

THE CONFEDERATED TRIBES OF WARM SPRINGS

COMPENSATION & BENEFITS

BENEFIT	ELIGIBLE	DESCRIPTION
<p>GROUP COVERAGE (Medical, Dental, Vision & Pharmacy)</p> <p>For a list of providers: fchn.com</p> <p>Health Comp is TPA</p> <p>1-800-442-7247</p>	<p>1ST OF THE MONTH FOLLOWING 60 DAYS OF HIRE DATE.</p> <p>Changes can be made for approved life changing events only.</p>	<p>Rates deducted each month/first pay period:</p> <p>Managed Care Single- \$40 Managed Care Family- \$75 Non Managed Care Single-\$85 Non Managed Care Family- \$125 Mixed Family Single (One NON MC eligible)- \$85 Mixed Family Family (Two or more NON MC eligible)- \$105</p> <p>Tribes Pays \$161.11/3</p>
Group Medical		<p>Enrolled employee and family members. \$300 Deductible per year \$900 Deductible per year/Family</p> <p>80% of the first \$1,000 in allowable charges. 100% thereafter. Employees who choose to go to a participating provider will not be charged over the usual, customary and reasonable cost.</p> <p>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 and referred as a Priority 1.</p>
Group Dental		<p>\$50 Deductible per year \$150 Deductible per year/Family</p> <p>100% Preventive Services 80% Basic Services 50% Major Services (waiting period of 12 months)</p> <p>Dental Sealants-100% of allowable charges. Not subject to deductible. Age limit, under the age of 15 years old.</p> <p>\$2000 Max. Benefit</p>
Group Vision		<p>No deductible</p> <p>\$260 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.</p> <p>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</p>

<p>Prescription</p> <p>Navitus Costco Mail Order</p>		<p>No deductible</p> <p>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</p> <p>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</p>
<p>COBRA (Consolidated Omnibus Budget Reconciliation)</p>	<p>Termination, Retirement, Reduction in hours or dependent in-eligible</p>	<p>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.</p>

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<p>Flexible Spending Plan</p> <p>Allegiance/FSA Administrator effective 1/1/2015</p>	<p>1st of the month following 60 days of hire date.</p> <p>Changes can be made for life changing events only.</p>	<p>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.</p> <p>Health Care Expense Maximum limit- \$2, 550</p> <p>Dependent Care Expense Maximum limit- \$5,000</p> <p>The plan includes a debit card option.</p>
<p>Life Insurance</p> <p>Hartford</p>	<p>1st of the month following 90 days.</p>	<p>-This benefit is NO cost to the employee and paid for by employer</p> <p>-Employees are automatically enrolled the 1st of the month following 90 days of hire date.</p> <p>-If you were to decease your named beneficiary (ies) would receive 2 x salary earnings.</p>
<p>Short-Term Disability</p>	<p>1st of the month following 90 days.</p> <p>(you must apply for benefits)</p>	<p>Provides income replacement if you have an eligible illness or injury off the job.</p> <p>You would receive 60% of your pre-disability earnings or \$200 per week whichever is lesser.</p> <p>**All of the employee sick leave must be used before the short-term disability begins.**</p>
<p>Workers' Compensation</p> <p>Penser North America Inc.</p> <p>1-888-437-5582</p>	<p>Upon hire date when employed full-time/part-time/limited duration.</p>	<p>For ON THE JOB INJURY/ILLNESS DURING WORK HOURS WHILE WORKING. This does NOT include breaks and lunch unless you were conducting job related duties.</p> <p>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 2/3 of wages.</p>
<p>The Confederated Tribes of Warm Springs 401-(k)- Plan</p> <p>BOK Financial</p> <p>1-800-285-9559</p>	<p>100% immediate vesting of employee and employer matching contributions.</p>	<p>Employer Matching- Contributions:</p> <p>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). <u>You must enroll and make voluntary employee contributions to receive matching contributions.</u></p> <p>401(k) Voluntary Employee Contributions:</p> <p>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). Minimum payroll deduction contribution is \$10 every pay period; the maximum contribution for 2023 is \$18,000. Employees can contribute a % or \$ amount.</p> <p>**The Tribes will match \$1 for \$1 that you contribute, up to 5% of annual salary.**</p>

