THE CONFEDERATED TRIBES OF WARM SPRINGS		
COMPENSATION & BENEFITS		
BENEFIT	ELIGIBLE	DESCRIPTION
GROUP COVERAGE (Medical, Dental, Vision & Pharmacy)	1ST OF THE MONTH FOLLOWING 60 DAYS OF HIRE DATE.	<ul> <li>Rates deducted each month/first pay period:</li> <li>Managed Care Single- \$49.38</li> <li>Managed Care Family- \$92.58</li> <li>Non Managed Care Single-\$104.92</li> </ul>
For a list of providers: fchn.com Health Comp is TPA 1- 800-442-7247	Changes can be made for approved life changing events only.	<ul> <li>Non Managed Care Family- \$154.29</li> <li>Mixed Family Single (One NON MC eligible) \$104.92</li> <li>Mixed Family (Two or more NON MC eligible) \$129.60</li> </ul>
Group Medical		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 60% 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		NO DEDUCTIBLE
Navitus Costco Mail Order		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	You and/or covered dependents may have the right to continue your group health coverage under the COBRA plan. The cost for the coverage is at a higher cost than the regular health care benefits. Refer to COBRA plan document.

Flexible Spending Plan	1 <sup>st</sup> of the month following 90	Payment for certain health care expenses and
Allegiance/FSA	days of hire date.	dependent care expenses with pre-tax dollars deducted from your paycheck each pay period, increasing your
	Changes can be made for life changing events only.	spendable income.
	changing events only.	Health Care Expense Maximum limit- \$3,050 Dependent Care Expense Maximum limit- \$5,000 The plan includes a debit card option.
		Allegience 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.
Life Insurance	1st of the month following 90 days.	This benefit is NO cost to the employee and paid for by employer
Hartford		Employees are automatically enrolled the 1 <sup>st</sup> of the month following 90 days of hire date.
		<ul> <li>If you were to decease your named beneficiary(ies) would receive 2 x salary earnings.</li> </ul>
Short-Term Disability	1st of the month following 90 days.	Provides income replacement if you have an eligible illness or injury off the job.
	(you must apply for benefits)	You would receive 60% of your pre-disability earnings or \$200 per week whichever is lesser.
		**All of the employee sick leave must be used before the short-term disability begins.**
Workers'	Upon hire date when employed full-time/part-	For ON THE JOB INJURY/ILLNESS DURING WORK HOURS WHILE WORKING. This does NOT include
Compensation	time/limited duration.	breaks and lunch unless you were conducting job
Penser North America		related duties.
Inc.		May be compensated for medical, surgical, time loss and mileage. If time loss is incurred you may not use
1-888-437-5582		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.
Supplemental Optional Benefits	1 <sup>st</sup> of the month following 90 days.	Optional Benefit Choices:  Voluntary Life, AD&D, Critical Illness, Accident, Short-Term Disability.
Hartford	(you must enroll for optional benefits)	,
The Confederated	100% immediate vesting of	401(k) <b>Voluntary</b> Employee Contributions:
Tribes of Warm	employee and employer matching contributions.	Beginning 1/1/2024, all new and existing employees are eligible the first of the month
Springs 401(k) Plan		following his or her date of hire (must be at least age 18). <b>Employee contributions made during</b>
Bank Of Oklahoma	* NEW FEATURES effective January 1, 2024 *	the first year of employment are not matched
Financial Administrator	**The Tribes will match \$1	by the Tribes.
(BOK)	for \$1 that you contribute	Minimum payroll deduction contribution is \$10
1-800-285-9559	(pre-tax or Roth), up to 5% of annual salary.**	every pay period; the maximum contribution for 2025 is \$22,500 (plus an additional \$7,500 for
Startright.bokf.com		anyone age 50 or over). Employees can contribute a % or \$ amount.
		Employer Matching Contributions:
		New employees are eligible the first of the month following his or her completion of one Year of
		Service (minimum age 18 and 1,000 hours
		required). The employer matching contribution is currently 100% of an employee's contribution up
		to 5% of gross pay (full pay before any
		deductions). You must enroll and make voluntary employee contributions to receive matching
		contributions.