

MCN TRIBAL HUMAN RESOURCES

FULL TIME EMPLOYEES

PAID HOLIDAYS

-14 DAYS

LEAVE BENEFITS (STARTS AFTER 60 DAYS PROBATION PERIOD)

-ANNUAL LEAVE

60 DAYS-5 YEARS OF SERVICE

4 PER PP (104 HRS-13 DAYS PER FISCAL YR)

5-10 YEARS OF SERVICE

6 PER PP (156 HRS-19.5 DAYS PER FISCAL YR)

10-UP YEARS OF SERVICE

8 PER PP (208 HRS-26 DAYS PER FISCAL YR)

(ANNUAL LEAVE IS ACCUMMULATED PER 2 WEEK PAYPERIOD
UP TO MAX OF 240 HRS)

LEAVE BENEFITS (STARTS AFTER 60 DAYS PROBATION PERIOD)

-SICK LEAVE

60 DAYS-UP

4 PER PP (104 HRS-13 DAYS PER FISCAL YR)

(SICK LEAVE IS ACCUMMULATED 4 HOURS PER PAYPERIOD UP
TO MAX OF 1040 HRS)

LEAVE BENEFITS (STARTS AFTER 60 DAYS PROBATION PERIOD)

-PERSONAL LEAVE

UP TO 3 DAYS EACH FISCAL YEAR

(PERSONAL LEAVE IS PRO-RATED BY HIRE DATE)

BEREAVEMENT LEAVE

UP TO 3 DAYS EACH FISCAL YEAR

(1 DAY NON-IMMEDIATE/3 DAYS IMMEDIATE FAMILY)

AVAILABLE COMPLETION OF 1 YEAR SERVICE

-MATERNITY LEAVE

LEAVE BENEFITS (STARTS AFTER 60 DAYS PROBATION PERIOD)

-CULTURAL/RELIGIOUS LEAVE

8 HRS EACH FISCAL YEAR

-JURY DUTY LEAVE

(COURT ORDER REQUIRED)

-MILITARY LEAVE

20 DAYS PAID PER FISCAL YEAR

(MILITARY ORDERS REQUIRED)

-DISASTER LEAVE

UP TO 3 DAYS

(HR APPROVED)

LEAVE BENEFITS (STARTING IMMEDIATELY)

**Administrative Leave - Immediately available (Principal Chief Approval)*

**Inclement Weather Leave - Immediately available (Per Emergency Management)*

**Tele-work- Available per manager APPROVAL*

**Compensatory Time-Available immediate per manager APPROVAL (NON EXEMPT ONLY)*

**Event Comp-Earned during approved events*

OTHER BENEFITS (QUALIFY AFTER 60 DAY PROBATION/STARTS BEGINNING 1ST DAY FOLLOWING MONTH)

MEDICAL, PRESCRIPTION, VISION AND DENTAL

INSURANCE FY 2024 (SUBJECT TO CHANGE)

PREMIUM per pay period

*Employee Only- \$15

*Employee/Spouse - \$60

*Employee/Children- \$60

*Employee/Spouse/Children - \$90

MEDICAL INSURANCE

BLUE CROSS/BLUE SHIELD OF OKLAHOMA (NATIVE BLUE)

*IN NETWORK

-0- DEDUCTIBLE

-0- CO-PAY

100% PAID

*OUT OF NETWORK

\$200 INDIVIDUAL/\$500 FAMILY DEDUCTIBLE

\$700 INDIVIDUAL/\$2100 FAMILY OUT OF POCKET EXPENSE (DEDUCTIBLE WAIVED)

***EMERGENCY ROOM/EMERGENCY TRANSPORTATION**

IN/OUT OF NETWORK 100% PAID

*OUT OF STATE - 100% PAID

PRESCRIPTION CO-PAY

GENERIC \$10

NAME BRAND \$25

CVS/TARGET ARE NOT COVERED

EMPLOYEE/FAMILY PRESCRIPTIONS 100% PAID THROUGH MCN PHARMACIES

VISION

\$0 COPAY (ONCE PER YEAR)

EYE EXAM 100%

FRAMES 100% UP TO \$150

LENSES 100% SINGLE UP TO \$80/BIFOCAL \$200/TRIFOCAL/PROGRESSIVE \$225/LENTICULAR \$200

CONTACT LENSES UP TO \$150 ANNUALLY

LASIK/RADIAL KERATOTOMY

EMPLOYEE \$1500 PER EYE/SPOUSE-CHILD \$750 PER EYE

DENTAL

\$25 DEDUCTIBLE

100% PREVENTATIVE

80% ROUTINE/MINOR RESTORATIVE

50% MAJOR RESTORATIVE

UP TO \$3000 ANNUALLY

50% ORTHODONTICS \$3000 LIFETIME

MCN EMPLOYEE MEDICAL CLINIC-FREE FOR EMPLOYEES/FAMILY

MCN EMPLOYEE PRESCRIPTION REFILL LINE FREE FOR EMPLOYEES/
FAMILY

HARTFORD LIFE INSURANCE

*2X ANNUAL SALARY UP TO \$100,000 PAID BY MCN

2*X ANNUAL SALARY FOR ACCIDENT/DISMEMBERMENT UP TO \$100,000 PAID BY MCN

AVAILABLE SUPPLEMENTAL INSURANCE REQUIRED AT NEW HIRE ORIENTATION ONLY

*DEPENDENT LIFE

\$5,000 SPOUSE

\$1,000 CHILD

TOTAL COST .69 CENTS PER PAY PERIOD

*EMPLOYEE LIFE

UP TO \$500,000 ADDITIONAL COST

*SPOUSE LIFE

UP TO \$100,000 ADDITIONAL COST

*CHILDREN LIFE

\$10,000 UP TO 26 years .92 CENTS

*SHORT TERM DISABILITY

PAID BY MCN

*LONG TERM DISABILITY

AVAILABLE AT ADDITIONAL COST

*ACCIDENT/DISBURSMENT FAMILY

AVAILABLE AT ADDITIONAL COST (EXAMPLE \$10,000 FAMILY .263 CENTS PER PAY PERIOD- \$100,000 FAMILY \$2.63 PAY PERIOD)

FREE LAST WILL AND TESTIMENT THROUGH ESTATEGUIDANCE

BOK STARTRIGHT

401K

5% PROFIT SHARING WITH NO CONTRIBUTION

4% MATCH UP TO \$23,000 PER YEAR UNDER AGE OF 50

4% MATCH UP TO 30,500 OVER AGE OF 50

401K LOAN

Check BOK for details

EMPLOYEE CHRISTMAS LOAN

Check Mvskoke loan fund for details

Blue Cross Blue Shield of Oklahoma Native Blue PPO

Calendar Year Deductible

Out-of-Network Only: Individual-\$200/Family-\$600
In-Network: Zero Deductible

Medical Out-Of-Pocket Maximum

(Includes deductible)

Out-of-Network Only: Individual-\$700/Family-\$2,100
Includes Deductible, Copayments and Coinsurance
In-Network: Zero out-of-pocket

Rx Out-of-Pocket Maximum

In Network Only: Individual-\$500/Family-\$1,500
per calendar year

Lifetime Maximum Benefit

Unlimited per person

Coinsurance

(After Deductible has been met)

In-Network: Plan pays 100% / Member pays 0%
Out-of-Network: Plan Pays 60% / Member pays 40%

Physician Office Visit Copays

In-Network: Primary & Specialist: Covered at 100%
Out-of-Network: Primary & Specialist: Deductible then
40% Coinsurance

Preventive Care

In-Network: Covered at 100%
Out-of-Network: Deductible then 40% Coinsurance

Urgent Care

In-Network: Covered at 100%
Out-of-Network: Deductible then 40% Coinsurance

Emergency Room Services

In-Network: Covered at 100%
Out-of-Network: Covered at 100%

Emergency Medical Transportation

In-Network: Covered at 100%
Out-of-Network: Covered at 100%

Outpatient Surgery

In-Network Facility Fee: Covered at 100%
In-Network Physician/Surgeon Fee: Covered at 100%
Out-of-Network Facility Fee: Deductible then
40% Coinsurance
Out-of-Network Physician/Surgeon Fee: Deductible then
40% Coinsurance

Blue Cross Blue Shield of Oklahoma Native Blue PPO (Cont'd)

In-Patient Hospital Stay

In-Network Facility Fee: Covered at 100%
In-Network Physician/Surgeon Fee: Covered at 100%
Out-of-Network Facility Fee: Deductible then
40% Coinsurance

Out-of-Network Physician/Surgeon Fee: Deductible then
40% Coinsurance

Mental / Behavioral Health Out-Patient

In-Network: Covered at 100%
Out-of-Network: Deductible then
40% Coinsurance all services

Mental / Behavioral Health In-Patient

In-Network: Covered at 100%
Out-of-Network: Deductible then 40% Coinsurance

Substance Abuse Out-Patient

In-Network: Covered at 100%
Out-of-Network: Deductible then 40% Coinsurance
all services

Substance Abuse In-Patient

In-Network: Covered at 100%
Out-of-Network: Deductible then 40% Coinsurance

Pre-Natal / Post Natal Maternity Care

(Includes Delivery & In-Patient Services)
In-Network: Covered at 100%
Out-of-Network: Deductible then 40% Coinsurance

Diagnostic & Imaging Services

(Includes X-Ray, Blood Work, CT/PET scans, MRI)
In-Network: Covered at 100%
Out-of-Network: Deductible then 40% Coinsurance

Prescription Drug Copays

**If you are Indian Health Beneficiary and use the MCN
pharmacy network, then there will be no copayments!**
The following prescription drugs are covered BCBSOK/
Prime Therapeutics Advantage In-Network only.
(CVS is EXCLUDED)

Generic: \$10 Retail / \$20 Mail Order
Name Brand w/No Generic: \$10 Retail / \$20 Mail Order
Name Brand: \$25 Retail / \$50 Mail Order
Specialty Rx In- & Out-of-Network: \$25 Copay Retail.
There is no benefit for Mail Order Specialty Drugs.

Blue Cross Blue Shield of Oklahoma Native Blue PPO (Cont'd)

MDLIVE with Behavioral Health

Provides you and your covered dependents access to care
for non-emergency/medical issues and behavioral health needs.
Copay: \$0

Benefits Value Advisor (BVA)

Guides members to cost-effective options and offers a cash
reward when a low-cost provider is selected from several
possibilities.

Other Services

The list of services below are covered at 100% In-Network
and Deductible then 40% Coinsurance Out-of-Network.

**Home Health, Skilled Nursing, Rehabilitation and
Habilitation Services, Durable Medical Equipment,
Hospice Care**

Dependent Child Eye Care

Eye Exam: Covered 1x annually at no charge

Frames: Paid in full 1x annually to a maximum of \$150

Lenses: Paid in full 1x annually as follows:

Single Vision - Up to \$80 max benefit

Bifocal Vision - Up to \$200 max benefit

Lenticular Vision - Up to \$200 max benefit

Muscogee Nation Dental Benefits

Calendar Year Deductible

(Waived for Class A Services/Preventive)
\$25 per covered individual for Class B, C and D services

Coinsurance

Preventive Services (Class A): Paid at 100%
Routine & Minor Restorative (Class B): Paid at 80%
Major Restorative (Class C): Paid at 50%
Orthodontia (Class D): Paid at 50%

Maximum Benefit per Plan Participant

Dental Services: \$3,000 Annually per covered individual
Orthodontia Services: \$3,000 Lifetime per covered individual

The Hartford Basic Term Life Accidental Death & Dismemberment/AD&D

NOTE: As an employee of the Muscogee Nation, you will be automatically enrolled in the The Hartford Basic Life Accidental Death and Dismemberment policy at **no cost to you.**

Benefit Amount Class I Employees

(Directors and Chiefs)

Minimum Basic Life/AD&D: \$150,000
Maximum Basic Life/AD&D: \$150,000
Guarantee Issue Basic Life/AD&D: \$150,000

Benefit Amount Class II Employees

(All Other Employees)

Minimum Basic Life/AD&D: 2 x Annual Salary
Maximum Basic Life/AD&D: \$100,000
Guarantee Issue Basic Life/AD&D: \$100,000

Employee Class I an Class II Benefits reduce to 50% of the enforce amount at age 70.

Dependent Spouse Basic Life/AD&D Benefit Class I & II

Minimum/Maximum Benefit: \$5,000
Guarantee Issue Benefit: \$5,000

Dependent Child Basic Life/AD&D Benefit Class I & II

Minimum/Maximum Benefit: \$1,000

Waiver of Premium, and Conversion Benefits are included. There is a Living Benefits Option of 80% up to a max \$100,000.

The Hartford Group Short Term Disability (STD)

NOTE: As an employee of the Muscogee Nation, you will be automatically enrolled in the The Hartford Short Term Disability policy no cost to you.

Benefit Amount

Minimum Weekly Benefit: \$25
Maximum Weekly Benefit: \$575
Benefit Basis: 50% of weekly earnings
Accident Elimination Period: 0 Days
Sickness Elimination Period: 7 Days
Benefit Duration: 26 weeks

This quad-fold is a brief summary only. For a detailed outline of each of your benefits please see your Human Resource Department.

The Hartford Voluntary Term Life Accidental Death & Dismemberment

Employee Benefit

Minimum Life/AD&D: \$10,000
Maximum Life/AD&D: 10 x Annual Salary to \$500,000
Guarantee Issue Amount: 10 x annual salary to a max of \$300,000

Spousal Benefit

Minimum Life/AD&D: \$5,000
Maximum Life/AD&D: 100% of Employee's Benefit to a max of \$100,000

Guarantee Issue Amount: 100% of Employee's Benefit to a max of \$100,000

Waiver of Premium, Portability and Conversion Benefits are included. There is a Living Care benefit of 80% to \$100,000

Dependent Child Benefit

Minimum Life/AD&D: \$10,000
Maximum Life/AD&D: \$10,000
Guarantee Issue Amount: \$10,000

Premium cost for Employee and Spouse coverage is determined by age and smoker status and rated per \$1,000 of coverage.

See your Munis online enrollment system or HR

Department to determine your individual rate for this coverage. The child rates is \$2,000 per \$10,000 of coverage for all eligible children's ages.

The Hartford Group Voluntary Long Term Disability (LTD)

Benefit Amount

Minimum Monthly Benefit: \$100 or 10%
Maximum Monthly Benefit: \$6,000
Guarantee Issue Amount: \$6,000
Benefit Basis: 60% of monthly earnings
Elimination Period: 180 Days
Accumulation Period: 360 Days
Benefit Duration: RDB to SSNRA
Pre-Existing Condition: 6 months/12 months

Premium cost for this coverage is based on age and deducted by way of payroll per pay period. Contact your HR Department for assistance with determining your individual cost for this coverage

Muscogee Nation Benefits Eligibility and Questions Contd.

Benefits Eligibility

Full-time employees working at least 30 hours per week. Dependents are eligible at the same time as the employee

Waiting Period

60 days

Effective Date

1st of the month following 60 day wait.

For Questions or Concerns Regarding Medical, Rx, and Dental Benefits contact BCBSOK / Prime Customer Service

Customer Service: 800-672-2567

For Questions Concerning The Hartford Benefits

Initial Claim Filing: Contact MCN Benefits Department
Claims Questions: 888-301-5615.
Reference Group #681627.

For Questions Concerning AFLAC Benefits

Tammy Beam

918-636-1353
tamara_beam@us.aflac.com

Kelli Carothers

918-760-3728
kellir_carothers@us.aflac.com

Muscogee Nation 401(k) Bank of Oklahoma

NOTE: Regular Full Time Employees are eligible to participate in the Nation's 401(k) plan starting on their date of employment.

Contributions: 1% to 100% of pre-tax salary to a yearly maximum of \$22,500. Plan participants who are 50 and older can contribute up to \$7,500 per year
Matching: Employer will match 100% of the employee contributions up to 4%

Profit Share: Employees get an automatic 5% profit share from their date of hire, no contribution required.

Vesting Schedule: All employees are subject to the following vesting schedule...

After 1 Year of Service / 25% vested
After 2 Years of Service / 50% vested
After 3 Years of Service / 75% vested
After 4 Years of Service / 100% vested