

Welcome to The Eastern Shawnee Tribe 401(k) Plan

Enroll today!

Telephone Registration Instructions

To enroll by phone:
800-401-TRAN (8726)

To utilize the phone enrollment process you will need to use a touchtone phone.

Press 1 for English

Press 2 for Spanish

You will then be prompted to enter your 9-digit Social Security number followed by the pound sign (#), and your 4-digit PIN (Personal Identification Number). Your default PIN is your month and day of birth in MMDD format, followed by the pound sign (#).

1. PERSONALIZE YOUR PIN

As a first time user, you will be prompted to change your PIN on initial use. The system will request you to enter your new 4-digit PIN, followed by the pound sign (#). Re-enter your 4-digit PIN, followed by the pound sign (#) to confirm. A message will indicate that your PIN was changed successfully. A confirmation will be mailed to your address.

2. ENROLLMENT DISCLOSURE

You will be asked to complete the telephone enrollment process. The disclosure message will ask you if you agree to the terms and conditions of utilizing the enrollment process. Listen carefully to the terms and conditions, **Press 1** to agree to the terms and conditions of enrollment.

3. SET UP DEFERRAL/CONTRIBUTION RATE

Your contribution rate is the amount that will be withheld from each paycheck. Enter the rate to be withheld from each paycheck followed by the pound sign (#), **Press 1** to confirm the rate. The contribution rate you select will be sent to your employer to be deducted from your paycheck based on payroll cutoff dates.

4. SET UP INVESTMENT ELECTIONS (See Investment Choices Worksheet)

Your contributions will be invested according to the selections you make here. You will be prompted to enter the percentage to be allocated to each investment option in your plan until the total allocated equals 100%. Percentages must be in whole percentage increments. **Press 1** to confirm your elections. A confirmation will be mailed to your address.

You have successfully completed the phone enrollment process and you may now hang up to end the call or hold and you will be connected to the main menu.

* If we do not have a date of birth on file, your PIN is a randomly generated number as indicated in your enrollment letter.

By completing the enrollment process by phone, you are authorizing payroll deduction of plan contributions. Authorization of plan contributions constitutes a "cash or deferred arrangement" under section 401(k) of the Internal Revenue Code and such contributions are subject to the withdrawal restrictions of the plan. Contributions made to the plan are subject to certain limitations imposed by Federal law and these contributions may be refunded to comply with these laws. By submitting this authorization by phone, you understand that neither Eastern Shawnee Tribe, the plan trustee, their affiliates nor their investment choices are liable for any loss when acting upon your instructions believed to be genuine.

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Online Registration Instructions

Please Note: You can enroll today or any day in the future. Generally, the contribution you elect will go into effect on the plan's next entry date; however, you will need to check with your employer to find out the exact date your payroll deductions will start. Refer to your enrollment workbook or Summary Plan Description for your plan's specific entry dates.

To enroll online sign in to:

TA-Retirement.com

In order to enroll online you will need to provide us with your current e-mail address. If you do not have an e-mail address you can enroll via the telephone. Please refer to the telephone instructions on the next page.

- Click on the **First time user? Register here** link located on the top left-hand corner of your screen within the "Your Account: LOGIN" section.
- Select "I am an employee" and click **Continue**.
- Enter your Social Security Number and click **Continue**.
- Enter your Date of Birth and ZIP/Postal Code and click **Next**.
- Create your own unique Username and Password and click **Next**.
- Read and Review the site Terms of Use. If you agree to the terms, please click *Agree* If you do NOT agree, do not click *Agree* and call us at (800)-401-TRAN (8726).
- Read and Review the Consent to Do Business Electronically agreement. If you agree to the consent, please click *Agree* If you do NOT agree, do not click *Agree* and call us at (800)-401-TRAN (8726)
- On the Welcome to Plan Enrollment screen, please click on **Start**
- From this point forward follow the simple online instructions which will help you to set up or make changes to your contribution rate, investment choices, and future contribution elections.

If you cannot enroll online, please see next page for Telephone Enrollment Instructions.

By completing the enrollment process online, you are authorizing payroll deduction of plan contributions. Authorization of plan contributions constitutes a "cash or deferred arrangement" under section 401(k) of the Internal Revenue Code and such contributions are subject to the withdrawal restrictions of the plan. Contributions made to the plan are subject to certain limitations imposed by Federal law and these contributions may be refunded to comply with these laws. By submitting this authorization online, you understand that neither Eastern Shawnee Tribe, the plan trustee, their affiliates nor their investment choices are liable for any loss when acting upon your instructions believed to be genuine.

Eligible: Full time, after 60 day wait period. Part-time working more than 1040 hours/year (20 hrs/week avg).

Match: 100% up to 4%

Withdrawal: Term employment, reach 59 ½ yrs age, file Hardship Withdrawal.

Our plan does NOT do loans.

March 30, 2020

Benefits Summary

Cost Summary

		Employee Only	Employee & Spouse	Employee & Children	Family Coverage
Medical	Pay				
	Period	\$25.00	\$200.00	\$75.00	\$275.00
	Month	\$50.00	\$400.00	\$150.00	\$550.00
Dental	Pay				
	Period	Included	\$8.15	\$12.85	\$22.85
	Month	w/Medical	\$16.30	\$25.70	\$45.70
Basic Vision	Pay	C (1.00)	E+1 B (1.60)	E+2 D (1.62)	E+F A (2.65)
	Period	Included	\$0.30	\$0.31	\$0.82
	Month	w/Medical	\$0.60	\$0.62	\$1.65
Buy-Up Vision	Pay	E C (8.88)	E+1 B (14.22)	E+2 D (14.50)	E+F A (23.39)
	Period	\$3.94	\$6.61	\$6.75	\$11.19
	Month	\$7.88	\$13.22	\$13.50	\$22.38

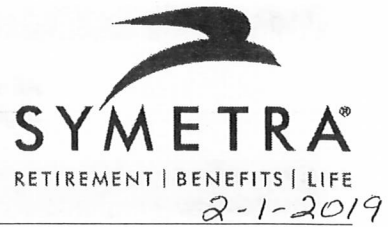
Vision- E+ Sp + 1 Child = E+F

Consult Benefits if interested in 'Dental Only' or 'Vision Only' coverage.

Please note that these deductions are pre-tax. Therefore, you can expect to save 20-30% due to the deductions coming out before tax.

If you have questions about the policies, please feel free to call 918-666-5151, Sharon Farris ext 1022





Group Life Insurance

**Supplemental Life and Accidental
Death & Dismemberment**

SUMMARY OF BENEFITS

Class 1

Sponsored By: Eastern Shawnee Tribe of Oklahoma
Effective Date: February 1, 2019
Policy Number: 01-017943-00

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

Employee Life Benefit

Amount Increments of \$10,000
 Minimum Amount \$10,000
 Maximum Amount Lesser of \$500,000 or 5 x Earnings
 Guarantee Issue \$100,000

Employee AD&D Benefit

Amount Increments of \$10,000
 Minimum Amount \$10,000
 Maximum Amount Lesser of \$500,000 or 5 x Earnings

Spouse Life Benefit

Spouse Amount Increments of \$5,000
 Minimum Amount \$5,000
 Maximum Amount \$50,000 not to exceed 100% of Supplemental Employee Coverage
 Guarantee Issue \$30,000

Child Life Benefit

Child Amount 14 day(s) to 26 year(s): \$10,000

Benefit Reduction Employee and Spouse

Original Benefit 65% at age 65
 Amount Reduced To 50% at age 70

Symetra® is a registered service mark of Symetra Life Insurance Company.

Eligibility

All eligible employees working a minimum of 30 hours per week and their eligible dependents.

Evidence of Insurability

Evidence of Insurability is required for all amounts of insurance selected after the initial 31 day eligibility period and for any amount in excess of the Guarantee Issue amount.

Additional Benefit Details

Accelerated Death Benefit	If an employee has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the employee. Please refer to your employee certificate for additional information.
Conversion	A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply. Please refer to your employee certificate for additional information.
Portability	This coverage may be continued at group rates upon termination of employment. Certain restrictions apply. Please refer to your employee certificate for additional information.
Waiver of Premium	With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for an employee that becomes disabled. Certain restrictions apply. Please refer to your employee certificate for additional information.
AD&D Riders	Includes Seat Belt, Airbag and Repatriation benefits. Please refer to your employee certificate for additional information.

Contact Information for Claims

Phone: 1-877-377-6773

Fax: 1-877-737-3650

Symetra Life Insurance Company
Life and Absence Management Center
P.O. Box 1230
Enfield, CT 06083-1230

Symetra® is a registered service mark of Symetra Life Insurance Company.

Critical Illness Benefit Summary

Group Number: 00536077

About Your Benefits:

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out of pocket costs, or services like experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid when you need it most, upon diagnosis, so you can rest assured that you will have funds to offset upcoming out of pocket costs, and that you'll have the flexibility to elect treatments with less worry about the cost. Review your options and enroll today!

What Your Benefits Cover:

CRITICAL ILLNESS		
Benefit Amount(s)	Employee may choose a lump sum benefit of \$5,000 to \$15,000 in \$5,000 increments.	
CONDITIONS	1st OCCURRENCE	2nd OCCURRENCE
Vascular		
Heart Attack	100%	50%
Stroke!	100%	50%
Heart Failure##	100%	50%
Coronary Arteriosclerosis#	30%	0%
Other		
Organ Failure***	100%	50%
Kidney Failure**	100%	50%
ADDITIONAL CONDITIONS	1st OCCURRENCE ONLY	
Addison's Disease	30%	
ALS (Lou Gehrig's Disease)	100%	
Alzheimer's Disease	50%	
Coma	100%	
Huntington's Disease	30%	
Loss of Hearing	100%	
Loss of Sight	100%	
Loss of Speech	100%	
Multiple Sclerosis	30%	
Parkinson's Disease	100%	
Permanent Paralysis	50% for 1 limb, 100% for 2 limbs	
Severe Burns	100%	
Childhood Conditions	1st OCCURRENCE ONLY	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	

CRITICAL ILLNESS

Muscular Dystrophy	100%
Spina Bifida	100%
Type I Diabetes	100%
Spouse Benefit	100% of employee's lump sum benefit
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	<p>We Guarantee Issue up to: Less than age 70 \$15,000</p> <p>For a spouse: Less than age 70 \$15,000</p> <p>For a child: All Amounts</p> <p>Health questions are required if the elected amount exceeds the Guarantee Issue, as well as for all applicants age 70+ regardless of elected amount.</p>
Portability: Allows you to take your Critical Illness coverage with you if you terminate employment.	Included
Pre-Existing Condition Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior/6 months treatment free/12 months after
Occupational HIV/Hepatitis Benefit	100% of employee-benefit for the first occurrence.

WELLNESS BENEFIT

Employee Per Year Limit	\$50
Spouse Per Year Limit	\$50
Child Per Year Limit	\$50

- ! Stroke: Stroke must be severe enough to cause neurological deficits at least 30 days after the event.
- ## Heart Failure: An insured must be placed on an organ transplant list in order to be eligible for the Heart failure benefits.
- # Coronary Arteriosclerosis: Coronary Arteriosclerosis must be severe enough to require a coronary artery bypass graft.
- *** Organ Failure: Organ failure includes both lungs, liver, pancreas or bone marrow and requires the insured to be placed on an organ transplant list.
- ** Kidney Failure: An insured must be placed on an organ transplant list in order to be eligible for the Kidney failure benefits.

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Child cost is included with employee election.

Issue Age	Semi-monthly Premiums Displayed					
	Election Cost Per Age Bracket					
	< 30	30-39	40-49	50-59	60-69	70+†
\$5,000 Benefit Amount						
Employee \$5,000	\$1.76	\$2.06	\$3.11	\$4.91	\$7.01	\$14.41
Spouse \$5,000	\$1.76	\$2.06	\$3.11	\$4.91	\$7.01	\$14.41
\$10,000 Benefit Amount						
Employee \$10,000	\$2.94	\$3.54	\$5.64	\$9.24	\$13.44	\$28.24
Spouse \$10,000	\$2.94	\$3.54	\$5.64	\$9.24	\$13.44	\$28.24
\$15,000 Benefit Amount						
Employee \$15,000	\$4.11	\$5.01	\$8.16	\$13.56	\$19.86	\$42.06
Spouse \$15,000	\$4.11	\$5.01	\$8.16	\$13.56	\$19.86	\$42.06

†Benefit reductions may apply. See plan details.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00536077.

EXCLUSIONS AND LIMITATIONS

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR CRITICAL ILLNESS:

We will not pay benefits for the First Occurrence of a Critical Illness if it occurs less than 3 months after the First Occurrence of a related Critical Illness for which this Plan paid benefits. By related we mean either: (a) both Critical Illnesses are contained within the Cancer Related Conditions category; or (b) both Critical Illnesses are contained within the Vascular Conditions category. We will not pay benefits for a Second occurrence (recurrence) of a Critical Illness unless the Covered Person has not exhibited symptoms or received care or treatment for that Critical Illness for at least 12 months in a row prior to the recurrence. For purposes of this exclusion, care or treatment does not include: (1) preventive medications in the absence of disease; and (2) routine scheduled follow-up visits to a Doctor.

We do not pay benefits for claims relating to a covered person: taking part in any war or act of war (including service in the armed forces) committing a felony or taking part in any riot or other civil disorder or intentionally injuring themselves or attempting suicide while sane or insane.

Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

If the plan is new (not transferred): During the exclusion period, this Critical

This handout is for illustrative purposes only and is an approximation. If any discrepancies between this handout and your paycheck stub exist, your paycheck stub prevails. Your company has selected Guardian to provide Critical Illness coverage to eligible employees & dependents according to plan terms which have been mutually agreed upon. As an eligible employee, you can purchase this coverage at the group premium levels illustrated above.

Illness plan does not pay charges relating to a pre-existing condition. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. A pre-existing condition includes any condition for which an employee, in a specified time period prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. No benefit will be paid until the earlier of the treatment free period or a specified time period after the effective date. Please refer to the plan documents for specific time periods. State variations may apply.

Guardian's Critical Illness plan does not provide comprehensive medical coverage. It is a basic or limited benefit and is not intended to cover all medical expenses. It does not provide "basic hospital," "basic medical," or "medical" insurance as defined by the New York State Insurance Department.

Health questions are required on 1) late enrollees and 2) enrollees over age 69 (not applicable in FL). This coverage will not be effective until approved by a Guardian underwriter.

The policy has exclusions and limitations that may impact the eligibility for or entitlement to benefits under each covered condition. See your certificate booklet for a full listing of exclusions & limitations..

If Critical Illness insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits..

Group Number: 00536077
Accident Benefit Summary
About Your Benefits:

Accidents happen every day. Did you know almost 39 Million emergency room visits a year are due to an injury?¹ If you were injured from an accident, chances are you will have expenses that you were not anticipating-will you be prepared? Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work. You are guaranteed coverage, so please enroll today!

¹Injury Facts, 2011 Edition, National Safety Council.

What Your Benefits Cover:

	ACCIDENT
COVERAGE - DETAILS	
Your Semi-monthly premium	\$12.30
You and Spouse	\$17.86
You and Child(ren)	\$19.35
You, Spouse and Child(ren)	\$24.91
Accident Coverage Type	On and Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$50,000 Spouse \$50,000 Child \$10,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	\$200
Accident Follow-Up Visit - Doctor	\$75 up to 6 treatments
Air Ambulance	\$1,500
Ambulance	\$200
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$125

Benefit information illustrated within this material reflects the plan covered by Guardian as of 12/30/2016

Eastern Shawnee Tribe of Oklahoma ALL ELIGIBLE EMPLOYEES Benefit Summary

The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004

FEATURES (Cont.)

Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Chiropractic Visits	\$50 per visit up to 6 visits
Coma	\$12,500
Concussions	\$100
Dislocations	Schedule up to \$4,800
Diagnostic Exam (Major)	\$200
Emergency Dental Work	\$400/Crown, \$100/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$6,000
Hospital Admission	\$1,250
Hospital Confinement	\$250/day - up to 1 year
Hospital ICU Admission	\$2,500
Hospital ICU Confinement	\$500/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$100
Joint Replacement (hip/knee/shoulder)	\$3,500/\$1,750/\$1,750
Knee Cartilage	\$750
Laceration	Schedule up to \$500
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$150/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$35/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$750 2 or more: \$1,500
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$750
Surgery	Schedule up to \$1,500 Hernia: \$200
Surgery - Exploratory or Arthroscopic	\$350
Tendon/Ligament/Rotator Cuff	1: \$750 2 or more: \$1,500
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$600, 3 times per accident
X - Ray	\$40

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.

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Need Assistance?

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LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

This plan will not pay benefits for any injury caused by or related to: declared or undeclared war, act of war or armed aggression; taking part in a riot or civil disorder; or commission of, or attempt to commit a felony; intentionally self

inflicted injury, while sane or insane; suicide, while sane or insane. The covered person being legally intoxicated. Treatment rendered or hospital confinement outside the United States or Canada. Travel of flight in any kind of aircraft including any aircraft owned by or for the employer except as a fare paying passenger on a common carrier. Participation in any kind of sporting activity for compensation or profit including coaching or officiating.

Riding in or driving any motor-driven vehicle in a race, stunt show or speed test. Participation in hang gliding, bungee jumping, sailgliding, parasailing, parakiting, ballooning, parachuting, and/or skydiving. Injuries to a dependent child received during the birth. An accident that occurred before the covered person is covered by this plan. Sickness, disease, mental infirmity or medical or surgical treatment.

If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

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Group Number: 00536077

Cancer Benefit Summary

About Your Benefits:

Cancer is a terrible disease, but fortunately, more and more people are beating it through earlier diagnosis and the ever improving treatments available. However, treatment can be costly. Did you know an average out-of-pocket cost for cancer care is more than \$1200 per month.¹ That's where Cancer insurance can help. It supplements your medical and disability income insurance and helps protect you and your family from the financial hardship you may face while fighting the disease. Cancer Insurance pays benefits to you based on the treatments you receive related to a covered cancer diagnosis. The benefit payment is paid in addition to your medical insurance plan. Coverage is surprisingly affordable, so enroll today and get covered!

¹Duke University Medical Center, 2011 <http://clearhealthcosts.com/tag/duke-university-medical-center/>

What Your Benefits Cover:

CANCER	
COVERAGE - DETAILS	
Your Semi-monthly premium	\$14.78
You and Spouse	\$29.36
You and Child(ren)	\$17.65
You, Spouse and Child(ren)	\$32.22
INITIAL DIAGNOSIS BENEFIT - Benefit is paid when you are diagnosed with Internal cancer for the first time while insured under this Plan.	
Benefit Amount(s)	Employee \$5,000 Spouse \$5,000 Child \$5,000
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days
CANCER SCREENING	
Benefit Amount	\$100; \$100 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY	
Benefit	Schedule amounts up to a \$15,000 benefit year maximum.
Conditional Issue - The "conditional" means the applicant (employee, spouse or child) can qualify for coverage if he/she responds "No" to the conditional medical question on the enrollment form.	You will be required to answer one medical question as a part of your enrollment form.
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 month look back period, 12 month exclusion period.
Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Air Ambulance	\$2,000/trip, limit 2 trips per hospital confinement
Alternative Care	\$50/visit up to 20 visits
Ambulance	\$250/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit
Anti-Nausea	\$50/day up to \$250 per month

FEATURES (Cont.)

Attending Physician	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$200/day up to \$10,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$10,000 Stem Cell: \$2,500 50% benefit for 2nd transplant. \$1,500 benefit if a donor
Experimental Treatment	\$200/day up to \$2,400/month
Extended Care Facility/Skilled Nursing care	\$150/day up to 90 days per year
Government or Charity Hospital	\$400 per day in lieu of all other benefits
Home Health Care	\$100/visit up to 30 visits per year
Hormone Therapy	\$50/treatment up to 12 treatments per year
Hospice	\$100/day up to 100 days/lifetime
Hospital Confinement	\$400/day for first 30 days; \$800/day for 31st day thereafter per confinement
ICU Confinement	\$600/day for first 30 days; \$800/day for 31st day thereafter per confinement
Immunotherapy	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$150/day up to 30 days per year
Medical Imaging	\$200/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$100/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$350/day, 3 days per procedure
Physical or Speech Therapy	\$50/visit up to 4 visits per month, \$1,000 lifetime max
Prosthetic	Surgically Implanted: \$3,000/device, \$6,000 lifetime max Non-Surgically: \$300/device, \$600 lifetime max
Reconstructive Surgery	Breast TRAM \$3,000 Breast reconstruction \$700 Breast Symmetry \$350 Facial reconstruction \$700
Reproductive Benefit	\$1,500 egg harvesting, \$500 egg or sperm storage, \$2,000 lifetime max
Second Surgical Opinion	\$300/surgery procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$5,500
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,500 per round trip/equal benefit for companion
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included

UNDERSTANDING YOUR BENEFITS :

- **Alternative Care** – Benefit is paid for palliative care (bio-feedback or hypnosis) or lifestyle benefits such as visits to an accredited practitioner for smoking cessation, yoga, meditation, relaxation techniques and nutritional counseling.
- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer.

UNDERSTANDING YOUR BENEFITS (Cont.):

- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00536077

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF CANCER LIMITATIONS AND EXCLUSIONS:

Conditional Issue is one medical question as a part of the enrollment form.

This plan will not pay benefits for: Services or treatment not included in the Features. Services or treatment provided by a family member. Services or treatment rendered for hospital confinement outside the United States. Any cancer diagnosed solely outside of the United States. Services or treatment provided primarily for cosmetic purposes. Services or treatment for premalignant conditions. Services or treatment for conditions with malignant potential. Services or treatment for non-cancer sicknesses.

Cancer caused by, contributed to by, or resulting from: participating in a felony, riot or insurrection; intentionally causing a self-inflicted injury; committing or attempting to commit suicide while sane or insane; a covered person's mental or emotional disorder, alcoholism or drug addiction; engaging in any illegal activity; or serving in the armed forces or any auxiliary unit of the armed forces of any country.

If Cancer insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Group Number: 00536077

Hospital Indemnity Benefit Summary

About Your Benefits:

Focus on recovery during a hospital stay – not your out-of-pocket costs. A hospital confinement due to an illness or injury can happen to anyone. Chances are when it occurs you will have unplanned expenses to pay. Will you be prepared? Hospital Indemnity insurance benefit payments are made directly to you, no matter what other coverage you may have, and can be used however you choose. These benefit payments can help pay for out-of-pocket healthcare costs or other household expenses which can pile up during a hospital stay. Hospital Indemnity insurance helps provide financial peace of mind – please enroll today!

What Your Benefits Cover:

	Hospital Indemnity
	Option 1
Coverage Details	
Your Semi-monthly premium	\$22.25
You and spouse	\$39.27
You and Child(ren)	\$25.48
You, spouse and Child(ren)	\$42.50
Benefits	
Hospital/ICU Admission	\$1,000 per admission, limited to 1 admission(s) per insured and 3 day(s) per covered family per benefit year.
Hospital/ICU Confinement	\$150/\$150 per day, limited to 15 day(s) per insured per benefit year.
Ambulance Ground/Air	\$100/\$1,000 per day, limited to 2 day(s) per insured per benefit year.
Diagnostic Tests	\$100 per day, limited to 2 day(s) per insured per benefit year.
Doctor's Office Visit	\$25 per day, limited to 5 day(s) per insured and 10 day(s) per covered family per benefit year.
Emergency Room/Urgent Care Facility	\$100/\$100 per day, limited to 2 day(s) per insured per benefit year.
Outpatient Surgery	
Category 1	Category 1 \$500
Category 2	Category 2 \$1,000
	limited to 1 days of surgery per insured per benefit year
Rehabilitation Unit Confinement	\$100 per day, limited to 10 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months prior, 12 months after
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included
Child(ren) Age Limits	Children age birth to 26 years
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.	

UNDERSTANDING YOUR BENEFITS – HOSPITAL INDEMNITY

Hospital Admission & Hospital ICU Admission benefits are not payable on the same day.

Premium will be waived if you are hospitalized for more than 30 days.

Hospital admission or confinement benefits are not payable for a newborn unless the child is admitted to the Neonatal ICU.

Hospital/ICU confinement benefits are not payable on the same day as Hospital/ICU admission benefit.

After initial enrollment, Hospital Indemnity coverage will continue as long as an insured is actively at work.

Category 2 outpatient surgeries are paid at a higher benefit than category 1 outpatient surgeries based on the severity of the surgical procedure. For procedures not specifically listed in your certificate booklet, we will use the Current Procedural Terminology (CPT) Code provided by the Covered Person's Doctor and a current relative value scale to determine the category in which the procedure belongs.

Rehabilitation Unit Confinement must immediately follow a Hospital Confinement.

Manage Your Benefits:

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www.guardiananytime.com.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00536077

LIMITATIONS AND EXCLUSIONS:

In order to be eligible for coverage: Employees must be legally working: (a) in the United States or (b) outside the United States, for a US based employer, in a country or region approved by Guardian.

An applicant must enroll within 31 days of the coverage effective date. An open enrollment will occur each year during a 30 day time period specified by the policyholder. If an applicant does not enroll during their initial enrollment period, he/she may not enroll until the next open enrollment period.

This Plan will not pay benefits for:

- Treatment relating to a covered person: taking part in any war or act of war (including service in the armed forces), commission of or attempt to commit a felony, an act of terrorism, or participating in an illegal occupation, riot or insurrection.

- Suicide or any intentionally self-inflicted injury

Elective surgery;

Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;

Dental care, dental xrays, or dental treatment;

Gastric or intestinal bypass services including lap banding, gastric stapling, and other similar procedures to facilitate weight loss; the reversal, or revision of such procedures; or services required for the treatment of complications from such procedures. This exclusion does not apply to completion of a weight reduction program that may be payable under the Health Screening benefit ;

Rest cures or custodial care, or treatment of sleep disorders;

Services, treatment or supplies rendered outside the United States or Canada;

Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:

(a) on an injured part of the body following infection or disease of the involved part;

(b) of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or

(c) on a nondiseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;

Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;

Service, treatment or loss related to alcoholism or drug addiction, except for drugs prescribed by the Covered Person's Doctor and taken as prescribed;

Care or treatment for mental or nervous disorders;

Services, treatment or loss rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;

Services or treatment Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a Covered Person's Spouse, parent, brother, sister, child, Domestic Partner or partner in a civil union.

Surgery and treatment, procedures, products or services that are experimental or investigative.

Hospital Confinement and/or Hospital Admission and Inpatient Surgery due to any Covered Person's giving birth within the first 9 months after the Covered Person's effective date under this Plan as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other Covered Sickness

Treatment of a Covered Dependent Child's Children;

Sickness or Injury sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training.

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Your Vision Benefits Summary



Get the best in eyecare and eyewear with EASTERN SHAWNEE TRIBE OF OKLAHOMA - SIGNATURE PLAN and VSP® Vision Care.

Using your VSP benefit is easy.

- **Register at vsp.com** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP provider, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eyecare

You'll get the highest level of care, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a VSP provider who carries these brands.

Plan Information

VSP Coverage Effective Date: 02/01/2016

VSP Provider Network: VSP Signature

Visit vsp.com or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

¹Brands/Promotion subject to change.

Benefit	Description	Copay	
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$20	
Prescription Glasses			
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • Every 24 months 	Included in Prescription Glasses	
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months 	Included in Prescription Glasses	
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements • Every 12 months 	\$50 \$80 - \$90 \$120 - \$160	
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 12 months 	Up to \$60	
Glasses and Sunglasses			
Extra Savings	<ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
Your Coverage with Out-of-Network Providers			
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.			
Exam	up to \$50	Lined Trifocal Lenses	up to \$100
Frame	up to \$70	Progressive Lenses	up to \$75
Single Vision Lenses	up to \$50	Contacts	up to \$105
Lined Bifocal Lenses	up to \$75		
VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.			

Your Vision Benefits Summary



Get the best in eyecare and eyewear with EASTERN SHAWNEE TRIBE OF OKLAHOMA - EXAM PLUS PLAN and VSP® Vision Care.

Using your VSP benefit is easy.

- **Register at vsp.com** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP provider, visit vsp.com or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Best Eyecare

You'll get the highest level of care, including a WellVision Exam®— the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, you'll get the most out of your benefit, have lower out-of-pocket costs, and your satisfaction is guaranteed.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a VSP provider who carries these brands.

Plan Information

VSP Coverage Effective Date: 02/01/2016
VSP Provider Network: VSP Signature

Benefit	Description	Copay
Your Coverage with a VSP Provider		
WellVision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Every 12 months 	\$20
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • 20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months from your last WellVision Exam. <p>Contacts</p> <ul style="list-style-type: none"> • 15% savings on a contact lens exam (fitting and evaluation) <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	
Your Coverage with Out-of-Network Providers		
Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.		
Exam	up to \$50	
<small>VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.</small>		

Visit vsp.com or call **800.877.7195** for more details on your vision coverage and exclusive savings and promotions for VSP members.

¹Brands/Promotion subject to change.

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Important Notice from Eastern Shawnee Tribe of Oklahoma 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 Eastern Shawnee Tribe of Oklahoma 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. Eastern Shawnee Tribe of Oklahoma has determined that the prescription drug coverage offered by Eastern Shawnee Tribe of OK 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 Eastern Shawnee Tribe of Oklahoma coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Eastern Shawnee Tribe of Oklahoma coverage, be aware that you and your dependents will 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 Eastern Shawnee Tribe of Ok 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 Eastern Shawnee Tribe of Ok 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
- 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, 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 30, 2018
Name of Entity/Sender:	Eastern Shawnee Tribe of Oklahoma
Contact--Position/Office:	Sharon Farris/ Benefits Specialist
Address:	10080 S. Bluejacket Road, Wyandotte, OK 74370
Phone Number:	918-666-5151