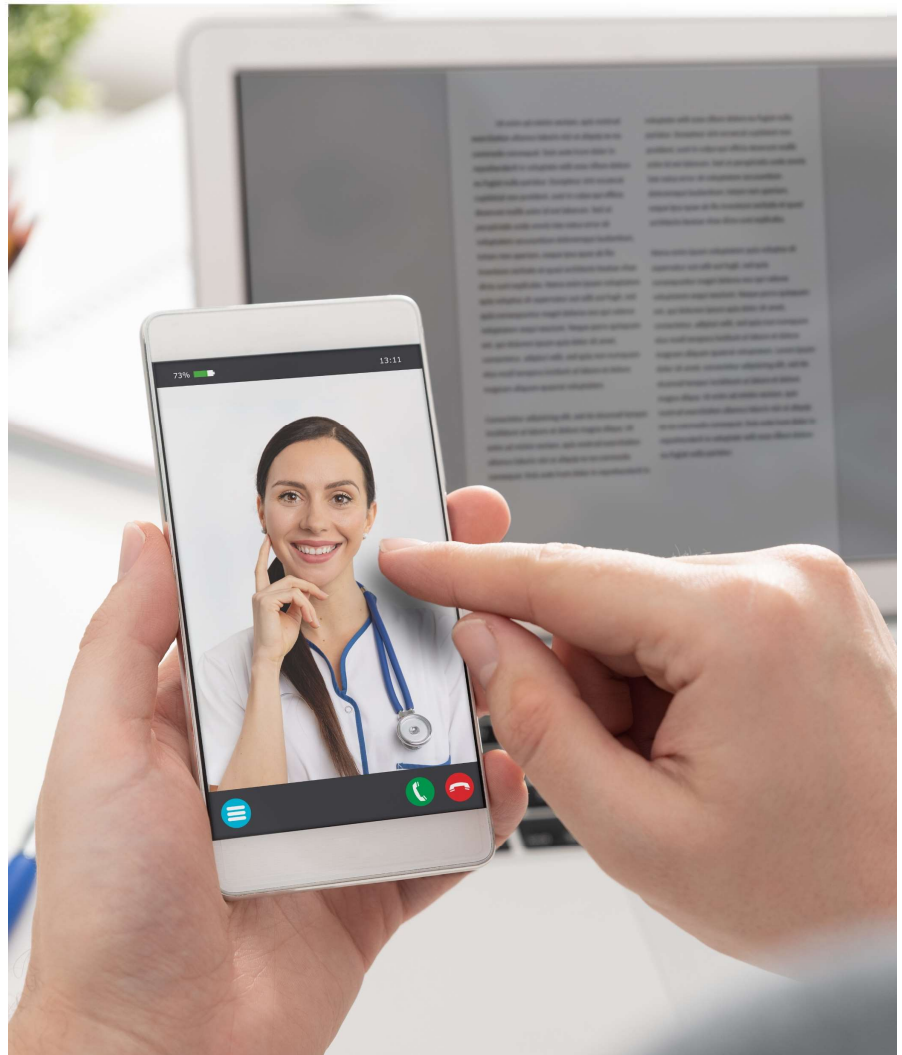
First Stop Health®

Request virtual care for:

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

NEW! Virtual Primary Care:

- Access to board-certified, licensed doctors.
- Appointments available as soon as next day!
- Offers longer visits, sooner appointments and value-based care.



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

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.*				
Amplifon Price (per ear)	\$995	\$1,295	\$1,495	\$1,895	\$2,195



Virtual services
Virtual screening – determine need from the comfort of home
Personalized coaching – enhance adjustment and use of hearing aids
On-demand virtual visits – convenient care for non-clinical support

60-day risk-free trial
Find your right fit by trying your hearing aids risk-free

Complimentary aftercare
1-year follow-up care - ensures smooth transition to your new hearing aids
2-year battery support - battery supply or charging station to keep you powered
3-year warranty - 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



*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.

HEALTH PROMOTION & DISEASE PREVENTION

Mission

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



ONEIDA

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.

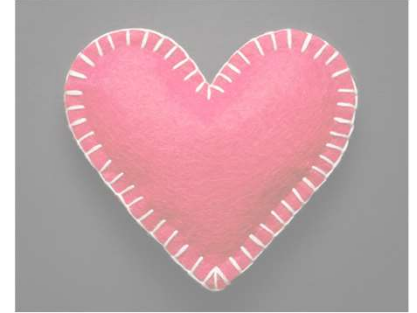


HEALTH & WELLNESS BENEFIT SUMMARY

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*
- 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 – Aurora (external) up to 8 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

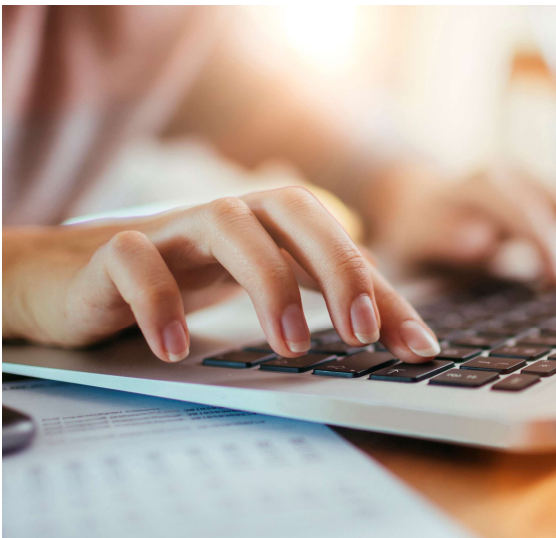


PREVENTIVE WELLNESS INCENTIVES – \$\$ WHAT CAN I EARN \$\$

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
- Fax to (920)490-3663
- Drop off at Skenandoah Complex, 909 Packerland Drive

EMPLOYEE HEALTH NURSING 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@oneidanation.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**.

Where to Locate the Incident Report:

Oneida Portal → Employee → Worker's Compensation

If injury is critical, call 911.

If 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



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



***IMPORTANT:** If 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

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, 2026

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) 869-4492 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.



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 15th to December 7th.

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

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

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

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

Date:	April 1, 2026
Name of Entity/Sender:	Oneida Nation
Contact--Position/Office:	Human Resources
Address:	PO Box 365, Oneida WI, 54155
Phone Number:	(920) 490-3650

CMS Form 10182-CC Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

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”¹ standard set by the Affordable Care Act, you may be eligible for a tax credit. Please visit healthcare.gov for the annual affordability percentage or contact the employer identified on the following page of this notice.

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

HOW CAN I GET MORE INFORMATION ABOUT THE MARKETPLACE?

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

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

MARKETPLACE COVERAGE NOTICE, 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 may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/</p> <p>Health First Colorado Member Contact Center:</p> <p>1-800-221-3943/State Relay 711</p> <p>CHP+: https://hcpf.colorado.gov/child-health-plan-plus</p> <p>CHP+ Customer Service: 1-800-359-1991/State Relay 711</p> <p>Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/</p> <p>HIBI Customer Service: 1-855-692-6442</p>	<p>Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</p> <p>Phone: 1-877-357-3268</p>
GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</p> <p>Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</p> <p>Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program</p> <p>All other Medicaid</p> <p>Website: https://www.in.gov/medicaid/</p> <p>http://www.in.gov/fssa/dfr/</p> <p>Family and Social Services Administration</p> <p>Phone: 1-800-403-0864</p> <p>Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:</p> <p>Iowa Medicaid Health & Human Services</p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website:</p> <p>Hawki - Healthy and Well Kids in Iowa Health & Human Services</p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov)</p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/</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) Website:</p> <p>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</p> <p>Phone: 1-855-459-6328</p> <p>Email: KIHIPPPROGRAM@ky.gov</p> <p>KCHIP Website: https://kynect.ky.gov</p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp</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: https://www.mymaineconnection.gov/benefits/s/?language=en_US</p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms</p> <p>Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa</p> <p>Phone: 1-800-862-4840</p> <p>TTY: 711</p> <p>Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/health-care-coverage/</p> <p>Phone: 1-800-657-3672</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</p> <p>Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</p> <p>Phone: 1-800-694-3084</p> <p>Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov</p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Medicaid Website: http://dhcfp.nv.gov</p> <p>Medicaid Phone: 1-800-992-0900</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext. 15218</p> <p>Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov</p>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Phone: 1-800-356-1561</p> <p>CHIP Premium Assistance Phone: 609-631-2392</p> <p>CHIP Website: http://www.njfamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
<p>Website: https://medicaid.ncdhhs.gov/</p> <p>Phone: 919-855-4100</p>	<p>Website: https://www.hhs.nd.gov/healthcare</p> <p>Phone: 1-844-854-4825</p>

OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

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

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

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

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

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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.*

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