



2025 Employee Annual Enrollment

Prepared for The Confederated Tribes of the Warm Springs Reservation of Oregon

November 2024

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Helping Your Employees Get The Most From Their Benefits

Informed Decisions

Awareness & Ongoing Education

Enrollment Engagement In Action



Informed Benefit Decisions Start Here

Accident Insurance, What We Call Accidental Injury Benefits



Informed Benefit Decisions Start Here

Critical Illness Insurance, What We Call Critical Illness Benefits



Informed Benefit Decisions Start Here

Disability Insurance, What We Call Income Protection Benefits



Informed Benefit Decisions Start Here

Life Insurance



Differentiated Benefits for Today's Modern Workforce

We leverage our decades of experience to deliver flexible product options to meet the challenges of today, and whatever tomorrow brings.

Supplemental Health Insurance Suite

- Ongoing annual guaranteed issue – no EOI, or EOI administration
- No age-based rate reductions
- 100% employee-paid, cost sharing & employer-paid funding options
- Flexible coverage tier structures
- Portability of coverage
- 100% spousal coverage

Accident

- Health Screening or Accident Prevention Benefit available¹
- Motor Vehicle Safety & Organized Amateur Sports benefits, covering all eligible recipients¹
- Telemedicine visits for initial & follow-up physician benefits accepted

Critical Illness^{2,3}

- Severity-based benefits model pays more claims
- Full range of coverage for heart attack, stroke, cancer & more
- More transparency on what's covered & the benefit amount

THESE POLICIES PROVIDE LIMITED BENEFITS. These limited benefit plans (1) do not constitute major medical coverage, and (2) do not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: The Hospital Indemnity and Critical Illness policies provide limited benefits health insurance only. The Disability policy provides disability income insurance only. The Accident policy provides ACCIDENT insurance only. **IMPORTANT NOTICE—THE ACCIDENT POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.** These policies do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Supplemental Health products (Accident, Critical Illness and Hospital Indemnity) are independent and do not coordinate with any other health coverage.

¹ Optional benefit or plan design or rider and availability varies by state (COVID-19 not covered in each state).

² Benefits payable are subject to the plan's pre-existing conditions limitations.

³ Critical Illness is referred to as "Specified Disease" in New York.



Supplemental Life Insurance

We can help you choose the Life insurance plan that best suits your needs and those of your employees:

- Employee coverage (face) amounts can be flexible – tied to salary multiplier or an increment
- Spouse coverage amount up to 100% of the employee amount
- Child coverage amount up to \$15k; standard is \$10k
- Annual buy-up option without Evidence of Insurability
- Guaranteed Issue¹ amounts based on group size

¹ Benefits payable are subject to the plan's pre-existing conditions limitations.



Voluntary Short-term Disability (STD)

Help employees maximize their recovery time.

- Maximum benefit duration coordinates with The Hartford's Long-term Disability program
- Vocational rehabilitation initiated on appropriate claims for earlier identification of return-to-work opportunities
- Claims support throughout the return-to-work journey
- Contributory and 100% employee-paid options available
- First-day hospital coverage available^{1,2}
- Stay-at-work incentives³

Benefits payable are subject to the plan's pre-existing conditions limitations.

¹ Optional Benefits

² Not available for groups with less than 50 lives. The Hartford also offers statutory disability programs for New York DBL, New Jersey TDB, Hawaii TDI, and California CAVDI/PFL plans.

³ Group Size Requirement may apply



Basic Life and AD&D



Confederated Tribes of Warm Springs provides all eligible employees with a Basic life insurance benefit for yourself and your eligible dependents, at no cost to you.

COVERAGE INFORMATION		
APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit ² : 2 times earnings Maximum: \$350,000	AD&D: Included
Spouse	Benefit ² : \$1,000	AD&D: Not included
Child(ren)	Benefit: \$1,000	AD&D: Not Included



Voluntary Life and AD&D



If you want to increase the amount of life insurance and AD&D that you have, you can elect supplemental coverage that you pay for with payroll deductions. Premium amounts are based on age, gender and tobacco usage status for life, and tobacco usage status for AD&D. You must provide Evidence of Good Health if you would like to increase coverage or have previously waived coverage.

COVERAGE INFORMATION		
APPLICANT	LIFE COVERAGE	AD&D COVERAGE
Employee	Benefit ² : Increments of \$10,000 Maximum: the lesser of 5x earnings or \$500,000	AD&D: Included
Spouse	Benefit ² : Increments of \$10,000. Maximum: the lesser of 100% of your supplemental coverage or \$500,000	AD&D: Included
Child(ren)	Benefit: Increments of \$2,000 Maximum: \$10,000	AD&D: Included



Employer paid Short Term Disability

Short-Term Disability	1st of the month following 90 days. (<u>you</u> must apply for benefits)	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. **All of the employee sick leave must be used before the short-term disability <u>begins.</u> **
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Voluntary Short Term Disability



You have the option of electing Short Term Disability coverage. If you elect this you will pay the premiums by payroll deduction. Premium amounts are based on your age. You must provide Evidence of Good Health if previously waived.

COVERAGE INFORMATION					
BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	MINIMUM	SICKNESS BENEFIT STARTS	INJURY BENEFIT STARTS	BENEFIT DURATION
60%	\$1,000	\$25	On the 15 th day	On the 15 th day	11 weeks



Voluntary Accident



Voluntary Accident coverage is also available to you, paid for via payroll deduction. This benefit provides a cash benefit to you for various accidents and injuries that may be incurred.

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year):⁴

COVERAGE TIER	
Employee Only	\$6.88 (\$0.23 per day)
Employee & Spouse	\$10.82 (\$0.36 per day)
Employee & Child(ren)	\$11.42 (\$0.38 per day)
Employee & Family	\$18.00 (\$0.59 per day)



Voluntary Critical Illness



Similar to Accident coverage, Critical Illness coverage supplies a cash benefit when diagnosed with various illnesses. Like all the voluntary products, it is paid for via payroll deduction. The rates are based on age, gender and tobacco usage status.

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 to \$20,000 in increments of \$5,000
Spouse/Partner	50% of the Employee's elected Coverage Amount
Dependent Child(ren)	50% of the Employee's elected Coverage Amount (per child)



Employee Assistance Program



EXTRAS THAT SUPPORT AND ASSIST

For access over the phone, simply call toll-free

800-96-HELPS
(800-964-3577)

Visit guidanceresources.com to access hundreds of personal health topics and resources for child care, elder care, attorneys or financial planners.

If you're a first-time user, click on the **Register** tab.

1. In the Organization Web ID field, enter: **HLF902**
2. In the Company Name field at the bottom of personalization page enter: **ABILI**
3. After selecting "**Ability Assist program**", create your own confidential user name and password.



Snap a photo with a mobile device to capture information above.

For employees covered under a fully-insured group policy or Leave Management services with The Hartford.

Life presents complex challenges. If the unexpected happens, you should have simple solutions to help cope with the stress and life changes that may result. That's why The Hartford Ability Assist® Counseling Services, offered by ComPsych®,¹ can play such an important role. Our straightforward approach takes the complexity out of benefits when life throws you a curve.

COMPASSIONATE SOLUTIONS FOR COMMON CHALLENGES

From everyday issues like job pressures, relationships and retirement planning to highly impactful issues like grief, loss, or a disability, Ability Assist is your resource for professional support.

You and your family, including spouse and dependents can access Ability Assist at any time, as long as you are covered under a fully-insured group policy or Leave Management services with The Hartford.

SERVICE FEATURES

The service includes up to three face-to-face emotional counseling sessions per occurrence per year. This means you and your family members won't have to share visits. You can each get counseling help for your own unique needs. Work-life services and counseling for your legal, financial, medical and benefit-related concerns are also available by phone.

The EAP is provided at no cost to you.





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This presentation includes one or more products, which are issued on the following forms: Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. Accidental Death and Dismemberment Form Series GBD-1000 and GBD-1300, or state equivalent. Critical Illness Form Series includes GBD-2600, GBD-2700, GBD-3600, GBD-3700, or state equivalent. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent. Life Form Series includes GBD-1000, GBD-1100, or state equivalent. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent. Group Retiree Health Form Series includes GBD-2400, GBD-2500, or state equivalent. Paid Family Medical Leave Form Series includes GBD-1852 PFML (2020) MA, GBD-1855 PFML (CT) v.1, GBD-1859 PFML (VT). Statutory Disability Form Series includes GBD-1850 A (NY), or state equivalent. Statutory Family Leave Form Series includes GBD-1851 PFL (NY) and GBD 1856 FLI (NJ). Temporary Disability Form Series includes GBD-1850 A (HI, NJ), or state equivalent. Statutory Family Leave Insurance Form Series includes GBD 1856 FLI (NJ). Statutory Family and Medical Leave Form Series Includes GBD-1857 FAMILI (CO). Statutory Paid Family and Medical Leave Form Series Includes GBD-1858 PFML (OR). Blanket Accident Form Series Includes BTA-1000, BTA-1300, BSR-1000, BSR-1200, BSR-1300, BSR-1500 or state equivalent.

Products may not be available in all states.

Information relating to Paid Family Medical Leave is subject to change as The Hartford continues to receive guidance from states and municipalities. It shall not be considered legal advice. The Hartford assumes no responsibility for legal compliance with respect to an employer's business practices, and the views and recommendations contained herein shall not constitute The Hartford's undertaking on a company's behalf, or for the benefit of others, to determine or warrant that an employer's business operations are in compliance with any law, rule, or regulation. Employers seeking resolution of specific legal or business issues, questions, or concerns regarding this topic should consult their own attorney or business advisors; and employees should continue to consult their employers' Human Resources or other employment benefits department for guidance on the application of any law, rule, or regulation.