



PONCA TRIBE OF NEBRASKA



BENEFIT ENROLLMENT GUIDE

2025



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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 34-35 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.mygccbluelink.com
Pharmacy – SilverBack Rx www.silverbackrx.com (855) 311-4570
BlueCross BlueShield provider finder: www.mygccbluelink.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

Contact Human Resources:



CRITICAL ILLNESS—ACCIDENT AND HOSPITAL INDEMNITY PLANS

Provider Name: The Hartford
Provider Contact: 800-523- 2233
www.thehartford.com/benefits/myclaim



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 - 2025 BENEFITS RATE SHEET (employee costs)



MEDICAL		
	Monthly Employee Cost	Monthly Employer Cost
Employee Only	\$0.00	\$1408.81
Employee + Spouse	\$570.75	\$2147.09
Employee + Child(ren)	\$513.63	\$1932.22
Employee + Family	\$1,006.16	\$3018.49

DENTAL		
	Monthly Employee Cost	Monthly Employer Cost
Employee Only	\$0.00	\$29.97
Employee + Spouse	\$50.43	\$29.97
Employee + Child(ren)	\$50.43	\$29.97
Employee + Family	\$50.43	\$29.97

VISION		
	Monthly Employee Cost	Monthly Employer Cost
Employee Only	\$0.00	\$9.94
Employee + Spouse	\$11.42	\$9.94
Employee + Child(ren)	\$11.42	\$9.94
Employee + Family	\$11.42	\$9.94

The Hartford



HOSPITAL	
Monthly Premium	
Employee Only	\$21.32
Employee + Spouse	\$42.24
Employee + Child(ren)	\$34.96
Employee + Family	\$61.32

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

CRITICAL ILLNESS	
\$1,000 Employee ³ Coverage	
Age Band ²	Monthly Premium ¹
0 to 24	\$0.57
25-29	\$0.65
30-34	\$0.76
35-39	\$0.91
40-44	\$1.13
45-49	\$1.56
50-54	\$1.93
55-59	\$2.38
60-64	\$3.08
65-69	\$4.02
70-74	\$5.26
75-79	\$6.63
80+	\$8.01

CRITICAL ILLNESS	
\$1,000 Spouse Coverage	
Age Band ²	Monthly Premium ¹
0 to 24	\$0.33
25-29	\$0.42
30-34	\$0.51
35-39	\$0.63
40-44	\$0.83
45-49	\$1.23
50-54	\$1.71
55-59	\$2.28
60-64	\$3.15
65-69	\$4.30
70-74	\$5.56
75-79	\$7.05
80+	\$8.52

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

Critical Illness Benefit Amounts:
\$5,000 / \$10,000 / \$15,000 / \$20,000



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

The Hartford - Basic Life - Supplemental Life - Short-Term Disability - Long-Term Disability

The Hartford 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.

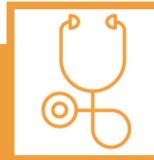
Sincerely,

**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 (Speech- Occupational -Physical)	\$60 co-payment / limited to 60 combined visits per person	Deductible + 50%
Lab Work / X-Ray	Deductible + 20%	Deductible + 50%
Outpatient Mental Health & Substance Abuse Services	Deductible + 20%	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.

Ponca Tribe of Nebraska

Group #000456

Plan Benefit Highlights			
Network(s)	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
Calendar Year Plan Maximum Per person per calendar year	\$1,000	\$1,000	\$1,000
Lifetime Ortho Maximum Per eligible covered member	\$1,000	\$1,000	\$1,000
Deductible Per person per family per calendar year <i>No deductible for diagnostic and preventive, or orthodontic services</i>	None	\$50/person \$150/family	\$50/person \$150/family
Eligible Dependents	Spouse, domestic partner and dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments Space maintainers	100%	100%	100%
Basic Services Sealants Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth Composite resin restorations (white fillings) on posterior (back) teeth will be paid at the amalgam allowance	85%	80%	80%
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	85%	80%	80%
Periodontics Surgical/Nonsurgical periodontics	85%	80%	80%
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	85%	80%	80%
Major Restorative Crowns and Crown repair	50%	50%	50%
Prosthetic Repairs and Adjustments Denture adjustments and repairs Bridge repair	50%	50%	50%
Prosthetics Dentures (full and partial) Bridges Standard Implant coverage	50%	50%	50%
Orthodontics Treatment for the prevention/ correction of malocclusion <i>Available for covered members, ages 8 to age 19</i>	50%	50%	50%

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.



Make the Most of Your Benefits

Thank you for choosing Delta Dental of Nebraska as your partner in oral health. Dental insurance is designed to pay a portion of the costs associated with your dental care. Having dental insurance is essential to keeping your mouth healthy by providing access to preventive care, such as cleanings and X-rays, and helps cover extensive dental procedures such as crowns and fillings.

Online Tools for Members:

www.DeltaDentalNE.org



Save Money, Go In Network:

Search for a participating dentist or specialist, clinic or location. By seeking care from a Delta Dental network dentist, you will save the most money because the dentist is not allowed to bill you more than our allowable charge.



The Power of Smile™ Oral Health Library:

Learn about current topics and trends in dentistry and the importance of oral health as it relates to overall health from our team of experts.



Dental Insurance 101:

Robust member tools including commonly defined insurance terms, videos and frequently asked questions.



Prefer to Speak to Someone?

Call our national customer service

Toll Free: 1-866-827-3319

Monday-Friday: 7 a.m.-7p.m. central

Tools Available in the Secure Member Portal



Coverage Summary:

Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.



Claims Inquiry:

View claim status, procedure details, dates of service and applied deductibles.

View your explanation of benefits (EOB) online.

Check out our new feature to opt-out of the paper delivery of your EOB.



Print ID Cards:

Print a digital or replacement ID card.

Secure Member Portal Registration

1. On DeltaDentalNE.org, go to the member page and click "Access My Secure Portal"
2. Select the Employer Plan option click "Log In Here" and follow the steps to register.
3. Remember your username and password because you will need them each time you log in.



The Power of Smile™

Learn more about how your oral health connects to your overall health at:

DeltaDentalNE.org



Delta Dental of Nebraska

VISION INSURANCE



Benefits You Receive:



Benefit	Co-Pay	Frequency
Eye Exam/Lens	\$10	Limited to once every plan year
Eyeglass Frames	\$200 allowance; Extra \$20 allowance for featured brands	Limited to once every 24 months
Contact Lenses (up to \$130 max)	\$130 allowance, Fitting/Evaluation up to \$60	Limited to once every plan year

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



LIFE INSURANCE



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Insured by The Hartford



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. Note: Benefit age reduction schedule: 35% @ 65 and 50% of Original Amount @ 70.

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 The Hartford

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 \$100,000 and up to \$50,000 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 or 5 times earnings- Age reduction schedule: 35% @ 65 and 50% of Original Amount @ 70.

Spouse— Up to \$250,000 in increments of \$5,000 not to exceed 50% of the employee elected and approved and approved amount.

Children— 0 Days to 26 years- Increments of \$5,000 to a maximum of \$10,000.

Disability Insurance

Insured by The Hartford

Ponca Tribe of Nebraska also provides disability insurance through The Hartford. 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 \$1,000 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

Premium Worksheet



Rates and/or benefits may be changed on a class basis. Rates are based on the employee's age and increase as you enter each new age category.

5962g NS 07/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Semi-monthly Premium Amount (Cost per Pay Period – 24/Year) QQ20, 23, 24 26x, 27, 29x												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.39	\$0.35	\$0.42	\$0.61	\$0.87	\$1.36	\$2.04	\$2.85	\$3.40	\$4.89	\$8.72	\$24.82
\$20,000	\$0.78	\$0.69	\$0.83	\$1.21	\$1.73	\$2.71	\$4.08	\$5.69	\$6.80	\$9.78	\$17.44	\$49.63
\$30,000	\$1.17	\$1.04	\$1.25	\$1.82	\$2.60	\$4.07	\$6.12	\$8.54	\$10.20	\$14.67	\$26.16	\$74.45
\$40,000	\$1.56	\$1.38	\$1.66	\$2.42	\$3.46	\$5.42	\$8.16	\$11.38	\$13.60	\$19.56	\$34.88	\$99.26
\$50,000	\$1.95	\$1.73	\$2.08	\$3.03	\$4.33	\$6.78	\$10.20	\$14.23	\$17.00	\$24.45	\$43.60	\$124.08
\$60,000	\$2.34	\$2.07	\$2.49	\$3.63	\$5.19	\$8.13	\$12.24	\$17.07	\$20.40	\$29.34	\$52.32	\$148.89
\$70,000	\$2.73	\$2.42	\$2.91	\$4.24	\$6.06	\$9.49	\$14.28	\$19.92	\$23.80	\$34.23	\$61.04	\$173.71
\$80,000	\$3.12	\$2.76	\$3.32	\$4.84	\$6.92	\$10.84	\$16.32	\$22.76	\$27.20	\$39.12	\$69.76	\$198.52
\$90,000	\$3.51	\$3.11	\$3.74	\$5.45	\$7.79	\$12.20	\$18.36	\$25.61	\$30.60	\$44.01	\$78.48	\$223.34
\$100,000	\$3.90	\$3.45	\$4.15	\$6.05	\$8.65	\$13.55	\$20.40	\$28.45	\$34.00	\$48.90	\$87.20	\$248.15
\$110,000	\$4.29	\$3.80	\$4.57	\$6.66	\$9.52	\$14.91	\$22.44	\$31.30	\$37.40	\$53.79	\$95.92	\$272.97
\$120,000	\$4.68	\$4.14	\$4.98	\$7.26	\$10.38	\$16.26	\$24.48	\$34.14	\$40.80	\$58.68	\$104.64	\$297.78
\$130,000	\$5.07	\$4.49	\$5.40	\$7.87	\$11.25	\$17.62	\$26.52	\$36.99	\$44.20	\$63.57	\$113.36	\$322.60
\$140,000	\$5.46	\$4.83	\$5.81	\$8.47	\$12.11	\$18.97	\$28.56	\$39.83	\$47.60	\$68.46	\$122.08	\$347.41
\$150,000	\$5.85	\$5.18	\$6.23	\$9.08	\$12.98	\$20.33	\$30.60	\$42.68	\$51.00	\$73.35	\$130.80	\$372.23
\$160,000	\$6.24	\$5.52	\$6.64	\$9.68	\$13.84	\$21.68	\$32.64	\$45.52	\$54.40	\$78.24	\$139.52	\$397.04
\$170,000	\$6.63	\$5.87	\$7.06	\$10.29	\$14.71	\$23.04	\$34.68	\$48.37	\$57.80	\$83.13	\$148.24	\$421.86
\$180,000	\$7.02	\$6.21	\$7.47	\$10.89	\$15.57	\$24.39	\$36.72	\$51.21	\$61.20	\$88.02	\$156.96	\$446.67
\$190,000	\$7.41	\$6.56	\$7.89	\$11.50	\$16.44	\$25.75	\$38.76	\$54.06	\$64.60	\$92.91	\$165.68	\$471.49
\$200,000	\$7.80	\$6.90	\$8.30	\$12.10	\$17.30	\$27.10	\$40.80	\$56.90	\$68.00	\$97.80	\$174.40	\$496.30
\$210,000	\$8.19	\$7.25	\$8.72	\$12.71	\$18.17	\$28.46	\$42.84	\$59.75	\$71.40	\$102.69	\$183.12	\$521.12
\$220,000	\$8.58	\$7.59	\$9.13	\$13.31	\$19.03	\$29.81	\$44.88	\$62.59	\$74.80	\$107.58	\$191.84	\$545.93
\$230,000	\$8.97	\$7.94	\$9.55	\$13.92	\$19.90	\$31.17	\$46.92	\$65.44	\$78.20	\$112.47	\$200.56	\$570.75
\$240,000	\$9.36	\$8.28	\$9.96	\$14.52	\$20.76	\$32.52	\$48.96	\$68.28	\$81.60	\$117.36	\$209.28	\$595.56
\$250,000	\$9.75	\$8.63	\$10.38	\$15.13	\$21.63	\$33.88	\$51.00	\$71.13	\$85.00	\$122.25	\$218.00	\$620.38
\$260,000	\$10.14	\$8.97	\$10.79	\$15.73	\$22.49	\$35.23	\$53.04	\$73.97	\$88.40	\$127.14	\$226.72	\$645.19
\$270,000	\$10.53	\$9.32	\$11.21	\$16.34	\$23.36	\$36.59	\$55.08	\$76.82	\$91.80	\$132.03	\$235.44	\$670.01
\$280,000	\$10.92	\$9.66	\$11.62	\$16.94	\$24.22	\$37.94	\$57.12	\$79.66	\$95.20	\$136.92	\$244.16	\$694.82
\$290,000	\$11.31	\$10.01	\$12.04	\$17.55	\$25.09	\$39.30	\$59.16	\$82.51	\$98.60	\$141.81	\$252.88	\$719.64
\$300,000	\$11.70	\$10.35	\$12.45	\$18.15	\$25.95	\$40.65	\$61.20	\$85.35	\$102.00	\$146.70	\$261.60	\$744.45
\$310,000	\$12.09	\$10.70	\$12.87	\$18.76	\$26.82	\$42.01	\$63.24	\$88.20	\$105.40	\$151.59	\$270.32	\$769.27
\$320,000	\$12.48	\$11.04	\$13.28	\$19.36	\$27.68	\$43.36	\$65.28	\$91.04	\$108.80	\$156.48	\$279.04	\$794.08
\$330,000	\$12.87	\$11.39	\$13.70	\$19.97	\$28.55	\$44.72	\$67.32	\$93.89	\$112.20	\$161.37	\$287.76	\$818.90
\$340,000	\$13.26	\$11.73	\$14.11	\$20.57	\$29.41	\$46.07	\$69.36	\$96.73	\$115.60	\$166.26	\$296.48	\$843.71
\$350,000	\$13.65	\$12.08	\$14.53	\$21.18	\$30.28	\$47.43	\$71.40	\$99.58	\$119.00	\$171.15	\$305.20	\$868.53

\$360,000	\$14.04	\$12.42	\$14.94	\$21.78	\$31.14	\$48.78	\$73.44	\$102.42	\$122.40	\$176.04	\$313.92	\$893.34
\$370,000	\$14.43	\$12.77	\$15.36	\$22.39	\$32.01	\$50.14	\$75.48	\$105.27	\$125.80	\$180.93	\$322.64	\$918.16
\$380,000	\$14.82	\$13.11	\$15.77	\$22.99	\$32.87	\$51.49	\$77.52	\$108.11	\$129.20	\$185.82	\$331.36	\$942.97
\$390,000	\$15.21	\$13.46	\$16.19	\$23.60	\$33.74	\$52.85	\$79.56	\$110.96	\$132.60	\$190.71	\$340.08	\$967.79
\$400,000	\$15.60	\$13.80	\$16.60	\$24.20	\$34.60	\$54.20	\$81.60	\$113.80	\$136.00	\$195.60	\$348.80	\$992.60
\$410,000	\$15.99	\$14.15	\$17.02	\$24.81	\$35.47	\$55.56	\$83.64	\$116.65	\$139.40	\$200.49	\$357.52	\$1,017.42
\$420,000	\$16.38	\$14.49	\$17.43	\$25.41	\$36.33	\$56.91	\$85.68	\$119.49	\$142.80	\$205.38	\$366.24	\$1,042.23
\$430,000	\$16.77	\$14.84	\$17.85	\$26.02	\$37.20	\$58.27	\$87.72	\$122.34	\$146.20	\$210.27	\$374.96	\$1,067.05
\$440,000	\$17.16	\$15.18	\$18.26	\$26.62	\$38.06	\$59.62	\$89.76	\$125.18	\$149.60	\$215.16	\$383.68	\$1,091.86
\$450,000	\$17.55	\$15.53	\$18.68	\$27.23	\$38.93	\$60.98	\$91.80	\$128.03	\$153.00	\$220.05	\$392.40	\$1,116.68
\$460,000	\$17.94	\$15.87	\$19.09	\$27.83	\$39.79	\$62.33	\$93.84	\$130.87	\$156.40	\$224.94	\$401.12	\$1,141.49
\$470,000	\$18.33	\$16.22	\$19.51	\$28.44	\$40.66	\$63.69	\$95.88	\$133.72	\$159.80	\$229.83	\$409.84	\$1,166.31
\$480,000	\$18.72	\$16.56	\$19.92	\$29.04	\$41.52	\$65.04	\$97.92	\$136.56	\$163.20	\$234.72	\$418.56	\$1,191.12
\$490,000	\$19.11	\$16.91	\$20.34	\$29.65	\$42.39	\$66.40	\$99.96	\$139.41	\$166.60	\$239.61	\$427.28	\$1,215.94
\$500,000	\$19.50	\$17.25	\$20.75	\$30.25	\$43.25	\$67.75	\$102.00	\$142.25	\$170.00	\$244.50	\$436.00	\$1,240.75

SPOUSE/PARTNER SUPPLEMENTAL TERM LIFE LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)

Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	\$0.20	\$0.17	\$0.21	\$0.30	\$0.43	\$0.68	\$1.02	\$1.42	\$1.70	\$2.45	\$4.36	\$12.41
\$10,000	\$0.39	\$0.35	\$0.42	\$0.61	\$0.87	\$1.36	\$2.04	\$2.85	\$3.40	\$4.89	\$8.72	\$24.82
\$15,000	\$0.59	\$0.52	\$0.62	\$0.91	\$1.30	\$2.03	\$3.06	\$4.27	\$5.10	\$7.34	\$13.08	\$37.22
\$20,000	\$0.78	\$0.69	\$0.83	\$1.21	\$1.73	\$2.71	\$4.08	\$5.69	\$6.80	\$9.78	\$17.44	\$49.63
\$25,000	\$0.98	\$0.86	\$1.04	\$1.51	\$2.16	\$3.39	\$5.10	\$7.11	\$8.50	\$12.23	\$21.80	\$62.04
\$30,000	\$1.17	\$1.04	\$1.25	\$1.82	\$2.60	\$4.07	\$6.12	\$8.54	\$10.20	\$14.67	\$26.16	\$74.45
\$35,000	\$1.37	\$1.21	\$1.45	\$2.12	\$3.03	\$4.74	\$7.14	\$9.96	\$11.90	\$17.12	\$30.52	\$86.85
\$40,000	\$1.56	\$1.38	\$1.66	\$2.42	\$3.46	\$5.42	\$8.16	\$11.38	\$13.60	\$19.56	\$34.88	\$99.26
\$45,000	\$1.76	\$1.55	\$1.87	\$2.72	\$3.89	\$6.10	\$9.18	\$12.80	\$15.30	\$22.01	\$39.24	\$111.67
\$50,000	\$1.95	\$1.73	\$2.08	\$3.03	\$4.33	\$6.78	\$10.20	\$14.23	\$17.00	\$24.45	\$43.60	\$124.08
\$55,000	\$2.15	\$1.90	\$2.28	\$3.33	\$4.76	\$7.45	\$11.22	\$15.65	\$18.70	\$26.90	\$47.96	\$136.48
\$60,000	\$2.34	\$2.07	\$2.49	\$3.63	\$5.19	\$8.13	\$12.24	\$17.07	\$20.40	\$29.34	\$52.32	\$148.89
\$65,000	\$2.54	\$2.24	\$2.70	\$3.93	\$5.62	\$8.81	\$13.26	\$18.49	\$22.10	\$31.79	\$56.68	\$161.30
\$70,000	\$2.73	\$2.42	\$2.91	\$4.24	\$6.06	\$9.49	\$14.28	\$19.92	\$23.80	\$34.23	\$61.04	\$173.71
\$75,000	\$2.93	\$2.59	\$3.11	\$4.54	\$6.49	\$10.16	\$15.30	\$21.34	\$25.50	\$36.68	\$65.40	\$186.11
\$80,000	\$3.12	\$2.76	\$3.32	\$4.84	\$6.92	\$10.84	\$16.32	\$22.76	\$27.20	\$39.12	\$69.76	\$198.52
\$85,000	\$3.32	\$2.93	\$3.53	\$5.14	\$7.35	\$11.52	\$17.34	\$24.18	\$28.90	\$41.57	\$74.12	\$210.93
\$90,000	\$3.51	\$3.11	\$3.74	\$5.45	\$7.79	\$12.20	\$18.36	\$25.61	\$30.60	\$44.01	\$78.48	\$223.34
\$95,000	\$3.71	\$3.28	\$3.94	\$5.75	\$8.22	\$12.87	\$19.38	\$27.03	\$32.30	\$46.46	\$82.84	\$235.74
\$100,000	\$3.90	\$3.45	\$4.15	\$6.05	\$8.65	\$13.55	\$20.40	\$28.45	\$34.00	\$48.90	\$87.20	\$248.15
\$105,000	\$4.10	\$3.62	\$4.36	\$6.35	\$9.08	\$14.23	\$21.42	\$29.87	\$35.70	\$51.35	\$91.56	\$260.56
\$110,000	\$4.29	\$3.80	\$4.57	\$6.66	\$9.52	\$14.91	\$22.44	\$31.30	\$37.40	\$53.79	\$95.92	\$272.97
\$115,000	\$4.49	\$3.97	\$4.77	\$6.96	\$9.95	\$15.58	\$23.46	\$32.72	\$39.10	\$56.24	\$100.28	\$285.37
\$120,000	\$4.68	\$4.14	\$4.98	\$7.26	\$10.38	\$16.26	\$24.48	\$34.14	\$40.80	\$58.68	\$104.64	\$297.78
\$125,000	\$4.88	\$4.31	\$5.19	\$7.56	\$10.81	\$16.94	\$25.50	\$35.56	\$42.50	\$61.13	\$109.00	\$310.19
\$130,000	\$5.07	\$4.49	\$5.40	\$7.87	\$11.25	\$17.62	\$26.52	\$36.99	\$44.20	\$63.57	\$113.36	\$322.60
\$135,000	\$5.27	\$4.66	\$5.60	\$8.17	\$11.68	\$18.29	\$27.54	\$38.41	\$45.90	\$66.02	\$117.72	\$335.00
\$140,000	\$5.46	\$4.83	\$5.81	\$8.47	\$12.11	\$18.97	\$28.56	\$39.83	\$47.60	\$68.46	\$122.08	\$347.41
\$145,000	\$5.66	\$5.00	\$6.02	\$8.77	\$12.54	\$19.65	\$29.58	\$41.25	\$49.30	\$70.91	\$126.44	\$359.82
\$150,000	\$5.85	\$5.18	\$6.23	\$9.08	\$12.98	\$20.33	\$30.60	\$42.68	\$51.00	\$73.35	\$130.80	\$372.23
\$155,000	\$6.05	\$5.35	\$6.43	\$9.38	\$13.41	\$21.00	\$31.62	\$44.10	\$52.70	\$75.80	\$135.16	\$384.63
\$160,000	\$6.24	\$5.52	\$6.64	\$9.68	\$13.84	\$21.68	\$32.64	\$45.52	\$54.40	\$78.24	\$139.52	\$397.04
\$165,000	\$6.44	\$5.69	\$6.85	\$9.98	\$14.27	\$22.36	\$33.66	\$46.94	\$56.10	\$80.69	\$143.88	\$409.45
\$170,000	\$6.63	\$5.87	\$7.06	\$10.29	\$14.71	\$23.04	\$34.68	\$48.37	\$57.80	\$83.13	\$148.24	\$421.86
\$175,000	\$6.83	\$6.04	\$7.26	\$10.59	\$15.14	\$23.71	\$35.70	\$49.79	\$59.50	\$85.58	\$152.60	\$434.26
\$180,000	\$7.02	\$6.21	\$7.47	\$10.89	\$15.57	\$24.39	\$36.72	\$51.21	\$61.20	\$88.02	\$156.96	\$446.67
\$185,000	\$7.22	\$6.38	\$7.68	\$11.19	\$16.00	\$25.07	\$37.74	\$52.63	\$62.90	\$90.47	\$161.32	\$459.08
\$190,000	\$7.41	\$6.56	\$7.89	\$11.50	\$16.44	\$25.75	\$38.76	\$54.06	\$64.60	\$92.91	\$165.68	\$471.49

\$195,000	\$7.61	\$6.73	\$8.09	\$11.80	\$16.87	\$26.42	\$39.78	\$55.48	\$66.30	\$95.36	\$170.04	\$483.89
\$200,000	\$7.80	\$6.90	\$8.30	\$12.10	\$17.30	\$27.10	\$40.80	\$56.90	\$68.00	\$97.80	\$174.40	\$496.30
\$205,000	\$8.00	\$7.07	\$8.51	\$12.40	\$17.73	\$27.78	\$41.82	\$58.32	\$69.70	\$100.25	\$178.76	\$508.71
\$210,000	\$8.19	\$7.25	\$8.72	\$12.71	\$18.17	\$28.46	\$42.84	\$59.75	\$71.40	\$102.69	\$183.12	\$521.12
\$215,000	\$8.39	\$7.42	\$8.92	\$13.01	\$18.60	\$29.13	\$43.86	\$61.17	\$73.10	\$105.14	\$187.48	\$533.52
\$220,000	\$8.58	\$7.59	\$9.13	\$13.31	\$19.03	\$29.81	\$44.88	\$62.59	\$74.80	\$107.58	\$191.84	\$545.93
\$225,000	\$8.78	\$7.76	\$9.34	\$13.61	\$19.46	\$30.49	\$45.90	\$64.01	\$76.50	\$110.03	\$196.20	\$558.34
\$230,000	\$8.97	\$7.94	\$9.55	\$13.92	\$19.90	\$31.17	\$46.92	\$65.44	\$78.20	\$112.47	\$200.56	\$570.75
\$235,000	\$9.17	\$8.11	\$9.75	\$14.22	\$20.33	\$31.84	\$47.94	\$66.86	\$79.90	\$114.92	\$204.92	\$583.15
\$240,000	\$9.36	\$8.28	\$9.96	\$14.52	\$20.76	\$32.52	\$48.96	\$68.28	\$81.60	\$117.36	\$209.28	\$595.56
\$245,000	\$9.56	\$8.45	\$10.17	\$14.82	\$21.19	\$33.20	\$49.98	\$69.70	\$83.30	\$119.81	\$213.64	\$607.97
\$250,000	\$9.75	\$8.63	\$10.38	\$15.13	\$21.63	\$33.88	\$51.00	\$71.13	\$85.00	\$122.25	\$218.00	\$620.38

CHILD(REN) SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE Semi-monthly Premium Amount (Cost per Pay Period – 24/Year)			
Benefit Amount	Cost For All Children	Benefit Amount	Cost For All Children
\$5,000	\$0.33	\$10,000	\$0.65

5962a NS 07/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

5962h NS 07/21 Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Fire Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2020 The Hartford.

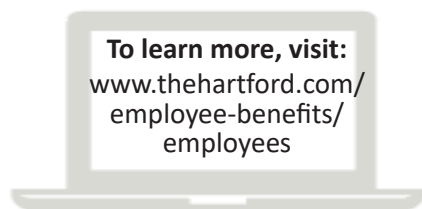
This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

GROUP CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS

Underwritten by Hartford Life and Accident Insurance Company

For Employee of:

PONCA TRIBE OF NEBRASKA (Policyholder)



Facing a serious illness at any age can be challenging – physically, emotionally and financially. Primary health insurance may pick up some or most of the tab, but can still leave medical and other recovery expenses that add up quickly. **Critical Illness insurance can provide a lump-sum cash benefit upon diagnosis of a covered illness that can be used however you choose.**

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Employees

Policy Situs/Issue State: Nebraska

Policy Effective Date: January 1, 2024

Policy Anniversary: January 1

ELIGIBILITY & ENROLLMENT INFORMATION (Additional conditions may apply as described in the Certificate.)

Employee	To be eligible for coverage, an Employee must be performing the normal duties of their regular job for the policyholder for 30 or more hours each week and be receiving compensation from the policyholder for work performed.
Dependent(s)	Dependent(s) must be able to perform normal and customary activities and not be confined (at home or in any medical facility) to be eligible for coverage. In addition, Dependent Child(ren) must be under age 26, unless otherwise allowed by the policy.
New Hire Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within 31 days following the day the Employee or Dependent(s) first become(s) eligible for coverage under the Policy. If an Employee does not elect coverage during the Employee's or Dependent's initial enrollment period, future enrollment may only occur as provided in the Changes in Coverage provision of the Certificate.
Ongoing Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within an Annual Enrollment Period specified by the Policyholder or during an Additional Enrollment Event.

COVERAGE ELECTION & AMOUNT(S)

In order to be insured under the Policy an Employee must elect coverage for themselves and any Dependent(s). The Employee is required to pay premium for the coverage elected. Payment of premium does not guarantee eligibility for coverage.

Any amount of insurance for a Spouse/Partner or Dependent Child(ren) will be rounded to the next higher multiple of \$1,000, if not already an even multiple of \$1,000. All Coverage Amount(s) are Guaranteed Issue.

Employee	Choice of \$5,000; \$10,000; \$15,000; or \$20,000
Spouse/Partner	100% of the Employee's elected Coverage Amount
Dependent Child(ren)	100% of the Employee's elected Coverage Amount (per child)

CRITICAL ILLNESS BENEFITS

All Critical Illness Benefits are subject to all of the applicable Definitions, Additional Requirements, maximums, limitations, Exclusions and other provisions of the Policy. The amounts shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy.

All **Initial Occurrence Benefit Amounts** are a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Critical Illness, unless otherwise stated as a specific dollar amount. All **Reoccurrence Benefit Amounts** are a percentage of the Initial Occurrence Benefit Amount for the applicable Critical Illness that is payable or was previously paid under the Policy for a Covered Person.

CANCER & BENIGN TUMOR CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	25%	100%
Skin Cancer	\$250	None

Bone Marrow Failure	25%	None
Benign Brain or Spinal Cord (Intradural) Tumor		
• Advanced Diagnosis	100%	None

HEART & VASCULAR CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Heart Attack (Myocardial Infarction)		
• ST-Segment Elevation Myocardial Infarction (STEMI)	100%	100%
• Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%	100%
Sudden Cardiac Arrest	100%	None
Coronary Artery Disease		
• Minor Diagnosis	10%	100%
• Major Diagnosis	100%	100%
Heart Arrhythmia	25%	None
Stroke		
• Mild Stroke	10%	100%
• Moderate Stroke	25%	100%
• Severe Stroke	100%	100%
Aneurysm		
• Abdominal Aortic Aneurysm or Thoracic Aortic Aneurysm		
- Major Diagnosis	100%	100%

MAJOR ORGAN CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Major Organ Failure	100%	100%
End Stage Renal Disease (ESRD)	100%	None
Acute Respiratory Distress Syndrome (ARDS)	25%	None

NEUROLOGICAL CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Dementia		
• Advanced Diagnosis	100%	None
Parkinson's Disease		
• Advanced Diagnosis	100%	None
Amyotrophic Lateral Sclerosis (ALS)		
• Advanced Diagnosis	100%	None
Multiple Sclerosis (MS)		
• Advanced Diagnosis	100%	None

INFECTIOUS CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Severe Infectious Disease		
• Major Diagnosis	25%	None

FUNCTIONAL LOSS & CATASTROPHIC CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Coma	100%	100%
Loss of Hearing	100%	None
Loss of Sight	100%	None
Loss of Speech	100%	None
Permanent Paralysis	100%	None
Severe Burn		
• Greater than 36% of Total Body Surface Area	100%	None

CHILD CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Cerebral Palsy		
• Early Diagnosis	10%	None
• Advanced Diagnosis	100%	None
Congenital Heart Defect	100%	None

Congenital Metabolic Disorder	100%	None
Genetic Disorder	100%	None
Structural Congenital Defect	100%	None
Critical Illnesses included in the Child Conditions Category must be Diagnosed during Childhood.		

ADDITIONAL BENEFITS

All Additional Benefits are subject to the applicable Definitions, Exclusions and other provisions of the Policy. The amounts and maximums shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Additional Benefit(s) and General Limitations & Exclusions sections of this Certificate.

Benefit:	Benefit Amount:	Benefit Maximum:
Health Screening	\$100	Once per Policy Year

GENERAL LIMITATIONS & EXCLUSIONS

The limitations and exclusions included below apply to all benefits included in the Certificate unless otherwise noted below. Please note that certain Critical Illness Benefits and Additional Benefits may have additional limitations or requirements presented in the benefit provisions and definitions of the Certificate. All limitations and exclusions are fully described in the Certificate.

Unless otherwise stated in the Certificate, We will not pay benefits for any Critical Illness included in the Policy if a Covered Person was Diagnosed with such illness or condition prior to the Covered Person's effective date under the Policy.

Related Critical Illness Limitation	Once a Critical Illness is Diagnosed for which an Initial Occurrence Benefit is payable for a Covered Person, in order for an Initial Occurrence Benefit to be payable for any Related Critical Illness for the Covered Person, the date of Diagnosis of any Related Critical Illness must occur more than 30 days after the date Diagnosis for the prior Critical Illness. This limitation is fully described in the Certificate.
Reoccurrence Benefit Separation Period	Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for a Reoccurrence Benefit to be payable for that same Critical Illness, a Reoccurrence Benefit Separation Period of 180 days must be satisfied.
Policy Benefit Maximum	Each Covered Person may receive multiple payments for Critical Illness Benefits under this Certificate until the Policy Benefit Maximum of 500% is reached. Any payments received by a Covered Person for any Additional Benefit(s) do not count toward this maximum. This limitation is fully described in the Certificate.
Exclusions	<p>No benefits are payable under the Policy for any Critical Illness that results from, is caused by or that takes place during a Covered Person's:</p> <ul style="list-style-type: none"> • intentional self-inflicted illness or Injury • voluntarily taking or using any drug, narcotic, medication or sedative, unless it is: <ul style="list-style-type: none"> - taken or used as prescribed by a Physician, or - taken according to package directions, for any over-the-counter drug, medication or sedative • voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), or voluntary engagement in an illegal occupation • incarceration or imprisonment in any type of penal or detention facility • active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of this Certificate • involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer <p>In addition, no benefits are payable under the Policy for any Critical Illness that results from or is caused by a Covered Person's Substance Use Disorder.</p> <p>In addition, no benefits are payable under the Policy for any Critical Illness for which Diagnosis is made outside the United States or Canada, unless the Diagnosis is confirmed in the United States. The date of Diagnosis in such circumstances is the date the Diagnosis was originally made outside the United States or Canada.</p>

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million
emergency
department visits
every year are
caused by youth
sports.¹

Ponca Tribe of Nebraska

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit
www.thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		
Coverage Type		On and off-job (24 hour)
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	\$100
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	Up to \$75
Ambulance – Air	Once per accident	\$2,000
Ambulance – Ground	Once per accident	\$750
Blood/Plasma/Platelets	Once per accident	\$300
Child Care	Up to 30 days per accident while insured is confined	\$35
Daily Hospital Confinement	Up to 365 days per lifetime	\$400
Daily ICU Confinement	Up to 30 days per accident	\$600
Diagnostic Exam	Once per accident	\$300
Emergency Dental	Once per accident	Up to \$450
Emergency Room	Once per accident	\$200
Hospital Admission	Once per accident	\$1,500
ICU Admission	Once per accident	\$3,000
Initial Physician Office Visit	Once per accident	\$200
Lodging	Up to 30 nights per lifetime	\$150
Medical Appliance	Once per accident	\$200
Rehabilitation Facility	Up to 15 days per lifetime	\$300
Transportation	Up to 3 trips per accident	\$600
Urgent Care	Once per accident	\$200
X-ray	Once per accident	\$150
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident	\$3,000
Arthroscopic Surgery	Once per accident	\$500
Burn	Once per accident	Up to \$15,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit
Concussion	Up to 3 per year	\$200
Dislocation	Once per joint per lifetime	Up to \$8,000
Eye Injury	Once per accident	Up to \$750

Fracture	Once per bone per accident	Up to \$10,000
Hernia Repair	Once per accident	\$400
Joint Replacement	Once per accident	\$4,000
Knee Cartilage	Once per accident	Up to \$2,000
Laceration	Once per accident	Up to \$1,000
Ruptured Disc	Once per accident	\$2,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$2,000
CATASTROPHIC		
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$75,000
Common Carrier Death	Within 90 days	2 times death benefit
Coma	Once per accident	Up to \$15,000
Dismemberment	Once per accident	Up to \$75,000
Home Health Care	Up to 30 days per accident	\$75
Paralysis	Once per accident	Up to \$75,000
Prosthesis	Once per accident	Up to \$3,000
FEATURES		
Organized Amateur Sports Injury Enhancement Benefit		25% of non-catastrophic benefits
Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampion ^{SM3} – Administrative & clinical support following serious illness or injury		Included

PREMIUMS

The amounts shown are semi-monthly amounts (24 payments/deductions per year):⁴

COVERAGE TIER	
Employee Only	\$6.67 (\$0.44 per day)
Employee & Spouse/Partner	\$11.68 (\$0.77 per day)
Employee & Child(ren)	\$14.59 (\$0.96 per day)
Employee & Family	\$20.74 (\$1.36 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to “spouse” in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don’t have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of completion of any eligibility waiting period established by your employer.

PONCA TRIBE OF NEBRASKA ACCIDENT BHS_PUBLICATION DATE: 10/26/2023

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

• Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.

- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

• For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."

- If you have this policy through your job, or a family member's job, contact the employer.

GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS



The average cost for a hospital stay is \$2,607 per day¹

Ponca Tribe of Nebraska

Hospital Indemnity (HI) insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up.

The benefits are paid in lump sum amounts to you, and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or co-pays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).



To learn more about Hospital Indemnity insurance, visit www.thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

Benefit amounts are based on the plan in effect for you or an insured dependent at the time the covered event occurs. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		PLAN 1
Coverage Type		On and off-job (24 hour)
Covered Events		Illness and injury
HSA Compatible		Yes
BENEFITS		
HOSPITAL CARE ²		PLAN 1
First Day Hospital Confinement	Up to 1 day per year	1,500
Daily Hospital Confinement (Day 2+)	Up to 20 days per year	\$200
Daily ICU Confinement (Day 2+)	Up to 20 days per year	\$400

PREMIUMS

The amounts shown are semi-monthly amounts (24 payments/deductions per year).⁵

COVERAGE TIER	PLAN 1
Employee Only	\$10.66 (\$0.70 per day)
Employee & Spouse/Partner	\$22.72 (\$1.49 per day)
Employee & Child(ren)	\$17.48 (\$1.15 per day)
Employee & Family	\$30.66 (\$2.08 per day)

ASKED & ANSWERED

IS THIS COVERAGE HSA COMPATIBLE?

If you (or any dependent(s)) currently participate in a Health Saving Account (HSA) or if you plan to do so in the future, you should be aware that the IRS limits the types of supplemental insurance you may have in addition to a HSA, while still maintaining the tax-exempt status of the HSA.

This plan design was designed to be compatible with Health Savings Accounts (HSAs). However, if you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

PONCA TRIBE OF NEBRASKA HOSPITAL INDEMNITY BHS_PUBLICATION DATE: 10/26/2023

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is 1/1/2024. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Your spouse/partner may also continue insurance in certain circumstances.

¹Kaiser Family Foundation, November 2019. Adjusted expenses per inpatient day include expenses incurred for both inpatient and outpatient care; inpatient days are adjusted higher to reflect an estimate of the volume of outpatient services: <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day>, viewed as of 4/16/2021.

²For Hospital Care benefits, when an insured is eligible for more than one benefit in a single day, only the highest benefit will be paid.

⁵Rates and/or benefits may be changed on a class basis.

The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours. Required hours may vary by state. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.
5962h NS 08/21

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.

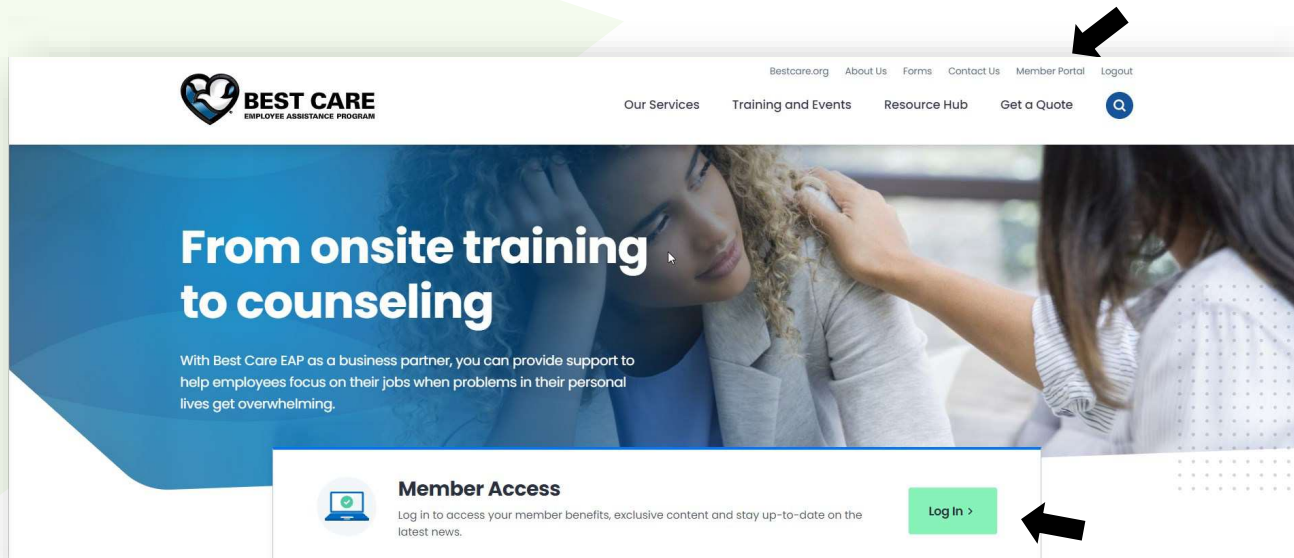
EAP Login information: USER: bcPONCAe – Password: PONCA



Employee Assistance Program (EAP)

Summary of Services for

PONCA TRIBE OF NEBRASKA



Log into BestCareEAP.org to view your benefits from your company landing page.
LOGIN CODES: MEMBER ID - bcPONCAe , PASSWORD - PONCA

Short Term Counseling Best Care Employee Assistance Program provides confidential counseling for any kind of personal or job issue including: stress, marriage/relationship, family, work/life balance, addiction and recovery, grief and loss, parenting, depression and anxiety.

The program provides up to **five (5) counseling sessions** for you or your eligible family members per year. 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.

Eligibility All eligible employees can receive assistance and counseling through Best Care EAP. Your benefits eligible dependents may also take advantage of Best Care EAP services.

Legal & Financial Services Assistance is available for legal and financial concerns that can cause much stress in your life, including identity theft response and fraud resolution. Call the number listed above to access this service!

Training and Wellness Resources Best Care provides a comprehensive web site including numerous health and wellness articles and webinars.

Confidential Your use of Best Care EAP counseling is completely confidential. Information cannot be shared with anyone (including your employer) 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.

Convenient Day, evening and weekend appointments are available to meet the needs of your busy schedule. Sessions are available in person, online or over the phone. Crisis and emergency services are available 24 hours a day, 7 days a week.



402.354.8000/800.801.4182/eap@bestcareeap.org/BestCareEAP.org
9239 W. Center Road, Suite 201, 68124

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.

To get started go to www.empower.com to set-up your log-in information!



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, 2024. Contact your State for more information on eligibility –

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

GEORGIA – Medicaid	INDIANA – Medicaid
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	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	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. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP		NEW YORK – Medicaid	
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)		Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	
NORTH CAROLINA – Medicaid		NORTH DAKOTA – Medicaid	
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100		Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	
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://mywvhpp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
WISCONSIN – Medicaid and CHIP		WYOMING – Medicaid	
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002		Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
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

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: Stephanie Prichard-Slobotski.

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
Stephanie Prichard-Slobotski - HR Benefits Manager
1600 Windhoek Drive
Lincoln, NE 68512
United States
402-438-9222

¹<https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.

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, 2025
Name of Entity/Sender: Ponca Tribe of Nebraska
Contact—Position/Office: Stephanie Prichard -Slobotski - HR Benefits
Office Address: Manager 1600 Windhoek Drive- Lincoln, NE 68512
United States
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 sslobotski@poncatrbe-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.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Stephanie Prichard-Slobotski - HR Benefits Manager at 402-438-9222 or sslobotski@poncatrbe-ne.org.

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.

SUMMARY ANNUAL REPORT

For Ponca Tribe of Nebraska Health and Welfare Benefit Plan

This is a summary of the annual report of the Ponca Tribe of Nebraska Health and Welfare Benefit Plan, EIN 47-0744117, Plan No. 501, for period January 1, 2023 through December 31, 2023. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Ponca Tribe of Nebraska Health and Welfare Benefit Plan includes self-insured health and dental benefits. The plan sponsor has committed itself to paying certain medical and dental claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with Nebraska Methodist Health System D/B/A Bestcare Eap, Symetra Life Insurance Company and Vision Service Plan to pay vision, life insurance, temporary disability, long-term disability, indemnity, employee assistance program and accident and critical illness claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2023 were \$230,178.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Ponca Tribe of Nebraska at 1600 Windhoek Drive, Lincoln, NE 68512, or by telephone at (402) 438-9222.

You also have the legally protected right to examine the annual report at the main office of the plan (Ponca Tribe of Nebraska, 1600 Windhoek Drive, Lincoln, NE 68512) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13)(PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including

NOTES

This benefit summary prepared by



Gallagher

Insurance | Risk Management | Consulting