THE CONFEDERATED TRIBES OF WARM SPRINGS
COMPENSATION & BENEFITS

BENEFIT	ELIGIBLE	DESCRIPTION
HMA GROUP COVERAGE **(Medical, Dental, Vision & Pharmacy)**	**1ST OF THE MONTH FOLLOWING 60 DAYS OF HIRE DATE.** **Request a Link to Start Enrollment**	**Rates deducted each month/first pay period:** • PRC Single- $49.38 • PRC Family- $92.58 • Non PRC Single-$104.92 • Non PRC Family- $154.29 • Mixed Family Single (One NON PRC eligible) $104.92 • Mixed Family (Two or more NON PRC eligible) $129.60
Group Medical **For a list of providers: www.accesshma.com** **Customer Care: 1-800-668-6004**		**Enrolled employee and family members.** **$750 Deductible per year** **$2,250 Deductible per year/Family** Maximum Out-of-Pocket Network and Non-Network $2000 per person and Family Out-of-Pocket and Non-Network $6,000 per Family Unit. The Tribes will pay 80% of allowable charges up to a maximum limit of $2,500 for those employees and/or their dependents that are eligible for Managed Care Services.
Group Dental		**$50 Deductible per year** **$150 Deductible per year/Family** 100% Preventive Services 80% Basic Services 50% Major Services (waiting period of 12 months) Dental Sealants-100% of allowable charges. Not subject to deductible. Age limit, under the age of 15 years old. $2000 Max. Benefit
Group Vision		**NO DEDUCTIBLE** $400 in allowable charges, every 12 months for your enrolled dependents under 19 years of age and every 24 months for you and your enrolled dependents 19 years of age or older. Covered Expenses include: • Examination • Eyeglass Lenses-standard size and quality white glass or white plastic lenses; • Frames-Covered frame to accommodate newly prescribed lenses. • Contact Lenses
Prescription **Navitus** **Pharmacy Help Desk:** **866-333-2757** **Costco Mail Order**		**NO DEDUCTIBLE** Retail: Generic-$10 or 20%, whichever is greater Preferred Brand- $30 or 20%, whichever is greater Non Preferred Brand- $50 or 20%, whichever is greater Mail Order: Generic- $10 or 20%, whichever is greater Preferred Brand- $25 or 20%, whichever is greater Non Preferred Brand- $40 or 20%, whichever is greater
COBRA **(Consolidated Omnibus Budget Reconciliation)**	**Termination, Retirement, Reduction in hours or dependent in-eligible**	**The cost for the coverage is at a higher cost than the regular health care benefits** You and/or covered dependents may have the right to continue your health coverage under the COBRA plan. Contact HMA if you did not receive a packet in the mail.
Supplemental Benefits **Hartford** **E: Comp-Benefits@wstribes.org** **P: 541-553-3262**	**1st of the month following 90 days of employment.** **Request a Link to Start Enrollment**	**Optional Benefits at an additional cost to the employee**: Voluntary Life, AD&D, Critical Illness, Accident, Short-Term Disability.

Flexible Spending Plan **Allegiance/FSA** **800-877-1122**	**1st of the month following 90 days of hire date.** **Changes can be made for life changing events only.** **Request a Link to Start Enrollment**	Payment for certain health care expenses and dependent care expenses with pre-tax dollars deducted from your paycheck each pay period, increasing your spendable income. Health Care Expense Maximum limit- $3,300 Dependent Care Expense Maximum limit- $5,000 The plan includes a debit card option. Allegiance FSA has a 2 ½ month grace period for both medical and daycare which extends the plan an additional 75 days (3/15) for the purpose of incurring claims so employees can use up their remaining balances.
Basic Life Insurance **Hartford**	**Automatically enrolled 1st of the month following 90 days of employment.**	**This benefit is at NO cost to the employee** If you were to decease your named beneficiary(ies) would receive 2x your salary earnings. Beneficiaries must be submitted **ONLINE**
CTWS **Short Term Disability**	**1st of the month following 90 days.** **(you must apply for benefits)**	**This benefit is at NO cost to the employee** Provides income replacement if you have an eligible illness or injury off the job. You would receive 60% of your pre-disability earnings or $200 per week whichever is lesser. **PTO must be exhausted before the short-term disability can be paid.**
CTWS **Workers' Compensation** **Penser North America Inc.** **360-323-5471**	**Upon hire date when employed full-time/part-time/limited duration.**	**For ON THE JOB INJURY/ILLNESS DURING WORK HOURS WHILE WORKING.** This does NOT include breaks and lunch. May be compensated for medical, surgical, time loss and mileage. If time loss is incurred you may not use your PTO leave AND workers compensation at the same time but the employee has the option to use one or the other. Workers Comp pays 66.23% of wages.
401(k) Plan **Bank Of Oklahoma (BOK) Financial Administrator** **1-800-285-9559** **Startright.bokf.com**	**(Must be at least age 18)** **Voluntary Contributions:** **All new employees are eligible the first of the month following his or her date of hire.** **Matching Contributions:** **New employees are eligible the first of the month following his or her completion of One Year of Service (minimum 1,000 hours required).**	**Voluntary Employee Contributions:** Employees can contribute a percentage or dollar amount. The Tribes will match $1 for $1 that you contribute (Pre-Tax or Roth), up to 5% of annual salary. Minimum payroll deduction contribution is $10 every pay period; the maximum contribution for 2025 is $22,500 (plus an additional $7,500 for anyone age 50 or over). 100% immediate vesting of employee and employer matching contributions.

COMP & BENEFITS ELIGIBILITY NOTIFICATIONS WILL BE SENT TO THE EMPLOYEE VIA POSTAGE MAIL.

HEALTH INSURANCE, FLEXIBLE SPENDING, & SUPPLEMENTAL COVERAGES ARE ALL AVAILABLE TO ENROLL ONLINE.
Contact: Comp-Benefits@wstribes.org or Call C&B @ 541-553-3262 to request a link.

IMPORTANT BENEFITS NOTICE:

APPLYING FOR DEPENDENTS BENEFITS: Per the health plan document, Employees are required to provide proof of relation to dependent(s) and must submit either a marriage license, birth cert, court order of guardianship or dependent will be denied coverage.

REMOVING OR ADDING DEPENDENT(S) FROM EXISTING COVERAGE: Will only be allowed under the rule "Life Changing Events" and employees have 30 days to submit: birth cert, marriage cert, divorce decree or court order guardianship.