

2025-2026  
SAN CARLOS APACHE TRIBE  
**EMPLOYEE**  
BENEFITS  
**GUIDE**



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Want to learn more?



Throughout this guide, you'll find clickable video and link icons that will take you to resources that provide additional info on your available benefits.

# 2025-26 BENEFITS OVERVIEW

**IMPORTANT DATES**  
Open enrollment runs  
**AUGUST 25 –**  
**SEPTEMBER 12**

## FOR BENEFITS EFFECTIVE OCTOBER 1, 2025 - SEPTEMBER 30, 2026.

It's that time of year again! The San Carlos Apache Tribe annual insurance open enrollment period is about to begin.

We know that benefits are an integral part of the overall compensation package provided to all of our eligible employees, which is why we take great care to review all available benefits options on an annual basis.

## NOT SURE HOW TO GET STARTED? DON'T WORRY!

- ☐ Know the date of birth, social security number, and address for your dependents
- ☐ Review the benefits being offered for 2025-2026

### HOW TO ENROLL:

- ☐ Log into [PLAN SOURCE](#)
- **Username:** Use your saved username and password. If this is your first time logging in, your username will be the first initial of your first name, followed by up to the first six letters of your last name, and the last four digits of your SSN.  
*Example: If your name is Jordan Smith and the last four digits of your SSN are 5678, your username would be jsmith5678.*
- **Password:** Use your saved password. If this is your first time logging in, your temporary password is your birthdate in the YYYYMMDD format.  
*Example: If your birthdate is March 15, 1985, your password would be 19850315. The first time you log in, you'll be prompted to create a new password.*

Click Here to Enroll!



## IMPORTANT CONTACT INFORMATION

Benefit	Administrator	Policy Number	Contact Number	Email/Website
Your Personal Claims Advocate	CBIZ	N/A	520-321-7503	<a href="mailto:aschlosser@cbiz.com">aschlosser@cbiz.com</a>
Medical	UMR	7670-00-430069	800-895-1226	<a href="http://www.umar.com">www.umar.com</a>
Dental	UMR	7670-00-430069	800-826-9781	<a href="http://www.umar.com">www.umar.com</a>
Vision	VSP	40164889	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Virtual Visits	Teladoc	N/A	800-835-2362	<a href="http://www.teladoc.com">www.teladoc.com</a>
Life Insurance	New York Life	Coming Soon	To start a claim call 888-842-4462	<a href="http://www.mynylgbs.com">www.mynylgbs.com</a>
STD-LTD	New York Life	Coming Soon	888-842-4462, ext. 1013382	<a href="http://www.mynylgbs.com">www.mynylgbs.com</a>
Other Voluntary Benefits (Accident, Critical Illness & Hospital Confinement)	New York Life	Coming Soon	888-842-4462	<a href="http://www.mynylgbs.com">www.mynylgbs.com</a>
Employee Assistance Program	New York Life	Web ID: NYLGBS	800-344-9752	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
Universal Life	Trustmark	N/A	800-918-8877 877-201-9373	Policy questions <a href="http://TrustmarkVB.com/claims">TrustmarkVB.com/claims</a>

# ELIGIBILITY

## WHO IS ELIGIBLE?

As a full-time employee of San Carlos Apache Tribe, you have the option to enroll in our benefit plan options.

Eligible Dependents Include:

- Legally Married Spouse
- Natural, adopted, or step-children up to age 26
- Children over the age of 26 who are disabled and depend on you for support

## REQUIRED DOCUMENTATION:

Employees will be required to provide a copy of the following for dependent verification:

- Birth Certificate and SSN for dependent children
- Marriage License and SSN for spouses

When requested, documents must be submitted to Human Resources, failure to do so will result in dependents being dropped from coverage.

**TIP**

**REMEMBER!** Open enrollment is the one – and only – time of year when you can make any adjustments for the upcoming plan year.

## QUALIFYING LIFE EVENTS

Outside of open enrollment, you may change your benefits if you experience a major life event (such as marriage, birth, or loss of coverage). Changes must be submitted within 31 days of the event.



[What Is A Qualifying Event?](#)

## FREQUENTLY ASKED QUESTIONS

### ? How many hours do I need to work to be eligible for insurance benefits?

You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

### ? Will I receive a new Medical ID card?

You will receive a new ID card in the mail if you are electing medical coverage.

### ? Does the deductible run on a calendar year or policy year basis?

A calendar year basis - January 1 - December 31<sup>st</sup>

Your benefits start October 1<sup>st</sup>, but your deductible is on a calendar-year schedule. While your medical coverage begins on October 1<sup>st</sup> your deductible is tied to the calendar year. That means: From October 1<sup>st</sup> to December 31<sup>st</sup>, you'll work toward meeting your deductible for the current year. On January 1<sup>st</sup>, your deductible will reset for the new year. Think of it like you're joining the plan in mid-year – your coverage begins right away, but the deductible "clock" always restarts January 1<sup>st</sup> for everyone in the plan.

### ? How long can I cover my dependent children?

Dependent children are eligible until the end of the month in which they turn age 26.

### ? I just got hired. When will my benefits become effective?

Your benefits will begin on the 1st of the month following date of hire as long as you enroll within 31 days of becoming eligible.

### ? What does "payer of last resort" mean?

As a tribal health plan, our coverage is considered the **payer of last resort**, meaning it pays only after all other available coverage (such as Medicare, Medicaid, or another health insurance plan) has paid its portion.

### ? How does this affect my coverage?

If you are eligible for Medicare, Medicaid, or another insurance plan, you must enroll and use that coverage first. The tribal plan will coordinate benefits and pay secondary. If you do not have other required coverage, some claims may be denied or unpaid.

# MEDICAL INSURANCE

Watch your mailbox—UMR is sending new ID cards for the upcoming plan year!



As a full-time employee of San Carlos Apache Tribe, you are offered one medical PPO plan. Your Deductible will run from January 1 - December 31<sup>st</sup>.

UMR-UnitedHealthcare (UHC)	In-Network
<b>Deductible</b> Individual / Family	\$100 / \$200
<b>Out-of-Pocket Maximum</b> Individual / Family	\$2,000 / \$4,000
<b>Office Visits</b> Preventative Care Primary Care Physician / Specialist Diagnostic Lab / X-Ray (Deductible waived) Urgent Care (Deductible waived)	Covered at 100% \$20 copay then plan pays 100% \$20 copay then plan pays 100%
<b>Hospital Visits</b> Inpatient Care (Facility / Physician) Outpatient Surgery Diagnostic test & Imaging Emergency Room	20% coinsurance \$20 copay per visit; deductible waived office setting, 20% coinsurance outpatient setting \$150 copay then plan pays 100% (copay waived if admitted)
<b>Prescription Drug</b> Deductible Retail Tier 1 / Mail Order - Generic Retail Tier 2 / Mail Order - Preferred Retail Tier 3 / Mail Order - Nonpreferred Retail Tier 4 / Mail Order - Specialty	Applies \$5 Copay / \$10 Copay \$10 Copay / \$20 Copay \$10 Copay / \$20 Copay \$5 Copay (tier 1) / \$10 copay (Tier 2 & 3) <i>*Must be purchased at a specialty pharmacy</i> <i>*Does not include Gene Therapy</i>
	Out-of-Network
<b>Deductible</b> Individual / Family	\$200 / \$400
<b>Coinsurance (Member Pays)</b>	30%
<b>Out-of-Pocket Maximum</b> Individual / Family	\$3,000 / \$5,000

To find a Medical Provider in your area, visit the website at [www.umar.com](http://www.umar.com)

- Click on Find a Provider
- Select Medical as the network to search on
- Click on U or type in UnitedHealthcare Options PPO Network
- Click on View Providers. The link will take you to the UHC provider search page where you can enter your zip code and find providers near you.

**FOR A STEP BY STEP ON FINDING A PROVIDER, CLICK. [HERE](#)**

# TELEHEALTH



Teladoc is a virtual physician consultation which can be initiated 24/7 and provides access to quality medical care telephonically or online.



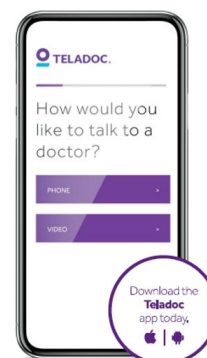
## EASY, CONVENIENT AND COST EFFECTIVE

- Bladder infection / urinary tract infection
- Diarrhea
- Pink eye
- Bronchitis
- Fever
- Rash
- Cold / flu
- Migraine / headaches
- Sinus problems
- Sore throat

This program is confidential, available to anyone enrolled in a medical plan, and can be used to diagnose, recommend treatment, and prescribe medication for non-emergency issues.

When you need a doctor, request a consultation either via the website or via telephone at **1-800-835-2362**.

1. CREATE YOUR ACCOUNT
2. REQUEST A VISIT
3. FEEL BETTER!



## EMPLOYEE ASSISTANCE PROGRAM (EAP)

Mental health includes your emotional, psychological, and social well-being. It can affect how you think, feel, and act. It also determines how you handle stress, relate to others, and make healthy life choices. San Carlos Apache Tribe understands the importance of your mental health and offers the following resources:

### RESOURCES FOR EVERYONE

#### NEW YORK LIFE EAP THROUGH COMPSYCH

New York Life's Employee Assistance Program offered through ComPsych, provides services to help promote well-being and enhance the quality of life for you and your family. If you are experiencing stress, having financial difficulties, struggling at work or home, please call **800-344-9752** to speak with someone 24/7. To get started, visit [www.guidanceresources.com](http://www.guidanceresources.com) and select "Register" and enter NYLGBS as the organization Web ID.

##### Get Access To:

- 3 face-to-face counseling sessions per issue, per year
- Online resources
- 3 critical incident services available per year
- Wellbeing Coaching
- Family care services



**COMPSYCH**  
— The GuidanceResources Company® —

# DENTAL INSURANCE

## REVIEW YOUR DENTAL PLAN



**UMR IS THE DENTAL CARRIER  
FOR 2025-2026.**



The dental plan is a PPO that offers coverage in and out-of-network. It is to your advantage to utilize a network dentist in order to achieve the greatest cost savings. If you choose to go out-of-network, you will be responsible for any cost exceeding UMR's negotiated fees, plus any deductible and coinsurance associated with your procedure.

Dependent children are eligible until the child reaches their 26<sup>th</sup> birthday.



**What is Dental Insurance?**

### DENTAL INSURANCE PLAN OPTIONS AND COSTS

UMR	In-Network	
<b>Deductible</b> Individual / Family	\$50 / \$100	Applies to Basic & Major Services
<b>Annual Maximum</b>	\$2,500	Applies to Preventative, Basic & Major Services
	<b>Carrier Pays</b>	
<b>Diagnostic / Preventive Services</b>	100%	<ul style="list-style-type: none"><li>▪ Routine Cleanings</li><li>▪ Fluoride Treatments</li><li>▪ Sealants</li><li>▪ Oral Exams And Bitewing And Full-Mouth X-Rays</li></ul>
<b>Basic Services</b>	90%	<ul style="list-style-type: none"><li>▪ Fillings</li><li>▪ Endodontics</li><li>▪ Periodontics</li><li>▪ Oral Surgery</li></ul>
<b>Major Services</b>	90%	<ul style="list-style-type: none"><li>▪ Crowns</li><li>▪ Inlays/Onlays</li><li>▪ Bridges &amp; Dentures</li><li>▪ Implants</li></ul>
<b>Orthodontia Services</b>	100% up to the \$4,000 lifetime maximum	<ul style="list-style-type: none"><li>▪ Diagnostics &amp; Treatment (for dependents &lt;19)</li></ul>

#### **In-Network Providers:**

Provider is reimbursed based on contracted fees and cannot balance bill you.

#### **Out-of-Network Providers:**

Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

To find a Dental Provider in your area, visit the website at [www.umar.com](http://www.umar.com)

- Click on Find a Provider
- Select Dental as the network to search on
- Click on U or type in UMR Managed Dental
- The link will take you to the UHC provider search page where you can search for provider by location, dentist name, or practice name

# VISION INSURANCE

## NEW! VISION PLAN



**VSP IS THE NEW VISION CARRIER  
FOR 2025-2026.**



**Your vision plan** now provides benefits through **VSP**, which includes in-network provider discounts, copays, and allowances for glasses, contact lenses, and exams. Routine eye exams do more than check vision—they can detect underlying health issues such as diabetes, hypertension, and thyroid problems before symptoms appear. Regular visits to an eye doctor protect both your eyesight and your overall wellness.

 [What is Vision Insurance?](#)

### VISION INSURANCE PLAN OPTION

VSP	In-Network
Examination Copay (Eye Exam) Examination Copay (Contact Lens Exam) Retinal Screening Frequency	\$10 copay Up to \$60 copay Up to \$39 copay 1 visit per plan year
Frames Featured Frame Brands Costco/Walmart/Sam's Club Elective Contact Lenses Necessary Contact Lenses 2 <sup>nd</sup> Pair Benefit	\$200 \$250 \$200 \$160 Covered in Full If your second pair of glasses has the same prescription lenses as the first, you will be eligible for an additional frame allowance for your second pair. If your second pair of contacts has the same prescription as the first pair, you will be eligible for an additional contact lens allowance for your second pair.
<b>Lenses</b> Single Vision Bifocal Trifocal Lenticular Standard Progressives Premium/Custom Progressives Photochromic Tints Polycarbonate Lenses (Adult) Polycarbonate Lenses (Child) Scratch Coating Anti-Reflective Coating Ultraviolet Coating	Covered in Full Covered in Full Covered in Full Covered in Full Covered in Full Covered in Full \$10 copay \$75 copay Covered in Full \$10 copay Covered in Full Covered in Full Covered in Full Covered in Full Covered in Full
<b>Light Care</b>	Covered \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts

30% discount on all non-covered lens options

15-20% discounts available on LASIK or other FDA approved laser vision correction

TruHearing hearing aid discount program (provides up to 60% off hearing aids, free visits with audiologist, free batteries, etc.)

VSP does not automatically issue ID cards. You can easily print your ID card anytime by visiting [www.vsp.com](http://www.vsp.com). At your appointment, simply provide your name, date of birth, and Social Security Number (SSN) to verify your coverage with your eye care provider. Find an in-network provider here: [www.vsp.com/eye-doctor](http://www.vsp.com/eye-doctor).

# LIFE INSURANCE AND AD&D



## BASIC LIFE AND AD&D

San Carlos Apache Tribe provides \$50,000 in Basic Life and Accidental Death & Dismemberment (AD&D) insurance.

This coverage is offered through New York Life at no cost to you.



### [What is Life And AD&D Insurance?](#)



## VOLUNTARY LIFE AND AD&D AND DEPENDENT LIFE

You can purchase additional Life and AD&D Coverage beyond what San Carlos Apache Tribe provides. New York Life guarantees issued coverage during your initial enrollment period — which means you can't be turned down for coverage based on medical history.

- **Voluntary Employee Life & AD&D:** minimum \$10,000 to a maximum of 5x your annual salary, or \$500,000, in \$10,000 increments. Guarantee issue up to \$100,000.
- **Optional Spouse Life & AD&D:** minimum \$5,000 up to 50% of the employee amount, to \$100,000 maximum in \$5,000 increments. Guarantee issue up to \$50,000.
- **Optional Child Life & AD&D:** minimum \$1,000 up to \$10,000 maximum. Guarantee issue up to \$10,000. No benefit is provided from birth to 14 days old.

If you don't enroll in the Voluntary Life and AD&D plan during your initial enrollment period, or select over the guaranteed issue amount, you'll be required to complete an Evidence of Insurability form and be approved by New York Life before you're able to get coverage.

You must be enrolled in voluntary life and/or ADA& life coverage in order for your spouse, and/or eligible dependent children to enroll.

**Please note:** If you elect Voluntary Life for yourself and/or your dependents, Voluntary AD&D is an automatic election based on the voluntary life insurance amount.



## REVIEW YOUR LIFE INSURANCE POLICY

- ADD YOUR SPOUSE
- ADD YOUR DEPENDENTS
- INCREASE YOUR COVERAGE
- UPDATE YOUR BENEFICIARIES

**DID YOU KNOW?** San Carlos Apache Tribe provides you Basic Life and AD&D AT NO CHARGE.



# DISABILITY INSURANCE

## VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Short-Term Disability insurance is offered through New York Life. You will pay the cost of the premium. The plan benefit is 60% of basic weekly earnings up to a maximum of \$1,000 per week.

Benefits are paid after a waiting period of 14 days for an accident and 14 days for sickness. Benefits can continue for up to 11 weeks.

 [What is Short Term Disability?](#)

## VOLUNTARY LONG-TERM DISABILITY INSURANCE

Long-Term Disability insurance is offered through New York Life. You will pay the cost of the premium. The plan benefit is 60% of basic monthly earnings up to a maximum of 6,000 per month.

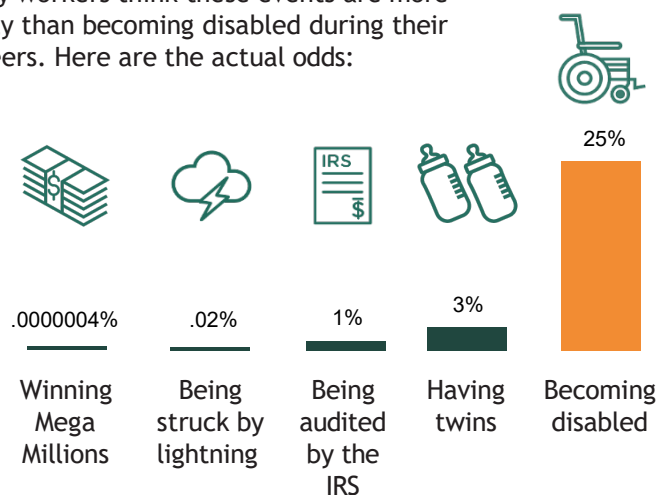
The benefits begin after a 90-day waiting period. Benefits can continue for up to 5 years.

 [What is Long Term Disability?](#)



### WHAT'S MORE LIKELY?

Many workers think these events are more likely than becoming disabled during their careers. Here are the actual odds:



In fact, nearly **40 million** American adults live with a disability.

 [What is Disability Insurance?](#)

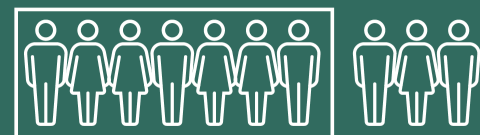
## REVIEW YOUR DISABILITY COVERAGE

- SHORT-TERM DISABILITY
- LONG-TERM DISABILITY

### COULD YOU PAY THE BILLS IF YOU WEREN'T WORKING?

Less than **1/4** of U.S. consumers have enough emergency savings to cover six months or more of their expenses.

Nearly **70%** of workers that apply for Social Security Disability Insurance are denied.



# VOLUNTARY COVERAGES

## PROTECT YOUR FINANCES

- CRITICAL ILLNESS COVERAGE
- ACCIDENT INSURANCE



### CRITICAL ILLNESS INSURANCE

While it is impossible to prepare for the physical and emotional consequences of being diagnosed with a critical illness, you can prepare for the consequences such an illness may have on your personal finances.

While major medical insurance may pay for a good portion of the costs associated with the illness, there are a lot of expenses that are just not covered – from deductibles and copays to living expenses.

This Critical Illness insurance policy from New York Life can help with the treatment costs of a covered critical illnesses – such as a heart attack or stroke. More importantly, it can help you focus on recuperation instead of the distraction of out-of-pocket costs.

With the Critical Illness plan, you receive cash benefits directly – giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.



#### GROUP CRITICAL ILLNESS COVERAGE INCLUDES:

- Health Screening Benefit
- Critical Illness Benefit payable for:
  - Cancer
  - Heart attack (myocardial infarction)
  - Stroke
  - Kidney failure (end-stage renal failure)
  - Major organ transplant
  - Bone marrow transplant (stem cell transplant)
  - Sudden cardiac arrest
  - Coronary artery bypass surgery
  - Non-invasive cancer
  - Skin cancer

#### FEATURES:

- Benefits are paid directly to you, unless you choose otherwise
- Coverage is available for you, your spouse, and dependent children
- You can take your coverage with you if you change jobs or retire (with certain stipulations)
- Fast claims payment (most claims are processed in about four days)
- Coverage is guaranteed provided the employee is actively at work.
- Spouses and children may receive coverage equal to 50% of the employee's original benefit amount. This coverage is automatically approved as long as the employee is actively working, and the spouse or child does not have a medical limitation as described on the enrollment form and in the Certificate.

#### HOW CRITICAL ILLNESS COVERAGE WORKS



# VOLUNTARY COVERAGES (CONT.)



## ACCIDENT INSURANCE

If you're like most people, you don't budget for life's unexpected moments. One mishap can send you on an unexpected trip to your local emergency room – and leave you with a flurry of unexpected bills.

That's where Accident Insurance jumps in. In the event of a covered accident, the plan pays you cash benefits fast to help you pay for the costs associated with out-of-pocket expenses and bills – expenses major medical may not take care of.

New York Life offers this program with two comprehensive plan options. These plans pay benefits on top of any other insurance you may have.

### NEW YORK LIFE ACCIDENT INSURANCE COVERS THINGS LIKE THE FOLLOWING:

- Ambulance rides
- Wheelchairs, crutches, and other medical appliances
- Emergency room visits
- Surgery and anesthesia
- Bandages, stitches, and casts

#### Benefits include:

- A Wellness Benefit for covered preventive screenings
- Transportation and Lodging Benefits
- An Emergency Room Treatment Benefit
- A Rehabilitation Unit Benefit
- Coverage for certain serious conditions, such as coma and paralysis
- An Accidental-Death Benefit
- A Dismemberment Benefit

#### Features:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions)
- Benefits are paid directly to you (unless you choose otherwise)
- Coverage is available for you, your spouse, and your dependent children
- Fast claims payment.



[What is Accident Insurance?](#)



## HOSPITAL INDEMNITY

New York Life's Hospital Indemnity Insurance offers two plan options that provide cash benefits for hospital stays due to accidents or illness. Payments are made directly to you, regardless of other insurance, and can help cover out-of-pocket expenses like co-pays and deductibles. Benefits include lump sum payments for hospital admission and daily payments during hospital stays, including ICU. For example, if you are admitted to the hospital and spend time in the ICU and a regular room, you could receive payments to help offset these costs.



## HOW ACCIDENT INSURANCE WORKS

1

You select Accident Insurance

2

You injure your leg in a covered accident and go to the hospital by ambulance

3

The ER doctor diagnoses a fracture and treats you

4

You hobble out of the hospital on crutches

5

New York Life pays your benefit

# GLOSSARY OF MEDICAL TERMS

## INSURANCE TERMS



**Coinsurance** — The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and out-of-network services.



**Copays** — A fixed amount you pay for a covered health care service. Copays can apply to doctor's office visits as well as urgent care and emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.



**Deductible** — The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.



**\*Embedded Deductible** — The single team member deductible is *embedded* into the family deductible, meaning no one person covered under the plan can contribute more than the single amount towards the family deductible.



**Lifetime Benefit Maximum** — All plans are required to have an unlimited lifetime maximum.



**Network Provider** — A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.



**Out-of-Pocket Maximum** — The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance and copays are included in the out-of-pocket maximum.



**Preauthorization (also known as Prior Authorization (PA))** — A process conducted by your health insurer or plan to determine if any service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called



**UCR (Usual, Customary and Reasonable)** — The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

## MEDICAL TERMS



**Prescription Drugs** — Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.



**Urgent Care** — Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.



**Emergency Room** — Services you receive from a hospital for any serious condition requiring immediate care.



**Preventive Services** — All services coded as Preventive must be covered 100% without a deductible, coinsurance or copayments.



**Medically Necessary** — Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

# IMPORTANT NOTICES

## MEDICARE PART D CREDITABLE COVERAGE

### Important Notice from San Carlos Apache Tribe 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 San Carlos Apache Tribe 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. San Carlos Apache Tribe has determined that the prescription drug coverage offered by the SlateRx health 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 San Carlos Apache Tribe coverage **may** be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop the San Carlos Apache Tribe medical plan, **be aware that you and your dependents may not be able to get this coverage back.**

## **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 San Carlos Apache Tribe 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 San Carlos Apache Tribe 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](http://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](http://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:** August 7, 2025  
**Name of Entity/Sender:** San Carlos Apache Tribe  
**Contact--Position/Office:** Your divisional Human Resources Department

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

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>  Family and Social Services Administration  Phone: 1-800-403-0864  Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>  HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website:  <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: 711  Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>  Phone: 1-800-657-3672</p>	<p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100	Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a> Phone: 1-800-692-7462 CHIP Website: <a href="http://Children's Health Insurance Program (CHIP) (pa.gov)">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a> Phone: 1-800-440-0493	Utah’s Premium Partnership for Health Insurance (UPP) Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a> Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a> Phone: 1-888-222-2542 Adult Expansion Website: <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a> Utah Medicaid Buyout Program Website: <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a> CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> 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](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## 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 is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to 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 approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

## INITIAL COBRA NOTICE

### 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;
- 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.**

### **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](http://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 period 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>.

## **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**

UMR

COBRA ADMINISTRATION

PO BOX 1206

WAUSAU WI 54402-1206

Phone Number: (800) 207-1824

This notice is a summary. For a full description of all of your employer's Benefit plans, please refer to the Summary Plan Descriptions.

## MARKETPLACE COVERAGE OPTIONS

### PART A: GENERAL INFORMATION

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

#### WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

#### CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

#### DOES EMPLOYMENT-BASED HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.02% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.02% of the employee's household income.<sup>12</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

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<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

## MARKETPLACE COVERAGE OPTIONS CONTINUED

### WHEN CAN I ENROLL IN HEALTH INSURANCE COVERAGE THROUGH THE MARKETPLACE?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

### WHAT ABOUT ALTERNATIVES TO MARKETPLACE HEALTH INSURANCE COVERAGE?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## MARKETPLACE COVERAGE OPTIONS CONTINUED

### PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<b>Employer Name:</b> San Carlos Apache Tribe	<b>Employer Identification Number (EIN):</b> 86-0093307
<b>Employer Address:</b> SAN CARLOS APACHE TRIBE SAN CARLOS AVE - FINANCE BLDG SAN CARLOS AZ 85550	<b>Employer Phone Number:</b> 800-895-1226

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☒ Eligible employees are: An eligible Employee is a person who is classified by the employer on both payroll and personnel records as an Employee who regularly works full time 30 or more hours per week, but for purposes of this Plan, it does not include the following classifications of workers as determined by the employer in its sole discretion:

- Leased Employees.
- An Independent Contractor as defined in this Plan.
- A consultant who is paid on other than a regular wage or salary by the employer.
- A member of the employer's Board of Directors, an owner, partner, or officer, unless engaged in the conduct of the business on a full-time regular basis.

☒ We do offer coverage. Eligible dependents are: Your legal spouse, as defined by the state in which You reside, provided he or she is not covered as an Employee under this Plan. For purposes of eligibility under this Plan, a legal spouse does not include a Common-Law Marriage spouse, even if such partnership is recognized as a legal marriage in the state in which the couple resides. An eligible Dependent does not include an individual from whom You have obtained a legal separation or divorce. Documentation on a Covered Person's marital status may be required by the Plan Administrator.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.**

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Above is the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

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.
- Treatment of physical complications at all stages of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: In-network deductible per calendar year: \$100 individual/\$200 family and 80% coinsurance. If you would like more information on WHCRA benefits, call your Plan Administrator.

## **SPECIAL ENROLLMENT NOTICE**

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans.

If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 31 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 31 days of the event.

If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

If you or your dependents become eligible for premium assistance from Medicaid or CHIP, you may be able to enroll yourself and your dependents in the plan. You must request enrollment within 60 days.

To request special enrollment or obtain more information, contact Human Resources.

## **NOTICE OF PRIVACY PRACTICES**

San Carlos Apache Tribe is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources.

This notice is a summary. For a full description of all of your employer's Benefit plans, please refer to the Summary Plan Descriptions.



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