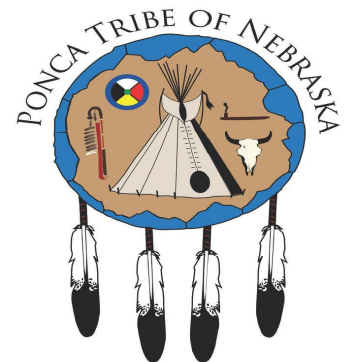




PONCA TRIBE OF NEBRASKA



BENEFIT

ENROLLMENT

GUIDE

2023

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 26 - 27 where Notice of Creditable Coverage begin for more details.

CONTACT INFORMATION



CARRIER CONTACT INFORMATION

MEDICAL ADMINISTRATORS

Provider Name: BlueLink TPA - Comprehensive Care Services Inc.: www.myqccbluelink.com
 Pharmacy – SilverBack Rx www.silverbackrx.com (855) 311-4570
 BlueCross BlueShield provider finder: www.myqccbluelink.com (833) 803-4457



DENTAL

Provider Name: Delta Dental (866) 827-3319
 Provider Web Address: www.deltadentalne.org
 Network – Delta Dental PPO Premier Plus



VISION

Provider Name: VSP
 Provider Contact: (800) 877-7195/ www.vsp.com



GROUP LIFE AND DISABILITY INSURANCE

Provider Name: Symetra
 Provider Contact: 1-877-377-6773/ www.symetra.com



CRITICAL ILLNESS—ACCIDENT AND HOSPITAL INDEMNITY PLANS

Provider Name: Symetra
 Provider Contact: 1-877-377-6773/ www.symetra.com



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Provider Name: Best Care EAP
 Provider Web Address: www.bestcareeap.org or email at eap@bestcareeap.org
 Provider Phone Number: (800) 801-4182 or (402)354-8000

Login: USER: bcPONCAe – Password: PONCA



PONCA TRIBE OF NEBRASKA - 2023 BENEFITS RATE SHEET (employee costs)



MEDICAL	
Monthly Premium	
Employee Only	\$0.00
Employee + Spouse	\$444.70
Employee + Child(ren)	\$400.21
Employee + Family	\$788.66



DENTAL	
Monthly Premium	
Employee Only	\$0.00
Employee + Spouse	\$88.67
Employee + Child(ren)	\$88.67
Employee + Family	\$88.67



VISION	
Monthly Premium	
Employee Only	\$0.00
Employee + Spouse	\$21.14
Employee + Child(ren)	\$21.14
Employee + Family	\$21.14



PTN Benefits Coordinator
 Stephanie Slobotski
 sslobotski@poncatrbe-ne.org
 402-438-9222 office
 402-764-0602 cell
 1600 Windhoek
 Lincoln, NE 68512

HOSPITAL	
Monthly Premium	
Employee Only	\$21.32
Employee + Spouse	\$45.44
Employee + Child(ren)	\$35.96
Employee + Family	\$63.37

ACCIDENT	
Monthly Premium	
Employee Only	\$13.34
Employee + Spouse	\$23.36
Employee + Child(ren)	\$29.18
Employee + Family	\$41.48

CRITICAL ILLNESS	
\$10,000 Employee Coverage - Uni-Smoker	
Age Band	Monthly Premium
0 to 24	\$3.40
25 to 29	\$3.88
30 to 34	\$4.84
35 to 39	\$6.82
40 to 44	\$10.30
45 to 49	\$14.72
50 to 54	\$21.16
55 to 59	\$29.74
60 to 64	\$41.96
70 to 74	\$76.18
75 to 79	\$93.82

CRITICAL ILLNESS	
\$20,000 Employee Coverage - Uni-Smoker	
Age Band	Monthly Premium
0 to 24	\$4.86
25 to 29	\$5.82
30 to 34	\$7.74
35 to 39	\$11.68
40 to 44	\$18.66
45 to 49	\$27.48
50 to 54	\$40.36
55 to 59	\$57.54
60 to 64	\$81.98
70 to 74	\$117.38
75 to 79	\$150.42



As consumers of health care, we have many choices on how and where we receive care. Although health care costs continue to rise, your employer is committed to offering a benefits plan that is valuable and accessible to you and your family.

Ponca Tribe of Nebraska has been diligent in searching for benefits that help our employees and their families satisfy their insurance needs. A brief overview of the providers and the benefits offered by each are listed below. For more detailed information on a specific benefit, please refer to the full plan documents.

Comprehensive Care Services Inc. (BlueLink TPA) - Medical

Delta Dental of Nebraska - Dental plan

Vision Service Plan (VSP) - Vision plan

Symetra - Basic Life - Supplemental Life - Short-Term Disability - Long-Term Disability

Symetra Voluntary benefits - Critical Illness - Accident - Hospital

Best Care - Employee Assistance Program (EAP)

It is wise to remember the health care choices we make when visiting our physician, purchasing prescription drugs at the pharmacy, or utilizing one of the benefits offered by our plan, impacts both our health and our financial well - being. As smart consumers, we should ask about generic drugs and talk to our doctors about treatment options. Taking care of yourself can positively impact your quality of life.

After you review the enclosed information, please choose the coverage that is best for you and your family.

Please complete all paperwork provided to you by your employer indicating your coverage election decisions. Be sure to provide all forms back to your employer by the date indicated.

Sincerely,

**Your Benefits Team
Ponca Tribe of Nebraska**

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. 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 issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

MEDICAL BENEFITS OVERVIEW



Who is Eligible and When:

You are eligible to enroll in the benefits described in this guide on 1st of the month following 30 days of full-time employment: Spouse/Domestic Partner and children up to age 26.

In-Network Benefits You Receive:

Comprehensive PPO* Group Medical Plan:

- 1,500 deductible
- \$30 office visit co-pay
- \$60 Specialist office visit co-pay
- 80% co-insurance – You pay only 20% after deductible is met In-Network

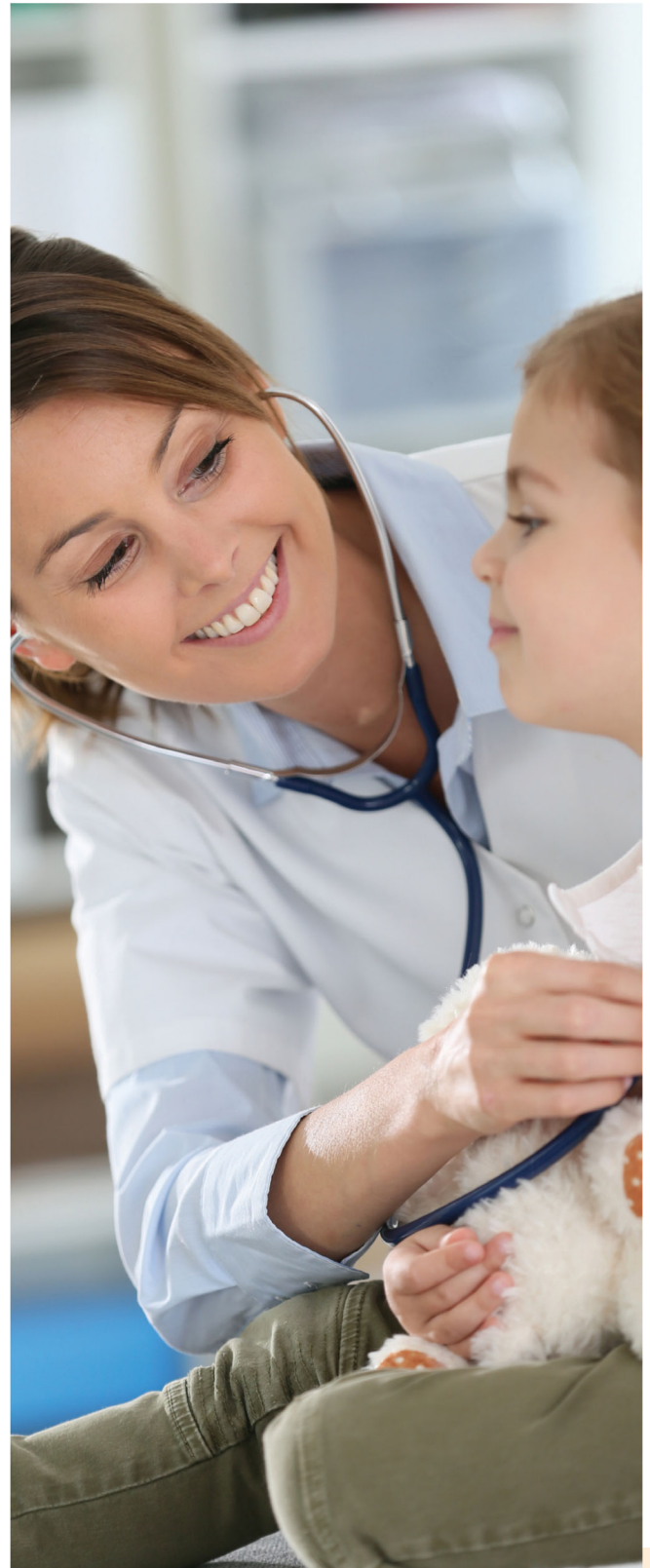
Retail Prescription Drug Benefit:

- Generic Prescriptions – \$10 co-pay
- Preferred Brand Drugs - \$30 co-pay
- Non-Preferred Brand Drugs - \$55 co-pay
- Specialty Drugs – 20% co-insurance up to a \$100 maximum

Mail Order:

- For maintenance medications, you will receive a 90 day supply for three co-pays: Generic prescription: \$30, Preferred Brand Name: \$90, and Non-Preferred Brand \$165, Specialty Drugs are non-applicable for mail order service

If your spouse or domestic partner's employer offers a health insurance plan, they will need to enroll in their employer offered plan. If they do not enroll in their employer offered plan, you can not enroll them in the Ponca Tribe of Nebraska medical plan. If your spouse is not offered health insurance through their employer or your spouse is unemployed, you can enroll your spouse as a dependent on the Ponca Tribe of Nebraska medical plan.



MEDICAL BENEFITS



MEDICAL BENEFIT SUMMARY		
BlueLink TPA		
\$1,500 Deductible		
BlueCross BlueShield Network	Network	Out of Network
*Deductible (per calendar year)	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Co-insurance	20%	50%
Out-of-Pocket Max (Deductible included)	\$3,000 Individual \$6,000 Family	\$6,000 Individual \$12,000 Family
PCP Office Visit	\$30 co-payment	Deductible + 50%
Specialist Office Visit	\$60 co-payment	Deductible + 50%
Preventive Care	No Charge	Deductible + 50%
Urgent Care Visit	\$75 co-payment	Deductible + 50%
Emergency Services	\$150 copay+20% (Deductible waived)	\$150 copay+20% (Deductible waived)
In-Patient Hospital	Deductible + 20%	Deductible + 50%
Home Health Care	Deductible + 20%	Deductible + 50%
Outpatient Therapies	Deductible + 20%	Deductible + 50%
Lab Work / X-Ray	Deductible + 20%	Deductible + 50%
Outpatient Mental Health & Substance Abuse Services	\$30 co-payment	Deductible + 50%
Prescription Drug Coverage- Retail	\$10/\$30/\$55	\$10/\$30/\$55
Prescription Mail Order – 90 Days	\$30/\$90/\$165	\$30/\$90/\$165

Reminder:

If your spouse or domestic partner's employer offers a health insurance plan, they will need to enroll in their employer offered plan. If they do not enroll in their employer offered plan, you can not enroll them in the Ponca Tribe of Nebraska medical plan. If your spouse is not offered health insurance through their employer or your spouse is unemployed, you can enroll your spouse as a dependent on the Ponca Tribe of Nebraska medical plan.

DENTAL BENEFITS SUMMARY



Plan Feature	Delta Dental PPO	Delta Dental Premier	Out-of-Network
Eligible dependents up to age 26 years			
*Deductible (per calendar year)	\$0 \$0	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Preventive Care Cleanings, Exams	100%	100%	100%
Basic Services Extractions, Filings	85%	80% (after deductible)	80% (after deductible)
Endodontics/ Periodontics	85%	80% (after deductible)	80% (after deductible)
Major Services Crowns, Dentures	50%	50% (after deductible)	50% (after deductible)
Orthodontics \$1,000 lifetime maximum per covered child to age 8 to 18yrs	50%	50%	50%

Maximum yearly benefit \$1,000 per covered person



Two Networks, More Choices

At Delta Dental, we're proud to offer both Delta Dental PPO™ and Delta Dental Premier® networks. The unique dual network, known as Delta Dental PPO Plus Premier™, gives you the opportunity to choose from a broader selection of dentists. No other national dental carrier can match the breadth of our national network.

Delta Dental PPO™ gives you the lowest out-of-pocket costs. In-network dentists agree to accept lower fees for procedures, providing larger discounts that result in savings for Delta Dental members.

Delta Dental Premier® is one of the largest dental networks in the country.

Seeing an out-of-network dentist is always an option. However, by seeing an out-of-network dentist, you will be missing out on the discounts available to you.

Effective Discounts set Delta Dental apart from other dental carriers. Our large network size, network utilization and direct relationships with our dentists all contribute to Delta Dental's ability to deliver the industry's leading effective discount.

Find a Delta Dental Network Dentist

It's easy to see if your dentist participates in the Delta Dental PPO™ or Delta Dental Premier® network.

Visit our website at DeltaDentalNE.org and select "Find a Dentist" or call Customer Service at 1-800-448-3815.

Network Cost Savings Example

The illustrative cost of a crown is \$1,350.

How much will **you save** and how much will **you pay** out-of-pocket?

	CHARGE	PAYMENT
In-Network Delta Dental PPO™	\$850	Delta Dental Pays \$425
50% benefit coverage		You Pay \$425
Greatest Savings		You Save \$250
In-Network Delta Dental Premier®	\$975	Delta Dental Pays \$487
50% benefit coverage		You Pay \$487
		You Save \$178
Out-of-Network	\$1,300	Delta Dental Pays \$650
50% benefit coverage		You Pay \$700
No Savings		You Save \$0 includes \$50 balance billing

All examples shown are for illustrative purposes only and assume the member's applicable deductibles have been met. Benefit coverage and out-of-network reimbursement may vary by plans, procedures and dental benefit contracts. Please review your benefit summary for complete details.



The Power of Smile™
Learn more about how your oral health connects to your overall health at:
DeltaDentalNE.org

VISION INSURANCE



Benefits You Receive:



Benefit	Co-Pay	Frequency
Eye Exam/Lens	\$20	Limited to once every plan year
Eyeglass Frames	\$130 allowance for wide selection, \$150 allowance for featured brands.	Limited to one pair every other plan year
Contact Lenses (up to \$130 max)	\$130 allowance- combined with exam copayment	Limited to once every plan year

Contacts and frames cannot be purchased in the same benefit year.

Prescription glasses lenses covers single vision, lined bifocal, and lined trifocal lenses. Polycarbonate lenses for dependent children

See Summary Plan Description for complete details.



LIFE INSURANCE



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Insured by Symetra

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by Ponca Tribe of Nebraska. The company provides basic life insurance of \$50,000 at no cost to you if you participate in the medical plans offered by Ponca Tribe of Nebraska.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Ponca Tribe of Nebraska provides AD&D coverage of \$50,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above if you participate in the medical plans offered by Ponca Tribe of Nebraska.

Voluntary Life

Insured by Symetra

You may purchase life insurance in addition to the company-provided coverage. You may also purchase life insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$150,000 and up to \$20,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee— Up to five times your salary in increments of \$10,000; \$500,000 maximum amount

Spouse— Up to \$250,000 in increments of \$5,000

Children— Live Birth to 15 day(s): \$250;
15 day(s) to 25 year(s): Increments of \$5,000 to a maximum of \$10,000

Disability Insurance

Insured by Symetra

Ponca Tribe of Nebraska also provides disability insurance through Symetra. This benefit replaces a portion of your income if you become disabled and are unable to work.

	How it Works	Who Pays for the Benefit
Short-term Disability	You receive 67% of your income up to \$775 per week. Benefits begin after 7 calendar days of absence from work and continue for up to 12 weeks.	Company
Long-term Disability	You receive 67% of your income up to \$3,500 per month. Benefits begin when short-term disability benefits end and continue until you reach the Social Security Normal Retirement Age.	Company



CRITICAL ILLNESS

Symetra Life Insurance Company



Critical Illness Insurance

Financial relief at a critical time



Modern medicine has greatly improved the odds of beating a critical illness. But the cost of that fight—while keeping up with everyday expenses—can put a strain on your finances. While most major medical plans help with care and treatment expenses, there are plenty of other costs that can add financial pressure to an already stressful situation. Select Benefits critical illness insurance can help.



How it works

If you are diagnosed with a covered condition after the policy is in effect, you will receive a lump-sum benefit payment based on the terms of your policy and the diagnosis.

Benefits are paid directly to you and do not coordinate with any other insurance coverage you have.



Why critical illness insurance?

Critical illness insurance can provide some financial relief after a serious medical condition.

Select Benefits critical illness insurance can be used for anything—whether it's transportation, child care or other expenses—allowing you to concentrate on your recovery rather than your finances.

ACCIDENT



Symetra Life Insurance Company



Accident Coverage

A plan for the unexpected



Accidents can happen to anyone, at any time. Can you afford the financial hit if one were to happen to you or someone in your family? Select Benefits accident coverage can help with costs after an accident, allowing you to get the care you need and get back to your daily routine.

How it works

Accident coverage provides benefits to help cover out-of-pocket medical expenses related to an accidental injury.

Benefits are paid based on the type of injury or service performed and do not interfere or coordinate with your major medical plan.

Why accident coverage?

Understanding how accident coverage fits into your overall benefits package can help you decide if it's right for you and your family.

Consider your health care out-of-pocket liability. Accident coverage can help you reach your deductible, copay or coinsurance requirements while paying little to nothing from your own pocket.

Accident coverage can also help support financial stability for your family by covering expenses for catastrophic incidents.

HOSPITAL INDEMNITY INSURANCE



Symetra Life Insurance Company



Hospital Indemnity Insurance

Building a financial safety net for the unexpected



An injury or illness can land you in the hospital for a night or two—or even longer. If that happens, unexpected costs from deductibles, copays or coinsurance, as well as non-medical expenses like child care or transportation could take a serious toll on your family’s financial health. That’s where hospital indemnity insurance comes in. It’s offered through your work and can reduce the burden of a hospital stay by helping cover the cost.



What is it?

Hospital Indemnity Insurance pays a fixed dollar amount per day for services and supplies you receive during a hospital stay, up to a maximum number of days each year. Stays in a mental health, substance abuse or nursing facility are also covered.

There are no preexisting condition limitations, no health questions to answer and no medical tests to take. You’re paid the full per-day benefit no matter what other insurance you have.



Why hospital indemnity insurance?

If you end up in the hospital, your focus should be on your recovery, not your medical bills. Hospital Indemnity Insurance can help with the cost of your stay, giving you and your family some financial peace of mind.

EMPLOYEE ASSISTANCE PROGRAM



BEST CARE EAP

Ponca Tribe of Nebraska provides employees with Best Care EAP for short-term counseling services at no cost to you. Short-term counseling services are provided to both you and your dependent family members when life presents unexpected issues where you could benefit from professional counselors, including but not limited to:

- Stress
- Relationships
- Parenting
- Job Concerns
- Grief
- Depression
- Substance Abuse/Addictions
- Emotional Difficulties
- Financial Stress

To arrange for a confidential appointment with a counselor near you, call Best Care EAP at (402) 354-8000 or (800) 801-4182; email eap@bestcareeap.org or visit www.bestcareeap.org. Daytime, evening and weekend appointments are available. Crisis and emergency services are available 24 hours a day, seven days a week.

EAP Login information: USER: bcPONCAe – Password: PONCA



Supporting Your Optimal Health and Well-Being

Short-Term Counseling

Life presents unexpected issues that can benefit from an objective perspective. Best Care EAP professional counselors are available to provide assistance to you and your benefits eligible dependent family members in many areas:

- Stress
- Job and Career
- Relationships
- Family
- Work/Life Balance
- Addiction
- Grief and Loss
- Personal Wellness
- Parenting
- Depression and Anxiety

Confidential

Your use of Best Care EAP is completely confidential. Information cannot be shared with anyone without your written permission, unless otherwise required by law.

Cost Effective

Best Care EAP services are purchased by your employer, and are available to you at no cost. Some situations may require the use of on-going or specialized support. In this case, your Best Care counselor will work with you to find the most appropriate and cost effective resource. Any fees related to using that resource then become your responsibility.

Convenient

Convenient office hours are available to meet the needs of your busy schedule. Best Care counselors provide assistance over the phone, online via a secure website, and in-person at a convenient location near your worksite or home. Crisis and emergency services are available 24 hours a day, 7 days a week.

(402) 354-8000, (800) 801-4182
eap@BestCareeap.org



Experience
Best Care EAP



BEST CARE EAP

BestCareEAP.org
(Member ID: bcPONCAe, Password: PONCA)

RETIREMENT PROGRAM - 401(K)

Insured by Empower Retirement

The Ponca Tribe of Nebraska is pleased to offer you the Ponca Tribe of Nebraska 401(k) Plan as a benefit to help you reach your financial goals for retirement. Helping you to save for a more financially secure retirement is one way that Ponca Tribe of Nebraska thanks you for your contribution to the organization's success.

Participating in the plan is easy. You contribute a percentage of your salary to your plan each payday through convenient payroll deductions. The Ponca Tribe of Nebraska will match your contribution up to 7% of your annual salary. To participate, you must be at least 21 years of age and have completed your 90 day introductory period. You are eligible to participate in the plan the first day of the quarter following completion of the eligibility requirements. Participation is open to both full-time and part-time employees.

Your contributions and any rollover contributions are always 100% vested for your benefit. You are fully vested to retain company contributions after 3 years of continuous service to the Ponca Tribe of Nebraska.

Please refer to your plan booklet provided at your orientation for more information in regards to the specifics of your plan.



LEGAL NOTICES



MICHELLE'S LAW

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under the Group Health Medical Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under the Group Health Medical Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under the Group Health Medical Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's Law, please contact Human Resources.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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, 2022. Contact your State for more information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
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	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS – Medicaid	FLORIDA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	MASSACHUSETTS – Medicaid and CHIP
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102

INDIANA – Medicaid	MINNESOTA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584	Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
IOWA – Medicaid and CHIP (Hawki)	MISSOURI – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KANSAS – Medicaid	MONTANA – Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://dphs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
KENTUCKY – Medicaid	NEBRASKA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
LOUISIANA – Medicaid	NEVADA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
MAINE – Medicaid	NEW HAMPSHIRE – Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY – Medicaid and CHIP	SOUTH DAKOTA - Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059

NEW YORK – Medicaid	TEXAS – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA – Medicaid	VERMONT– Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON – Medicaid	WASHINGTON – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ mPhone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, 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

OMB Control Number 1210-0137 (expires 1/31/2023)

COBRA GENERAL NOTICE

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

** Continuation Coverage Rights Under COBRA**

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Shannon Rowen.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov/.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA

coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Ponca Tribe of Nebraska
Shannon Rowen, MS, MA, SHRM-SCP - Human Resources Director
1600 Windhoek Dr.
Lincoln, Nebraska 68512
United States
(402) 438-9222

¹<https://www.medicare.gov/sign-up-change-plans/how-do-i-get-parts-a-b/part-a-part-b-sign-up-periods>.

NOTICE OF CREDITABLE COVERAGE

Important Notice from Ponca Tribe of Nebraska About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Ponca Tribe of Nebraska 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. Ponca Tribe of Nebraska has determined that the prescription drug coverage offered by the medical plan 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 Ponca Tribe of Nebraska coverage will not be affected. You can keep this coverage if you elect Part D, but the group health plan will not coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Ponca Tribe of Nebraska coverage, be aware that you and your dependents will be able to get this coverage back only during open enrollment or a special enrollment event.

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 Ponca Tribe of Nebraska and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Ponca Tribe of Nebraska 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: January 01, 2023

Name of Entity/Sender: Ponca Tribe of Nebraska

Contact—Position/Office: Shannon Rowen, MS, MA, SHRM-SCP - Human Resources Director

Office Address: 1600 Windhoek Dr.
Lincoln, NE 68512
(402) 438-9222

Phone Number:

WOMEN'S HEALTH & CANCER RIGHTS ACT

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 the plan. Therefore, the following deductibles and coinsurance apply:

\$1,500 Deductible (Individual: 20% coinsurance and \$1,500 deductible; Family: 20% coinsurance and \$3,000 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at (402) 438-9222 or srowen@poncatrIBE-ne.org.

HIPAA SPECIAL ENROLLMENT RIGHTS

Ponca Tribe of Nebraska Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Ponca Tribe of Nebraska Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage 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 (or if the employer stops contributing toward 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).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. 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.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance 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.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.



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This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting