

2025 Employee Benefit Guide

Effective October 1, 2025 - September 30, 2026

IMPORTANT BENEFIT INFORMATION ENCLOSED

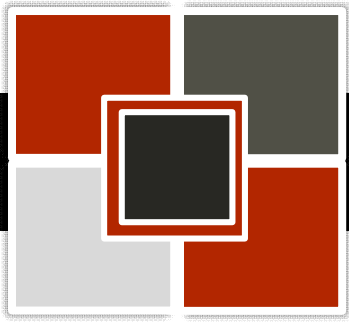


Table of Contents

Table of Contents

Eligibility	2 - 3
Medical Plan	4 - 9
Dental Plan	10 - 11
Vision Plan	12 - 13
Your Costs	14
Life and (AD&D) Coverage	15
Disability Coverage	16
Employee Assistance Program (EAP)	17
Accident	18
Critical Illness	19
Identity Protection	20
Vol. Coverage Costs	21
Benefit Hub Discounts	22
Contact Information	23

Employee Benefit Highlights

Quileute Tribal Council recognizes the importance of providing a comprehensive benefits program to our employees. These benefits help provide employees and their family members opportunities to maintain their health and welfare.

WHO IS ELIGIBLE?

If you are a full-time employee who works a minimum of 30 hours per week, you are eligible to enroll in the benefits described in this guide. Coverage is available the first of the month following 60 from Date of Hire. The following family members are eligible for medical and dental coverage:

- Your legal spouse or domestic partner
- Your children up to age 26 (including stepchildren, legally adopted children and children placed with you for adoption)
- Your dependent children over age 26 who are physically or mentally unable to care for themselves

HOW TO ENROLL

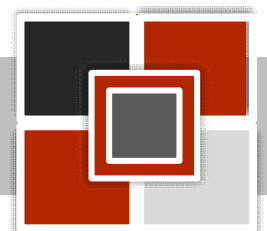
This Open Enrollment, you will need to fill out a New Enrollment form, even If you are not making other changes, MANDATORY Open Enrollment meetings will be held

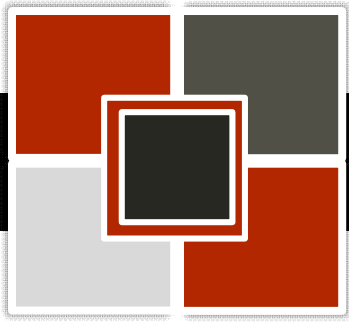
WHEN TO ENROLL

The open enrollment period is **09-15-2025 through 09-19-2025. Forms must be returned to Human Resources during the Mandatory Enrollment meetings.** The benefits you elect during open enrollment will be effective from 10-01-2025 through 09-30-2026. This is your only chance each year to make changes to your elections, unless you or a family member experiences an eligible change in family status. Elections you make during open enrollment will become effective 10-01-2025.

HOW TO MAKE CHANGES

Outside of Open Enrollment, unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. Contact Human Resources if you experience a qualified change in status.





Annual Open Enrollment What's New for 2025

Open Enrollment is here!

Open Enrollment runs from September 15th through September 19th this year:

- Mandatory Open Enrollment Meetings will be held September 17th, 18th and 19th.
- You must complete a NEW enrollment form this year, even if not making any changes.

Effective 10/1/2025 the Quileute Tribal Council is continuing the Medical, Dental and Vision plans. We are adding an optional Voluntary Life benefit, through The Hartford.

* Effective November 1st, we will be moving the Medical insurance to HMA, all benefits will continue as elected October 1st. *

What does this mean to you?

- For October 1st-31st You will continue to use the BlueCard PPO/EPO network of doctors for our Medical plan. Check online at www.myqccbluelink.com to verify your providers are on the list.
- Starting November 1st, You will use the HMA Regence network of doctors for our Medical plan. Check online at www.accesshma.com to verify your providers are on the list.
 - YOU WILL RECEIVE A NEW ID CARD
- Our Plan will continue to use the ClearScript network of pharmacies. Check online at www.clearscript.org/members to verify your pharmacy is in network.
- You will continue to use the Ameritas network of Dentists for our Dental Plan and Ameritas VSP Choice network of vision providers Vision Plan. Check online at www.ameritas.com to verify your providers are on the list.
- Payroll deductions will remain the same \$25 single or \$75 family per paycheck if you enroll in Medical, Dental, and Vision.
- No changes to the current Life/AD&D, Short- and Long-Term Disability, Employee Assistance Program (EAP), Identity Theft Protection, Critical Illness and Accident coverage.
- We are adding additional Voluntary Life, you can elect up to \$100,000 for yourself, up to \$30,000 for your spouse and \$10,000 for your children.

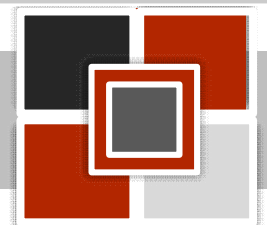
Questions? You can contact Our Broker Brown & Brown or Human Resources:

- Crystal Nelson at (206) 676-8121 or email crystal.nelson@bbrown.com
- Suzie Cosser at 206-216-4131 or email suzie.cosser@bbrown.com or
- Human Resources at (360) 374-6561 or email hr@quileutetribes.com

MEDICAL BENEFIT SUMMARY October 1, 2025 - October 31, 2025

BlueLink AHA BlueShield PPO 500

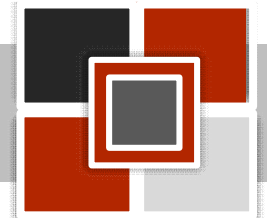
MEDICAL PLAN HIGHLIGHTS	In-Network	Out-of-Network
Calendar Year		
Individual	\$500	\$1,500
Family	\$1,500	\$4,500
Out-of-Pocket Maximum <i>(Includes deductibles and copays)</i>		
Individual	\$3,000	Unlimited
Family	\$9,000	Unlimited
Lifetime Maximum Benefit <i>(Per Individual)</i>	Unlimited	Unlimited
Office Visit Copayment <i>(PCP/Specialist)</i>	\$20/\$20	Covered at 40% after \$1,500 deductible
Urgent Care Copayment	\$20	Covered at 40% after \$1,500 deductible
Telemedicine	\$10	Not covered
Inpatient Hospital Expenses	Covered at 20% after \$500 deductible	Covered at 40% after \$1,500 deductible
Outpatient Surgery	Covered at 20% after \$500 deductible	Covered at 40% after \$1,500 deductible
Emergency Room Visit	Covered at 20% after \$250 copay and \$500 deductible	Covered at 20% after \$250 copay and \$500 deductible
Ambulance Services	Covered at 20% after \$500 deductible	Covered at 20% after \$500 deductible
	In-Network	
Pharmacy	Retail Pharmacy 30-day supply	Mail Order 2.5x Retail 30-day supply
Tier 1 - Generic	\$10	\$25
Tier 2 – Preferred Brand	\$25	\$50
Tier 3 – Non-Preferred brand	\$40	\$80
Tier 4 – Specialty (must use Fairview Specialty Pharmacy)	Same as Retail Pharmacy 30-day supply	
Day Supply	Retail: 30 Day; Mail: 90 Day; Specialty: 30 Day	
	NOTE: If you seek the services of an Out-of-Network provider, you will pay more. Always seek In-Network care whenever possible.	

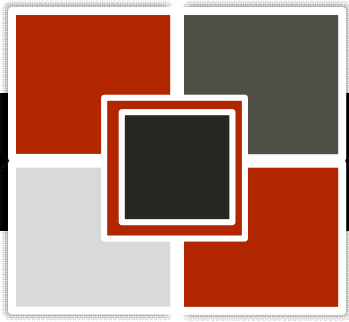


MEDICAL BENEFIT SUMMARY November 1, 2025 – September 30, 2026

HMA Regence PPO 500

MEDICAL PLAN HIGHLIGHTS	In-Network	Out-of-Network
Calendar Year		
Individual	\$500	\$1,500
Family	\$1,500	\$4,500
Out-of-Pocket Maximum <i>(Includes deductibles and copays)</i>		
Individual	\$3,000	Unlimited
Family	\$9,000	Unlimited
Lifetime Maximum Benefit <i>(Per Individual)</i>	Unlimited	Unlimited
Office Visit Copayment <i>(PCP/Specialist)</i>	\$20/\$20	Covered at 40% after \$1,500 deductible
Urgent Care Copayment	\$20	Covered at 40% after \$1,500 deductible
Telemedicine	\$10	Not covered
Inpatient Hospital Expenses	Covered at 20% after \$500 deductible	Covered at 40% after \$1,500 deductible
Outpatient Surgery	Covered at 20% after \$500 deductible	Covered at 40% after \$1,500 deductible
Emergency Room Visit	Covered at 20% after \$250 copay and \$500 deductible	Covered at 20% after \$250 copay and \$500 deductible
Ambulance Services	Covered at 20% after \$500 deductible	Covered at 20% after \$500 deductible
	In-Network	
Pharmacy	Retail Pharmacy 30-day supply	Mail Order 2.5x Retail 30-day supply
Tier 1 - Generic	\$10	\$25
Tier 2 – Preferred Brand	\$25	\$50
Tier 3 – Non-Preferred brand	\$40	\$80
Tier 4 – Specialty (must use Fairview Specialty Pharmacy)	Same as Retail Pharmacy 30-day supply	
Day Supply	Retail: 30 Day; Mail: 90 Day; Specialty: 30 Day	
	NOTE: If you seek the services of an Out-of-Network provider, you will pay more. Always seek In-Network care whenever possible.	





MEDICAL BENEFIT SUMMARY

MEDICAL PLAN

The medical plan is offered through HMA. The following information is important to note about your medical plan coverage.

PREFERRED PROVIDER ORGANIZATION (PPO) PLANS

PPO plans allow you to choose to see PPO providers or non-network providers in the area or around the nation. Whenever possible, it is important to ask if a provider is In or Out of network with HMA Network prior to receiving services. To find an in-network provider use this link www.accesshma.com or call 1.800.700.7153 or the number on the back of the ID card.

IN-NETWORK PROVIDERS (Inside Washington, Oregon, Idaho and Utah)

When you use a provider, who participates in the HMA Network, your plan generally offers better benefits and lower out of pocket expenses. It is to your advantage to use PPO providers, but it is not required. Preventive Care services are also covered at 100% at in network providers.

BLUE CARD (Outside of Washington, Oregon, Idaho and Utah)

- Your plan is a member of the MultiPlan PHCS network, which offers you “MultiPlan ” program access. This means that you can see any provider in the nation and receive in network benefits, as long as they are in network with PHCS network.
- For example, if you went to an Urgent Care clinic in New Mexico, you would receive in network benefits as long as the clinic was in network with PHCS Network.

OUT OF NETWORK PROVIDERS

When you use a provider, who does not participate in the HMA Network, your plan offers lower benefits than what you would receive at an in-network providers. This can include paying a higher deductible, having a higher out of pocket annual maximum, and paying a larger cost share for out-of-pocket expenses.

PHARMACY BENEFITS

The ClearScript Pharmacy Network includes over 65,000 chain and independent pharmacies. To find a participating pharmacy, use our Pharmacy Locator tool found on clearscript.org/members or contact our customer service center at 1-800-819-5479.

MAIL ORDER PHARMACY

Getting Started with Fairview Mail Service: Get started filling your prescriptions through Fairview Mail by calling 1-866-377-6245 (toll-free) Monday through Friday, 8 am-7 pm (CST) or Saturday 8 am - 4 pm (CST). A Fairview representative will work with your physician or your current pharmacy to fill or move your prescriptions to Fairview Mail Service Pharmacy.

Understanding Your Member ID Card & the HMA Network

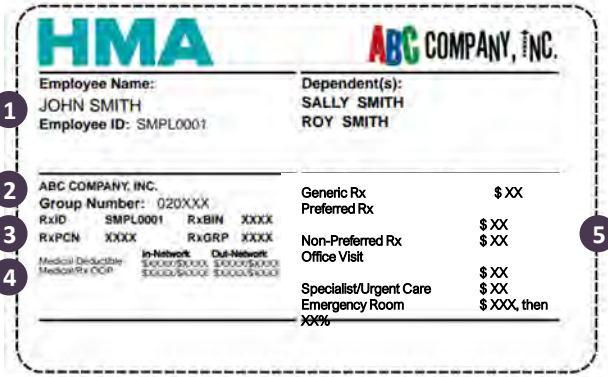
Learn about your HMA Member ID card and the HMA network configuration.
This information can be shared with your doctor’s office if they are not recognizing HMA.

Information on Your Member ID Card:

Your card provides you with more personalized information about your cost-sharing responsibilities related to your health plan.

1	The employee name listed here is for the subscribing member of the health plan. All dependents enrolled on the plan use this employee ID number*
2	Your group ID number
3	Your Pharmacy information, if applicable
4	Your in-network deductibles, out-of-network deductibles, and out of pocket maximums**
5	Personalized information about your benefits**
6	Identifies your health plan administrator as Healthcare Management Administrators
7	Information for your provider or facility to submit claims
8	HMA Member portal to access your member account
9	Important telephone numbers for your plan**

Front of the ID card



*Some ID cards list the names of dependents. Some ID cards list only the name of the employee. Listing names of dependents on cards is an employer’s choice. Either way, the benefits on ID cards are for the employee named on the left of the card. Dependents on the employee’s plan may have different coverage than the employee. Always verify your personal plan benefits before receiving services.
Back of the ID card



**Note: Not all benefit details above apply to all health plans. ID cards will display different information based on your health plan.

The HMA Network:

The HMA Network configuration includes 3 component networks: Regence, Asuris, and PHCS (MultiPlan). To assist with network recognition, you may let your provider know that HMA has access to the Regence Network of providers in Western WA, ID, OR, and UT. In Eastern Washington, HMA has access to the Asuris Network of providers and everywhere else in the U.S., HMA has access to the PHCS (MultiPlan) network of providers.
All claims should be submitted to the HMA claims Payer ID (HMA01) displayed on the member ID card.



View your member ID card on your HMA member portal.
Log in by visiting [accesshma.com](https://www.accesshma.com) or scan the QR code to the left.

How to Use Provider Search Before Your Coverage Begins

Welcome to Healthcare Management Administrators (HMA)! Your health plan coverage with us will start soon. You can use our public provider search to check if a doctor, specialist, or medical facility is in our network.

Begin By Visiting Our Website:

1

Visit www.accesshma.com and click "Member" halfway down homepage



2

Select "Find an in-network doctor or hospital"



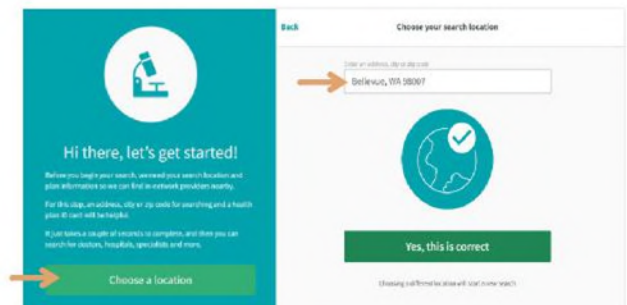
3

Select the state where you wish to locate a doctor or specialist



4

Click on "Choose a location" and enter your search location




Continued on the next page

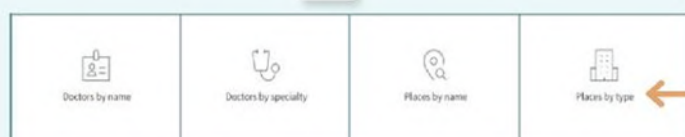
If you have questions about your health plan or want to find an in-network provider, contact our **Customer Care Team**. They are available to help Monday-Friday 5:00 AM to 6:00 PM PST at 877-742-6445.



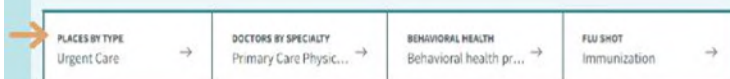
Searching in WA, OR, ID, or UT

How to Check if a Doctor or Specialist is In-network:

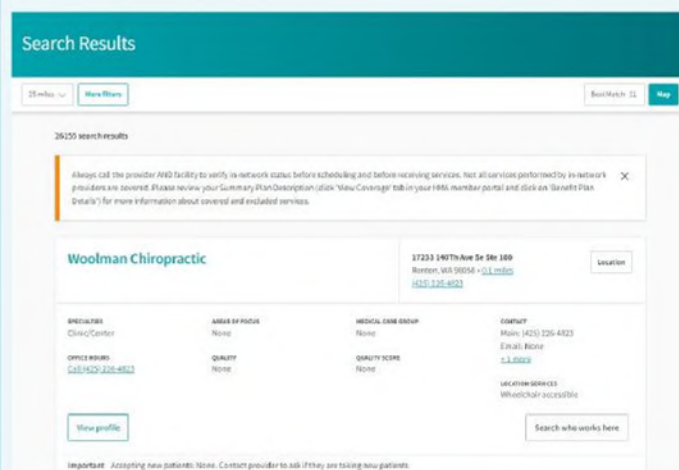
5 Select one of the four boxes on the main screen and enter the **required information** and click on the 



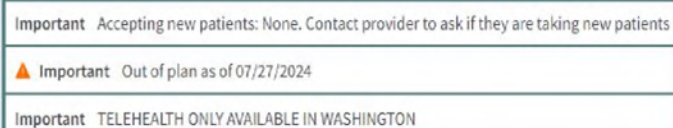
The other option is to select one of the four **shortcut buttons** located under the four boxes within distance without entering any information.



6 View the results for your doctor, specialist, or facility.

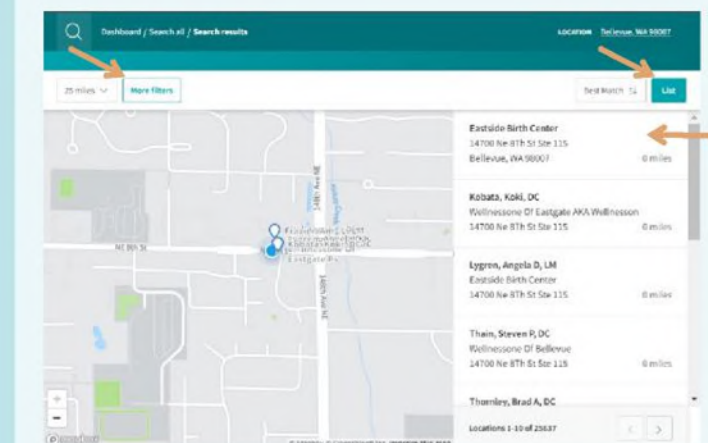
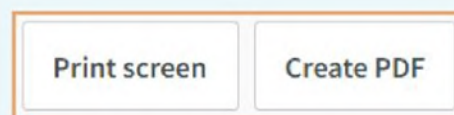


*If the provider you are looking for is not listed in the search results, then that provider is not contracted with HMA's network.



At the bottom of each provider's information page, remember to read the **Important messages** listed under the "Important" section. Examples are listed above for reference.

8 To save or print your search results, select **"Print Screen or Create PDF"** at the bottom of the results page.



Continued on the next page ➤

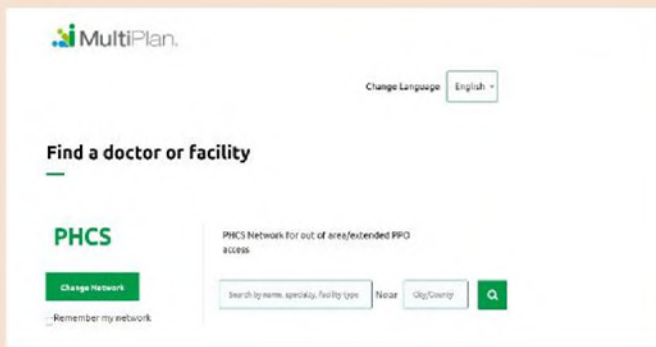


Outside of WA, OR, ID, or UT

How to check if a Physician, Specialist, or Facility is In-network:

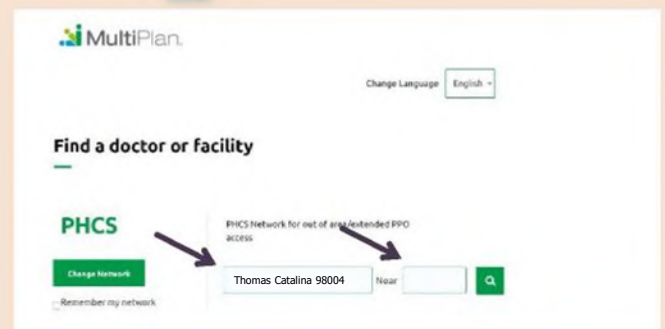
1

After selecting your location outside the four Northwest states on the map above, you will be directed to the Multiplan site.



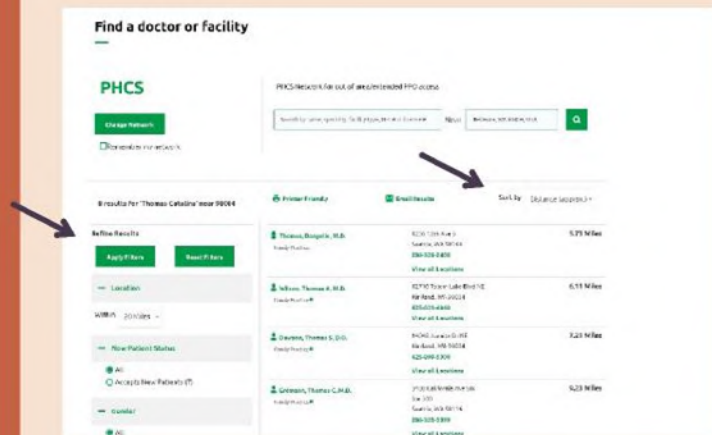
2

Enter a doctor name, specialty, or facility to verify their in-network status. Enter a location and select the search button.



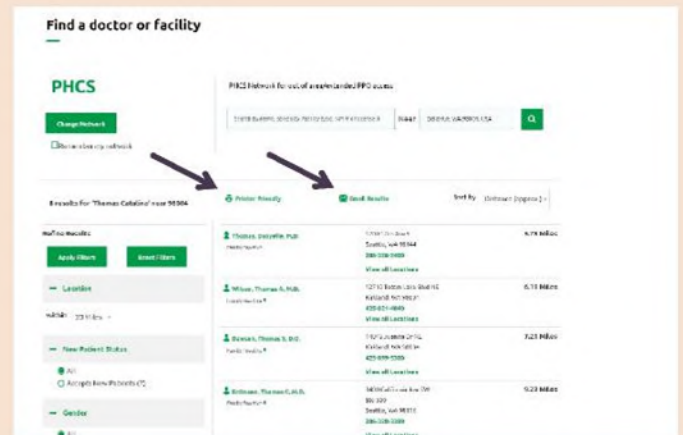
3

Refine your search results using the filters on the left-hand side of the screen. You can also sort your results using the **Sort** option found at the top right.



4

To print your results, select **Printer Friendly** or **Email Results**.



Multiplan works hard to ensure their data is accurate, but doctor information changes frequently. Also, finding a provider on this site is not a guarantee of benefits coverage.

Before receiving care, you should contact:

- 1 The provider to verify new patient status, location, and network participation.
- 1 Your health plan to verify your benefits.

Understanding Your Explanation of Benefits (EOB)

What is an Explanation of Benefits?

Commonly referred to as an “EOB,” the Explanation of Benefits document is generated when HMA processes a claim submitted by you or your healthcare provider. The EOB is not a bill, it explains how your health plan benefits were applied to the claim.

What should I do with this information?

Each time you receive an Explanation of Benefits (EOB), review it closely, and compare it to the bill or statement from your healthcare provider. If you have any questions, HMA's contact information can be found on the first page of every EOB. Information on your appeal rights is included at the end of the document.

How to Read Your EOB

An EOB contains three important parts:

- 1 A summary of activity shows the claims processed between the date(s) of treatment, discounts and adjustments, amounts not covered, what the plan paid, amount owed, and the amount saved.
- 2 An easy-to-read claims breakdown section shows detailed explanations and reason codes. Here you will see more information on what was paid, any copays, and what may be your responsibility to pay.
- 3 The last sections, "My Spend" and "Family Spend", display how much of the claim was applied toward your deductible. It also shows the remaining amount needed to meet your deductible, as well as how close you are to your out-of-pocket maximum for the year.

		Page 2 of 2
This covers claims processed between 05/12/2023 – 06/13/2023		
Total Claims Amount:	\$150.00	(See attached summary of charges below for details)
Outstanding Amount:	\$0.00	Some plan charges are not covered by insurance. The charges listed above may include such non-covered charges.

[illegible]

FY 2020			
Overall Financial Health	Good	Good	TOTAL ASSETS: \$1,000,000
2023	\$1,000,000	\$1,000,000	
FY 2021			
Overall Financial Health	Good	Good	TOTAL ASSETS: \$1,000,000
2023	\$1,000,000	\$1,000,000	
FY 2022			
Overall Financial Health	Good	Good	TOTAL ASSETS: \$1,000,000
2023	\$1,000,000	\$1,000,000	
FY 2023			
Overall Financial Health	Good	Good	TOTAL ASSETS: \$1,000,000
2023	\$1,000,000	\$1,000,000	

Welcome to the Member Portal

Quickly and easily access your benefits and services in one place using our secure member portal.

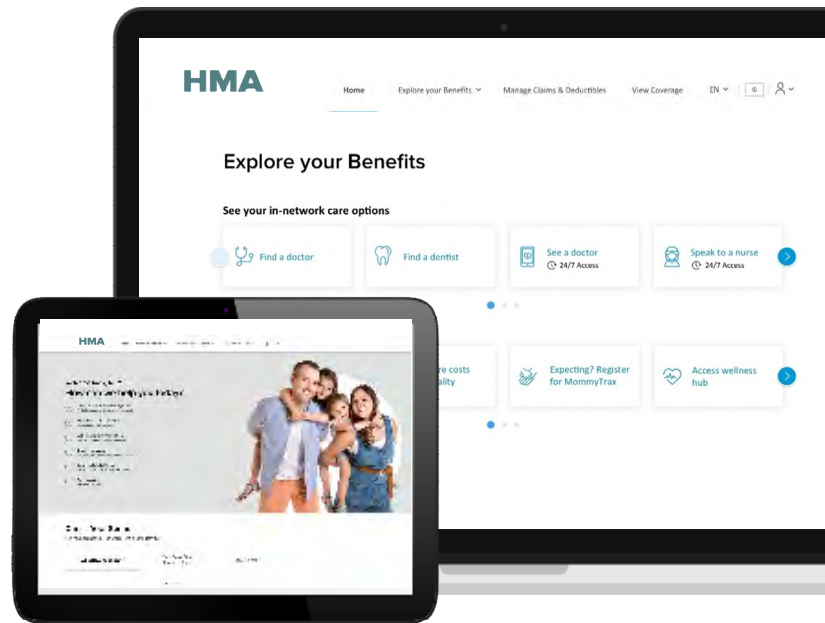
Connect to Your Health Plan

- Access claims, deductibles, and spending for the whole family
- Find in-network doctors or hospitals in your area
- Connect to your prescription drug plan
- View, print, or share your Member ID card
- Verify your coverage for services
- Explore exclusive discounts and more

Access the member portal



Scan Here



The member portal is only supported in the latest version of Chrome, Edge, Safari, and Firefox

**Note: Not all tiles shown above are available to all health plans. Some plans will display different tiles and resources.*

Log in to the member portal using your email address and password.

Already have an account? You're all set!

Creating an account for the first time?

Before you start, you will need your Employee ID number located on your Member ID card.

If you don't have your Employee ID number, please call our Customer Care number at the bottom of the page.

1

Visit accesshma.com. Select the button "HMA Member Login" at the top of your screen.

2

On the log in page, click "Create an Account Now" and follow the directions by entering your full name, Employee ID, and date of birth.

3

Confirm your email address using the verification code that was sent to you.

You're ready to use the member portal!

For additional help, contact our HMA Customer Care Team by calling the number on the back of your Member ID card. Monday-Friday 5:00 am – 6:00 pm PT.

Visit accesshma.com to log in to your HMA account

©2024, Healthcare Management Administrators, Inc.

EWMPH-001-024

Welcome to the HMA Mobile App

Quickly and securely access your benefits and services at home or on the go.

Use the HMA mobile app to access helpful tools such as:

Find an In-Network Provider or Hospital: With one click, take the guesswork out of finding a doctor, hospital, or clinic in your plan's network.

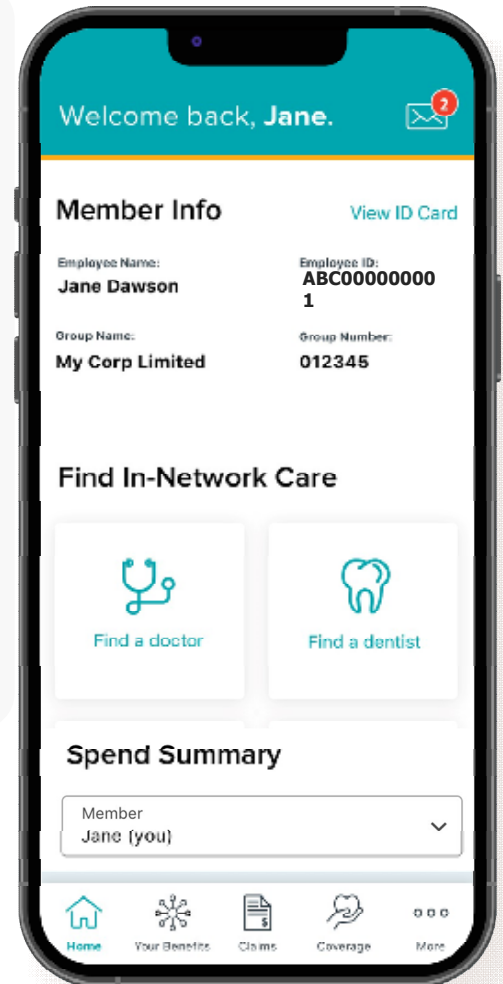
Access Claims and Benefits: Check the status of open claims, view yearly deductibles, copays, and out-of-pocket maximums for the entire family.

View Your Digital Member ID Card: Say goodbye to the worry of misplacing your Member ID card!

Manage Your Message Center: Send and receive secure messages to and from our dedicated Customer Care team.

Click to Call: Get connected at the touch of a button to speak with our Customer Care team.

Get More Benefits: Gain access to a wide range of services and discounts offered by your plan, right at your fingertips.



Get Started

Download the free HMA Mobile App in the Apple or Google Play Stores



Scan Here

After downloading the HMA mobile app, sign in with your existing account or create your account at accesshma.com. Then select the button "HMA Member Login" at the top of your screen. Use your Employee ID number found on your Member ID card and follow the directions from the log in page to create your account.

If you have any questions or need any help, contact our **HMA Customer Care Team** by calling the number on the back of your Member ID card Monday-Friday 5:00 am– 6:00 pm PT.

Member Deals and Discounts

As an HMA member, you have access to many discounts on programs, products, and services to help support you and your family's health and well-being.

Fitness Discounts

Access a gym membership as low as \$28 per month through Active&Fit Direct that includes digital on-demand workouts too.

Hearing Aids

Discounts on hearing aids through TruHearing and Amplifon.

Meal Planning Services

Complimentary shipping (\$14.95 value), fresh-made meals prepared for yourself or your loved one with Mom's Meals NourishCare®.

Walgreens Smart Saving

Access 20% smart saver discount on eligible Walgreens brand over-the-counter health and wellness products.

Vision Care & LASIK

Save on laser vision correction, contact lenses, and eyeglasses with QualSight LASIK, and Zenni Optical.

Allergy Relief Products

20% off products for non-drug allergy relief (such as pillows, air filters, cleaning products, and personal care products) from National Allergy Supply.

Funeral Planning Service

\$50 off the enrollment fee for Everest suite of funeral planning services

Fitbit Product Store

Save on Fitbit devices, accessories, and Fitbit Premium.

Student Loan Refinancing

Comprehensive solution to help borrowers reduce their debt by refinancing and consolidating their student loans.

Pet Wellness Plans

No enrollment fee for Optimum Wellness Plans at Banfield Pet Hospitals (inside PetSmart).

How to access your deals and discounts

1

Log in to the HMA Member Portal

2

Select "Explore Your Benefits"

3

Select "Health & Wellness Discounts"

The deals and discounts are provided by separate companies to HMA members. These companies do not provide HMA products or services and are solely responsible for their product or services.

Visit accesshma.com to log in to your HMA account

©2024, Healthcare Management Administrators, Inc.

EMDDH-001-024



YOUR PHARMACY BENEFIT AT-A-GLANCE

Filling your prescriptions



Retail Pharmacy Network

The ClearScript Pharmacy Network includes over 65,000 chain and independent pharmacies. To find a participating pharmacy,

use our **Pharmacy Locator tool found on clearscript.org/members** or contact our customer service center at 1-800-819-5479.



Fairview Mail Service Pharmacy

For medications you take long-term, your pharmacy benefit offers **convenient home delivery through Fairview Mail Service**

Pharmacy. Fairview Mail sends medications through regular mail delivery within five days or less of receiving your valid prescription. Orders are shipped at no extra charge and arrive in unmarked, tamper-resistant packaging.

Getting Started with Fairview Mail Service

Get started filling your prescriptions through **Fairview Mail** by calling **1-866-377-6245 (toll-free) Monday through Friday, 8 am-7 pm (CST) or Saturday 8 am - 4 pm (CST).** A Fairview representative will work with your physician or your current pharmacy to fill or move your prescriptions to Fairview Mail Service Pharmacy.

Refilling Mail Service Prescriptions

You can easily refill your prescriptions by mailing back the pre-printed order form that comes with each shipment, requesting a refill by **calling 1-866-377-6245 (toll-free), ordering online at MyFairviewRx.org**, or using the **MyFairviewRx mobile application.**

Scan for Rx transfers and refills



Specialty Pharmacy

Your benefit plan has designated Fairview Specialty Pharmacy as the exclusive pharmacy for filling specialty medications. Fairview Specialty offers personalized customer service, enhanced medication counseling and convenient shipping to members with complex conditions.

To fill a new prescription for a specialty medication, please call 1-800-595-7140.



[ClearScript.org/Members](https://clearscript.org/members)

Find out more about your pharmacy benefit at clearscript.org/members.

- Formulary Guide
- Pharmacy Locator
- ClearScript Forms
- Mail Service
- Specialty Pharmacy
- Member Sign-In

Scan for
clearscript.org/members



Create a secure member account to:

- **Claim Search** - View your prescription history.
- **Drug Pricing** - Compare pricing at selected pharmacies with your copay/coinsurance applied.
- **Drug Information** - Look up information about your medications and check drug interactions.

ClearScript Customer Service

1-800-819-5479

Available 24 hours/day, 7 days/week

Prior Authorization

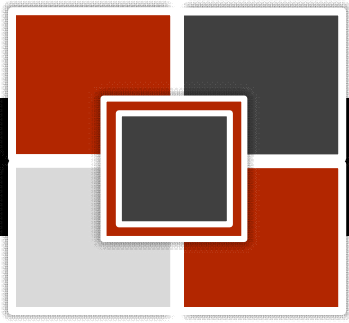
1-800-819-5479

Fairview Mail Service Pharmacy

1-866-377-6245

Fairview Specialty Pharmacy

1-800-595-7140



DENTAL BENEFIT SUMMARY

With Ameritas Dental, benefits are the same when you use any licensed dental provider; however, if you choose to use a Ameritas Dental Network provider they have agreed to lower discounted prices for Ameritas members. You can find a participating dentist online at www.ameritas.com and click on “Find a Health Provider” then “Find a Dental Provider” or you can call 800-487-5553.

Listed below is a summary of benefits covered under your Ameriflex Dental Plan:

COVERAGE	In-Network	Out-of-Network
Deductible		
Individual	\$50	\$50
Family	\$50 per enrolled	\$50 per enrolled
Preventive Services	0%	0%
Basic Services	100% after deductible	100% after deductible 90th UCR*
Major Services	80% after deductible	80% after deductible 90th UCR*
Orthodontia Services	50% after deductible	50% after deductible 90th UCR*
Orthodontia Lifetime Maximum	\$2,000	\$2,000
Calendar Year Maximum	\$2,000	\$2,000

Note: Preventive Care services do not count towards the Dental Annual Maximum

***90th UCR:** This means the Usual & Customary value for a given procedure will be set so that 90% of providers in your area charge that amount or less. This amount is the maximum paid for a covered service from an out-of-network provider.

It Is Recommended that when a course of treatment is expected to cost \$300 or more; Your dentist should submit a treatment plan to Premiera before treatment begins. This enables you to see what your out-of-pocket costs will be, so you are not surprised and can budget accordingly.

FOR ADDITIONAL, DETAILED INFORMATION, PLEASE REFER TO YOUR CARRIER'S SUMMARY OF BENEFITS.

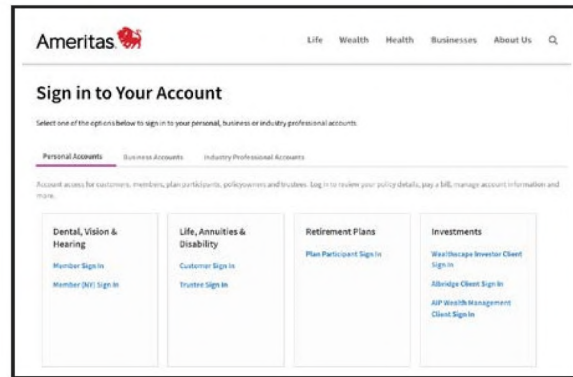
Find a Dental Provider

Quick reference

1

Step 1: Know your network

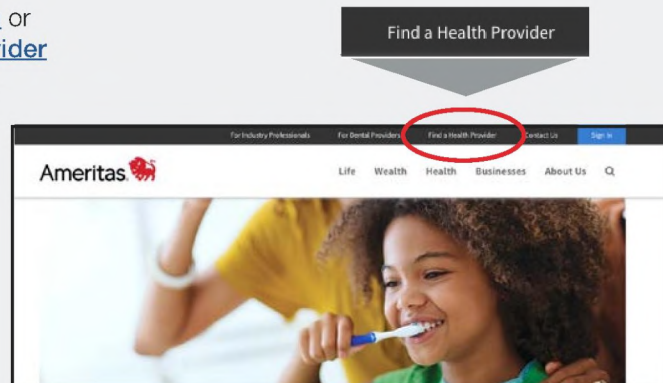
- Find the network name by looking at your [ID card](#), plan materials, or calling customer connections at 800-487-5553.



2

Step 2: Go online

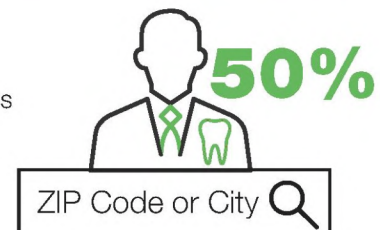
- Go to dentalnetwork.ameritas.com or ameritas.com – [Find a Health Provider](#)
- Enter your location and then choose the network name to search for a dental provider.



3

Step 3: Search providers

- Network providers charge 25-50% less than their regular rates. Dentists in **green** offer the most savings, closer to 50%.
- Use Additional Filters to search by provider name, practice/business name, or specialty.
- Tip:** If you can't find a specific provider or location by name, search by ZIP Code or city.



Help us improve

We do our best to keep our records updated. If you find a phone number that is no longer in service, or if a provider is no longer at that location, you can update us by clicking the Report Inaccuracies link.



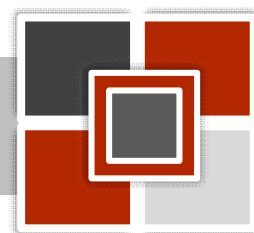
VISION BENEFIT SUMMARY

Vision coverage is through Ameritas using the VSP Choice network. You have coverage for one eye exam every 12 months, lenses or contact lenses every 12 months and frames every 24 months. Please note that unlike medical and dental, your vision benefits do not reset in January. The benefits are based on frequency from the last service date.

If you do not use a VSP provider, you must pay in full and submit your receipt to be reimbursed up to the scheduled amount. You can find VSP providers online at www.vsp.com, click on “Members” then “Find a VSP Doctor” and select the network “VSP Choice”. Please refer to your booklet for more information.

Listed below are additional benefits covered under your VSP vision plan:

COVERAGE	In-Network	Frequency
Eye Exam	\$10	Every 12 months from date of last service
Base Lenses (<i>one pair per frequency</i>)		
Single Vision Lenses	100%	Every 12 months from date of last service
Lined Bifocal Vision Lenses	100%	Every 12 months from date of last service
Lined Trifocal Vision Lenses	100%	Every 12 months from date of last service
Lined Lenticular Vision Lenses	100%	Every 12 months from date of last service
Frames (<i>one per frequency</i>)	Up to \$200 allowance	Every 24 months from date of last service
Deductible	\$25	
Contact Lenses (<i>in lieu of lenses and/or frame per frequency</i>)		
Exam Fit & Follow Up	Up to \$60	
Elective	Up to \$200	Every 12 months from date of last service
Medically Necessary	0%	Every 12 months from date of last service



Start Using Your Vision Benefits

Featuring the VSP vision network

vsp
vision care

Maintaining good vision and eye health is a priority. Now that you've enrolled, here's what you can do to make the most of your vision benefits.



1 Create a VSP account

Register at [VSP.com](https://www.vsp.com). Enter the last 4 digits of the primary member's SSN or Member ID number and complete all required fields. Select 'Create an Account' to complete your registration.



2 Review your plan details and print or save your ID card

Log in and locate your benefit plan to verify your coverage and eligibility. If you lose your ID card or need extras, you can access a digital version to print or save to your smartphone.



3 Verify your network and find a provider

You are free to see the vision provider of your choice, and you save more when seeing a VSP network provider. Log into your member account to verify your network and use the 'Find a Doctor' tool to locate a network provider.

VSP Network

VSP offers the nation's largest network of independent doctors. Retail locations include:

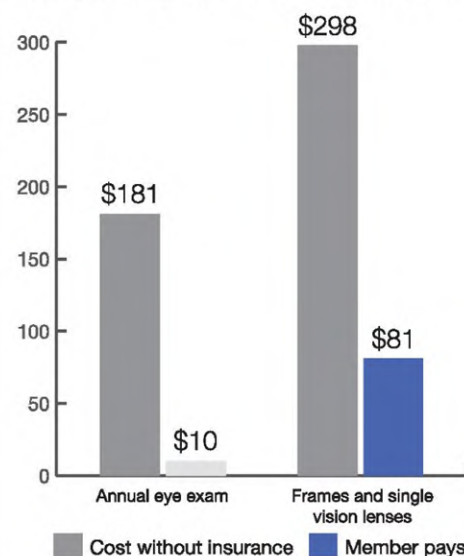


Online options

Browse and buy online at [eyeconic.com](https://www.eyeconic.com) and get the most current deals on eyewear. Eyeconic.com is in the VSP network, and your vision benefits are applied directly to your online order.

Find more ways to save with [VSP Exclusive Member Extras](#).

Average savings with a VSP network provider



This example reflects average savings for VSP members. For illustrative purposes, the initial cost without insurance has been estimated. Actual charges may vary.



4 Schedule an appointment

Select a provider and schedule your appointment. When you arrive, tell them you have VSP. No ID card is necessary. Your provider will be able to look up your benefits by providing your social security number or unique ID.



5 Check your claims in your member account

You can check your claim status on the benefits history page on your account dashboard.



Manage your eye care needs anytime and anywhere by downloading the VSP Vision Care App. Search for the app on the App Store (iOS) or Google Play (Android).

Ameritas
fulfilling life.

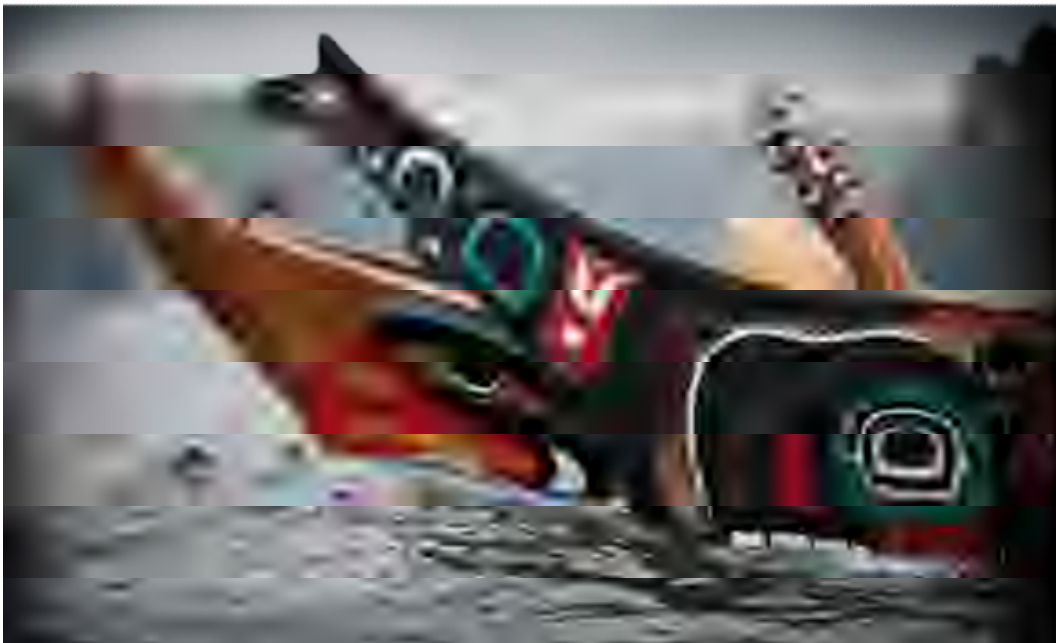
YOUR COSTS – Medical, Dental & Vision

Please note that your Medical election will automatically enroll you in Dental and Vision and will match enrollment exactly. For Example: If you elect Employee + Spouse coverage for Medical, then you will also have Employee + Spouse coverage for Dental and Vision.

Quileute Tribal Council pays most of the premium cost for employees on these plans; you pay just \$25 per paycheck if enrolling as an Employee Only. If you wish to enroll dependents on your plan, your cost will be \$75 per paycheck.

SEMI-MONTHLY COST (Pre-Tax*) (Per-pay period)	Medical, Dental and Vision Cost
Employee Only	\$25
Employee + Spouse	\$75
Employee + Child(ren)	\$75
Employee + Family	\$75

*Note that payroll deduction only applies for employees who are actively at work and working enough hours to qualify for benefits, or those on approved Family Medical Leave (which can be obtained through Quileute Tribal Council Human Resources). Otherwise, you will be offered Quileute Tribal Council Continuation of Coverage 'COBRA' and pay the Total Monthly Cost.



LIFE and AD&D INSURANCE BENEFIT SUMMARY

Basic Life and AD&D insurance help financially protect you and your family in the case of death or serious injury.

Quileute Tribal Council provides all employees with a Basic Life and Accidental Death and Dismemberment (AD&D) Insurance policy of 1 times annual earnings. As well as coverage for your Spouse \$10,000 and Dependent Children \$2,000 for up to the age of 26. for This coverage is available through The Hartford. You will pay 50% of the Employee's premium and \$2.00 for dependent coverage. Note- there is a reduction in benefits starting at age 65.

The premium is .19 cents per \$1,000 of benefit. For example, if your salary is \$40,000 per year, you will pay \$3.74 per month. If spouse and children enrolled, you pay \$2.00 per month.

You must have a beneficiary on file with Human Resources Office so they know who should get your life insurance benefit. If you have had any changes, please stop by Human Resources Office to complete a new beneficiary form and update your records.

PLEASE NOTE: If you are married to another Quileute employee, you are only eligible to enroll on the employee life insurance. You may not elect spouse insurance if your spouse also is an employee enrolled on the life insurance. If you have dependent children, only one of you may elect the child life insurance, not both.

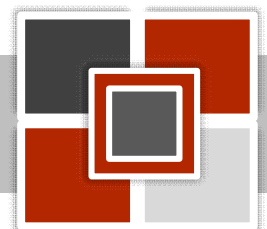


Voluntary Life and Accidental Death & Disability Coverage

For those that want more life insurance than what's provided for you, there is an option to purchase additional Voluntary Life Insurance at your own expense. Employees may elect voluntary term life insurance coverage of up to 5x your salary or \$100,000 (whichever is less). If newly eligible, can get up to \$100,000 with no health questions asked. If you enroll yourself, you may also choose to enroll your spouse and/or children. Spouse can get up to \$30,000. Newly eligible spouse can enroll in up to \$30,000 with no health questions asked. Children can get up to \$10,000 of life insurance.

Rates for Life insurance are age-banded and vary based on how old you are and the amount of life insurance you are requesting. Please contact Human Resources for rates.

This is your one-time chance to elect up to \$100,000 with no questions asked! You can also elect coverage for your spouse and children





DISABILITY BENEFIT SUMMARY

DISABILITY INSURANCE SUMMARY

Quileute Tribal Council offers Short -Term and Long-Term Disability Insurance at no cost to you.

Short-Term Disability (STD) Coverage

Short-term Disability Insurance ensures that you will have income in the event you are hurt or sick and cannot work; it's paycheck insurance! Short Term Disability insurance is provided at no cost to you. The benefit will cover you up to 60% of your base salary to a maximum of \$1,200 per week once you have been disabled for more than 14 days. You will continue to receive benefits for as long as you are disabled up to a maximum of 13 weeks, after the 14-day elimination period, up to an 11-week payment period.

Maternity benefits are generally approved for up to 6 weeks reduced by the 14-day elimination period, up to a 4-week payment period.

COVERAGE TO AGE 65	ELIMINATION PERIOD	MAX WEEKLY BENEFIT
Short-Term Disability	14 days	60% of weekly salary to a maximum benefit of \$1,200, up to 11 weeks. Maternity up to 6 weeks. Minus the elimination period.

Long-Term Disability (LTD) Coverage

Quileute Tribal Council provides (LTD) Long Term-Disability coverage through The Hartford at no cost to you. Long Term Disability coverage ensures that you will have income in the event you are hurt or sick and cannot work all the way up to Social Security Normal Retirement Age. The benefit will cover you up to 60% of your base salary to a maximum of \$10,000 per month once you have been disabled for more than 90 days.

COVERAGE TO AGE 65	ELIMINATION PERIOD	MAX WEEKLY BENEFIT
Long-Term Disability	90 days	60% of monthly salary to a maximum benefit of \$10,000

EMPLOYEE ASSISTANCE PROGRAM SUMMARY

The Employee Assistance Program (EAP) through First Choice Health is available to you and your dependents at no cost.

CONFIDENTIAL COUNSELING FOR PERSONAL ISSUES

Problems are just a part of everyday life. The Employee Assistance Program is a free and confidential resource for you and your family members. Quileute Tribal Council is never provided with the names of individuals using the service or for what reason. You can either speak with a counselor on the phone or go online to access a comprehensive library of topics. The EAP also provides five (5) face-to-face counseling sessions per incident, per individual, per calendar year!

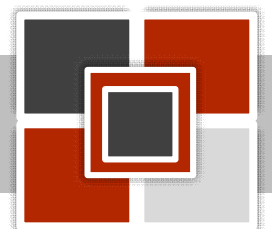
CONCERNS YOUR EAP ADDRESSES

Whether you are troubled about your relationships, experiencing stress, or even feeling isolated and alone, there are many good reasons to talk to someone. A Guidance Consultant can help you deal with any personal issue or concern you face, including:

- Financial Issues such as budgeting, credit issues & financial planning
- Job pressures
- Family Issues
- Substance abuse (alcohol and drugs)
- Compulsive Behaviors
- Stress, anxiety or depression
- Legal concerns
- Grief and Loss
- Work Conflicts
- Couple, Relationship and Parenting



You can request services in two ways. Call us at 1-800-777-4114 or go to the EAP website at www.firstchoiceEAP.com



ACCIDENT INSURANCE SUMMARY

ACCIDENT COVERAGE

You have Voluntary Accident coverage available to you and your dependents through The Hartford. In the event of a claim approval, you receive a benefit payout relevant to the nature of the injury.

Accident Benefits

The Hartford's Accident plan(s) will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions. State specific variations may apply to the benefits shown below.

Emergency, Hospital & Treatment Care Package³:

Treatment/Service	Detail (Per covered person)		Plan 2	
ACCIDENT FOLLOW-UP	Up to 3 Treatments/accident within 365 Days		\$75	
ACUPUNCTURE	Up to 10 visits/accident within 365 Days		\$25	
AMBULANCE – AIR	Once/accident within 365 Days		\$900	
AMBULANCE – GROUND	Once/accident within 365 Days		\$300	
BLOOD/PLASMA/PLATELETS	Once/accident within 365 Days		\$200	
CHILD CARE	Up to 30 Days/accident while insured is confined		\$25	
CHIROPRACTIC CARE	Up to 10 visits/accident within 365 Days		\$25	
DAILY HOSPITAL CONFINEMENT	Up to 365 Days/lifetime (Total daily and ICU)		\$200	
DAILY ICU CONFINEMENT	Up to 30 Days/accident (Subject to 365 Days/lifetime)		\$400	
DIAGNOSTIC EXAM	Once/accident within 365 Days		\$200	
EMERGENCY DENTAL – CROWN	Highest benefit once/accident within 365 Days		\$300	
EMERGENCY DENTAL – EXTRACTION	Highest benefit once/accident within 365 Days		\$100	
EMERGENCY ROOM	Once /accident within 365 Days		\$150	
HOSPITAL ADMISSION	Once/accident within 365 Days		\$1,000	
INITIAL PHYSICIAN OFFICE VISIT	Once/accident within 365 Days		\$75	
LODGING	Up to 30 Nights/lifetime		\$125	
MEDICAL APPLIANCE	Once/accident within 365 Days		\$100	
PHYSICAL THERAPY	Up to 10 Visits/accident within 365 Days		\$25	
REHABILITATION FACILITY	Up to 15 Days/lifetime within 365 Days		\$100	
TRANSPORTATION	Up to 3 Trips/accident		\$300	
URGENT CARE	Once /accident within 365 Days		\$75	
X-RAY	Once/accident within 365 Days		\$50	

Specified Injury & Surgery Benefit Package:

Injury/Treatment/Service	Detail (Per covered person)		Plan 2	
ABDOMINAL/THORACIC SURGERY	Once/accident within 365 Days		\$1,500	
ARTHROSCOPIC SURGERY	Once/accident within 365 Days		\$300	
BURN – 2ND DEGREE (≥ 34% OF BODY SURFACE)	Highest benefit once/accident within 365 Days		\$1,000	
BURN – 3RD DEGREE (≥ 18IN2 OF BODY SURFACE)	Highest benefit once/accident within 365 Days		\$10,000	

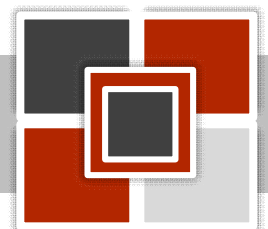
CRITICAL INSURANCE SUMMARY

CRITICAL ILLNESS COVERAGE

You have access to Voluntary Critical Illness coverage to you and your dependents through The Hartford. In the event of a claim approval, you receive a benefit payout of either \$10,000 or \$20,000 (you decide upon sign up). You may also purchase coverage for spouse and/or child in addition to yourself. Spouse may elect up to 50% of your coverage amount and you may elect up to \$5,000 benefit for your child or children.

Coverage Amounts	Description
EMPLOYEE COVERAGE AMOUNT(S)	\$10,000 or \$20,000
SPOUSE COVERAGE AMOUNT	50% of Employee's Coverage Amount
CHILD(REN) COVERAGE AMOUNT	\$5,000
GUARANTEED ISSUE AMOUNT(S) ¹	Employee: \$20,000 Spouse and/or Child(ren): All amounts
The Hartford's Critical Illness plan will pay a lump sum benefit for a covered person diagnosed with any of the following: covered illnesses while insurance is in effect, subject to any Pre-existing Condition Limitation. State specific variations may apply to the benefits shown below.	
COVERED ILLNESS	BENEFIT
Cancer	
Invasive Cancer	100% of coverage amount
Non-Invasive Cancer	25% of coverage amount
Benign Brain Tumor	100% of coverage amount
Vascular	
Heart Attack	100% of coverage amount
Heart Failure/Transplant	100% of coverage amount
Coronary Artery Disease/Bypass Graft	25% of coverage amount
Angioplasty/Stent	25% of coverage amount
Stroke	100% of coverage amount
Aneurysm	25% of coverage amount
Other Specified	
Major Organ Failure/Transplant	100% of coverage amount
End Stage Renal Failure	100% of coverage amount
Coma	100% of coverage amount
Paralysis	100% of coverage amount
Loss of Vision	100% of coverage amount
Loss of Hearing	100% of coverage amount
Loss of Speech	100% of coverage amount
Bone Marrow Disease/Transplant	25% of coverage amount

Please note this coverage does have a pre-existing condition limitation. This means if you were diagnosed with or treated for any condition within 12 months prior to being insured and within 12 months after becoming insured, you will not be eligible to receive a benefit. Other limitations may apply; please see policy for complete information.



IDENTITY PROTECTION SUMMARY

ALLSTATE IDENTITY PROTECTION COVERAGE

You have access to Voluntary Identity Protection coverage through Allstate Identity Protection delivers comprehensive financial and identity monitoring designed to help protect you, your family, and your finances from threats. See your personal data and monitor it with rapid alerts. If fraud occurs, get full-service restoration and up to \$1 million in reimbursement† for stolen funds and expenses.

- See and control your personal data with our unique tool, Allstate Digital FootprintSM
- Get personalized threat insights to help you protect yourself against the latest fraud trends with Allstate Security Pro[®]
- Keep tabs on your risk potential by checking your Identity Health Status
- Catch fraud at its earliest sign with comprehensive identity and financial monitoring
- See if your personal data has been compromised with dark web monitoring
- Fend off scams with our robocall blocker and ad blocker
- Look out for signs of account takeover on your social media
- Rely on tri-bureau credit monitoring and an annual tri-bureau credit report and score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- Protect yourself and your family (everyone that's "under your roof and wallet")^Δ
- Get senior family coverage for parents, in-laws, and grandparents age 65+, plus access our Elder Fraud Center with specialized scam support^Δ
- Access family digital safety tools with a family plan
- Eliminate worry about unraveling complex and costly fraud incidents with access to full-service remediation and resolution support



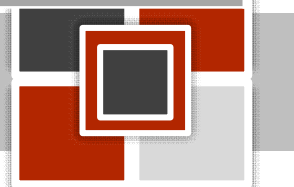
ACCIDENT, CRITICAL ILLNESS, & IDENTITY PROTECTION COSTS

MONTHLY COST	Accident
Employee Only	\$14.99
Employee + Spouse	\$23.65
Employee + Child(ren)	\$25.53
Employee + Family	\$40.01

CRITICAL ILLNESS INSURANCE MONTHLY COST

Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
\$10,000	Employee Only	\$3.29	\$4.07	\$4.62	\$6.20	\$9.17	\$14.79	\$21.05	\$29.13	\$41.37	\$57.27	\$76.43	\$100.40
	Employee & Spouse / Partner	\$4.96	\$6.10	\$6.92	\$9.27	\$13.78	\$22.44	\$32.14	\$44.70	\$63.69	\$87.91	\$117.30	\$153.71
	Employee & Child(ren)	\$4.51	\$5.28	\$5.84	\$7.41	\$10.38	\$16.00	\$22.26	\$30.34	\$42.59	\$58.48	\$77.64	\$101.61
	Employee & Family	\$6.37	\$7.51	\$8.33	\$10.68	\$15.19	\$23.85	\$33.55	\$46.12	\$65.10	\$89.32	\$118.72	\$155.12
\$20,000	Employee Only	\$6.59	\$8.14	\$9.25	\$12.39	\$18.34	\$29.58	\$42.10	\$58.25	\$82.75	\$114.54	\$152.87	\$200.81
	Employee & Spouse / Partner	\$9.91	\$12.20	\$13.84	\$18.54	\$27.56	\$44.88	\$64.28	\$89.41	\$127.37	\$175.82	\$234.61	\$307.42
	Employee & Child(ren)	\$7.80	\$9.36	\$10.46	\$13.60	\$19.55	\$30.79	\$43.32	\$59.46	\$83.96	\$115.75	\$154.08	\$202.02
	Employee & Family	\$11.33	\$13.61	\$15.25	\$19.95	\$28.97	\$46.29	\$65.70	\$90.82	\$128.78	\$177.23	\$236.02	\$308.83

MONTHLY COST	Identity Protection
Employee Only	\$9.95
Employee + Spouse	\$17.95
Employee + Child(ren)	\$17.95
Employee + Family	\$17.95

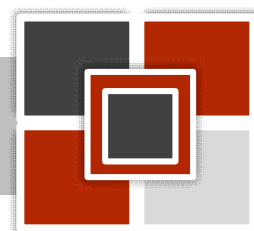


VOLUNTARY LIFE ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) COST

Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
Life Rate per \$1,000 Child Life \$10,000	Employee	\$0.067	\$0.051	\$0.058	\$0.084	\$0.124	\$0.196	\$0.301	\$0.443	\$0.609	\$0.888	\$1.562	\$4.354
	Employee & Spouse / Partner	\$0.067	\$0.051	\$0.058	\$0.084	\$0.124	\$0.196	\$0.301	\$0.443	\$0.609	\$0.888	\$1.562	\$4.354
	Employee & Child(ren) up to age 26	\$1.50											
AD&D Rate per \$1,000 Child Life \$10,000	Employee Only	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03
	Employee & Spouse / Partner	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03	\$0.03
	Employee & Child(ren)	\$.50											

Calculating the Cost of Voluntary Life and AD&D

1. Using the chart above, find the rate that corresponds to your age as of October 1, 2025, for Life and ADD.
2. Divide the amount of coverage electing by the increment (\$10,000 for employees, \$5,000 for spouses) to get the number of units.
3. Multiple the number of units by the rate to get the monthly amount.



BENEFIT HUB DISCOUNTS

Visit <https://quileutenation.benefithub.com> to gain access TODAY and explore savings on products and services related to accommodating remote working and daily staples, including:

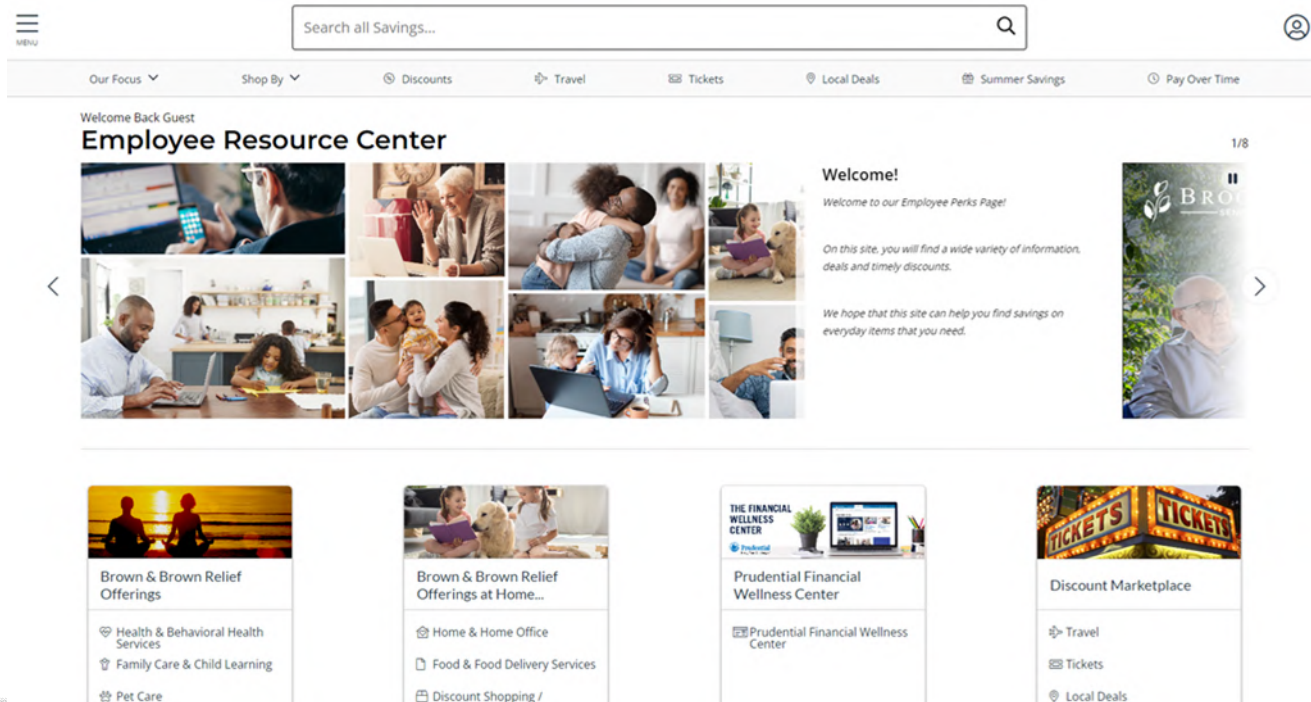
- Financial Wellness Center by Prudential, including financial tools and strategies to help navigate these challenging times.
- Health & Behavioral Health Services
- Family Care & Child Learning
- Pet Care
- Home & Home Office Discounts
- Food & Food Delivery Services
- General Household & Office Supplies

The Benefit Hub tool includes cash back rewards for frequent users, so an account must be created if you access any discount programs through the site.

You may feel free to share this site with others who can take advantage of it.

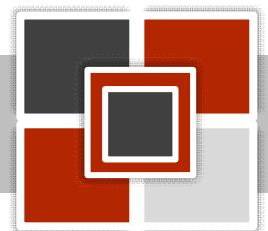
Next steps:

1. Jump into the site and explore the content. There are many discount programs available that may be helpful to you.
2. Click over to the Prudential Financial Wellness site and see all the helpful material that is available there.



YOUR BENEFIT CONTACTS

Benefit	Carrier	Phone #	Web/Email
Medical	HMA Customer Service	1.833.803.4457	www.accesshma.com
Pharmacy	ClearScript	1.800.819.5479	www.ClearScript.org
Dental	Ameritas	1.800.487.5553	www.ameritas.com
Vision	Ameritas through VSP	1.800.877.7195	www.vsp.com
Life, Vol. Life, Disability, Critical Illness & Accident	The Hartford	1.800.523.2233	www.thehartford.com
EAP	First Choice Health	1.800.777.4114	www.firstchoicееap.com
ID Theft Protection	Allstate Identity Protection	1.800.789.2720	www.allstateidentityprotection.com
HR	Starla Daman	360.374.4366	HR@quileutenation.org
Brown & Brown	Crystal Nelson Suzie Cosser	206.676.8121 206.216.4131	Crystal.Nelson@bbrown.com Suzie.Cosser@bbrown.com





Quileute Tribe

191 Main Street
La Push, WA 98350
360.374.4366

The information provided by Brown & Brown Insurance Services, Inc. and/or its affiliates ("Company") in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal, tax, accounting or other professional advice or opinion on any specific facts or circumstances. Readers are urged to consult their legal counsel, tax or other professional advisor concerning any legal, tax or related questions that may arise. Any tax information contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter. The Company assumes no liability whatsoever in connection with the use of such information or documents.