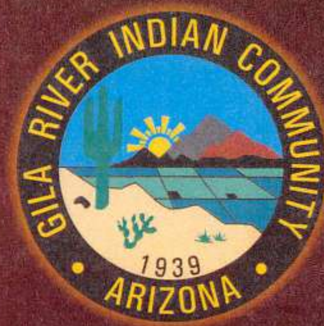
FY15 Employee Benefit Guide

Medical/Rx
Dental
Vision
Disability
Life/AD&D
Wellness
Voluntary Benefits



Insurance Office

Phone: (520) 562-9520
Fax: (520) 562-9529
www.gilariver.org

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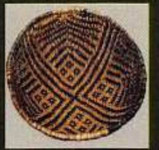

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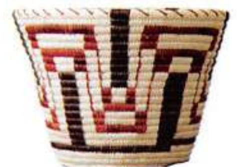


What's New?

- No Action is Required by You Unless You Need to Make a Change
- Employee Education Sessions Will be Available
- No Changes to Benefits
- No Changes to Payroll Deductions
- Renew or Change Your AFLAC Benefits
- If You are Adding Dependent Coverage, You Must Provide Documentation for those Individuals

Frequently Asked Questions

Who is eligible for benefits?

If you are a full-time employee of the Gila River Indian Community (working 30 hours or more per week) you are eligible to enroll in the benefits described in this guide.

The following family members are eligible for **medical benefits** through the Gila River Indian Community:

- Your legally married spouse;
- Your eligible dependent children who are under age 26;
- Your eligible dependent for whom you hold legal guardianship, under the age of 18;
- Your unmarried children who are at least 19 and are incapable of self-support because of a mental or physical handicap.

The following family members are eligible for **dental and/or vision benefits** through the Gila River Indian Community:

- Your legally married spouse;
- Your eligible dependent children who are under age 19;
- Your eligible dependent for whom you hold legal guardianship who are under age 18.

The following family members are eligible for **life insurance benefits** through the Gila River Indian Community:

- Your legally married spouse;
- Your eligible dependent children who are under age19; or under age 25 if they are a full time student.

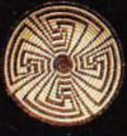
You are automatically enrolled in disability income replacement insurance at no cost to you. This coverage is available to employee only.

Did you know?

Your family members may benefit from many of the insurance programs, including:

- Hines Medical Management and Disease Management
- Personal Health Advocate

In order to enroll your dependents, you are required to provide appropriate documentation (for example: marriage certificate, birth certificate) at the time of enrollment. Coverage is not available for domestic partner, same-sex marriage or civil unions. Refer to your Summary Plan Description.



When do my benefits begin?

You must enroll for benefits within 30 days of the date when you first become eligible. Otherwise, you may only enroll or make changes during the annual Open Enrollment Period.

Your Long Term Disability income replacement coverage begins on the first day of the month following one year of continuous employment.

For all other plans, coverage begins for most employees on the first day of the month following 60 days of continuous employment. For exact plan details please refer to your Summary Plan Description.

What does annual "Open Enrollment" mean?

Open enrollment provides a window for you to make changes to your plan elections one time per year without having reason to do so. Outside of the Open Enrollment window you are locked in to your benefit elections for the year. Mid-year changes are ONLY allowed if a qualified change, or Life Event, occurs. Examples of a Life Event are:

- Marriage, legal separation, or divorce
- Birth or adoption of a child
- Change in child's dependent status
- Assignment of legal guardianship
- Death of spouse, child or other qualified dependent
- Spouse's open enrollment
- Change in spouse's employment and/or insurance

How do I enroll for benefits?

There are four steps to enrollment:

1. Understand your options by reading this guide thoroughly.
2. Review your benefit elections from last year. Verify your personal information and make any changes if necessary.
3. Make your benefit elections. You may make your benefit elections by completing the appropriate paperwork provided by the Insurance Office. It is your responsibility to complete and return all benefits paperwork within the time given by the Insurance Office or your local HR representative. Failure to return paperwork or forms, or incomplete information may cause the insurance companies to deny your eligibility. If you have questions about particular plans please see the Insurance Office.
4. Meet with an Aflac representative to enroll in their programs.

If you do not complete a health insurance enrollment form, your enrollment will default to the health plan you were enrolled in last year. You will not have another opportunity to make changes to your enrollment until the next open enrollment.

Frequently Asked Questions

Can I change my benefit election?

Unless you have a qualified change in status, you cannot make benefit changes until the next open enrollment period. Qualified changes in status include:

- Marriage, legal separation, or divorce
- Birth or adoption of a child
- Change in child's dependent status
- Assignment of legal guardianship
- Death of spouse, child or other qualified dependent
- Spouse's open enrollment or change in employment

IMPORTANT: IN ORDER TO MAKE A CHANGE, YOU MUST NOTIFY THE HUMAN RESOURCES **OFFICE WITHIN 30 DAYS FOLLOWING THE DATE OF THE QUALIFYING EVENT.**

How do I pay for my benefits?

You share in the cost of your benefits coverage. Benefit premiums are deducted from each of your 26 paychecks.

Gila River Indian Community utilizes a Section 125 program for premium deductions, allowing you to use pre-tax dollars to pay for your portion of the medical, dental and vision premiums from your paycheck. Insurance premiums are not taxed because they are deducted from your gross wages. Your gross pay, minus these deductions, will be reported on your W2 statement at the end of the year.

For most individuals, taking advantage of these payroll deductions on a pre-tax basis is beneficial. However, when deductions are taken out of your paycheck on a pre-tax basis, this also reduces the amount that is paid into Social Security, which, in turn, could affect your Social Security benefits. If you are close to retirement, or currently receiving Social Security benefits, you should understand this fact.

This IRS program mandates that you keep your insurance for the Plan Year.

How Do I Update My Address?

You may update your address by visiting the Human Resource Department and completing a change of address form or through Munis Employee Self Service(ESS), if applicable.

Will I receive an I.D. card?

If you make a change to your coverage, a medical, dental and vision ID card will be mailed to your home. In the event you misplace your cards, please contact the Insurance Office or visit the appropriate insurance company website to order a replacement.

Medical & Prescription Drugs

The Gila River Indian Community offers two choices for medical: EPO & PPO Plan. **You and your family must enroll in the same plan.** Please choose one plan: **EPO or PPO.**

	Option 1: EPO	Option 2: High Deductible PPO	
Services	**In Network Only**	**In Network**	**Out of Network****
Physician Visit **Primary Care Physician*** **Specialist**	$20 Copay then 100% $40 Copay then 100%	80% after deductible	50% after deductible
Calendar Year Deductible **- Individual** **- Family**	$0 $0	$2,000 $4,000	$4,000 $8,000
Coinsurance	100%	80%	50%
Calendar Year Out of Pocket Limit (including deductible) **- Individual** **- Family**	$6,000 $12,000	$6,000 $12,000	$8,000 $16,000
Preventive Care	100%	100%	No benefit
Outpatient Complex Imaging (MRI, PT, CAT Scans)	$50 Copay then 100%	80% after deductible	50% after deductible
Emergency Room	$150 copay per visit then 100%	80% after deductible	50% after deductible
Urgent Care	$50 copay per visit then 100%	80% after deductible	50% after deductible
Inpatient Hospital	$250 copay per admission then 100%	80% after deductible	50% after deductible
Outpatient Hospital	$100 copay per visit then 100%	80% after deductible	50% after deductible
Prescription Drugs **- Generic and Diabetic Medications** **- Preferred Brand Name** **- Non-Preferred Brand Name** **- Specialty** **- Mail Order**	Express Scripts/Medco In Network Retail Pharmacy Only $5 copay $25 copay $75 copay $200 copay 1x retail copay for a 90 day supply		

*Primary Care Physician includes General Practitioner, Internist, Ob/Gyn and Pediatrician.
**You are responsible for fees in excess of the out of network allowed amount. Allowed amount is equal to Medicare allowable.

Prescription Program (Special Features)

Mail Order Pharmacy

What is mail order pharmacy?

The Plan continues to offer you the convenience of mail-order prescriptions for all maintenance medications. You can get a 3 month supply of medication for one month's copay.

What is a maintenance medication?

One in which you take regularly to treat an ongoing condition (examples are medications taken for cholesterol, high blood pressure, birth control)

How do I get started?

Visit Express-Scripts.com, sign in and choose which of your current medications you'd like to receive through home delivery. You may also call 888-201-5853 to get started.

Do I need to call my doctor?

Most people prefer to have Express Scripts call their doctor to get a new 90 day Rx for home delivery.

How long will it take to get my medication?

When you will an Rx through home delivery for the first time you should receive your medication within 8 days. Refills are usually made within 3-5 days.

Specialty Pharmacy

A specialty pharmacy provides injectable, oral and infused medications to your doctor's office or to your house! Accredo, and Express Scripts affiliate, offers 24/7 access to pharmacists and nurses who are trained in specific conditions and are experts in the medications they dispense. Certain specialty medications require authorization from Hines & Associates. Refer to your Summary Plan Description.

Visit www.Express-Scripts.com or call 1-800-803-2523 to get started or to get more information.

Express-Scripts.com

Register now

- Refill and renew home delivery prescriptions
- View potential prescription savings
- Receive personalized medication notifications
- Enjoy 24/7 access to Express Scripts pharmacists

Health Plan Customer Service

Online Services

Other than 24 hour a day 7 days a week access to your personal information, you can:

- **Visit www.MyAmeriBen.com**
- **Order a replacement ID card**
- View and print Explanation of Benefits
- Claim information and details
- Verify who's covered
- Locate an in-network provider

You have access to the BlueCross Blue Shield of Arizona provider network. This means you have access to the #1 healthcare network of providers in the state.

BlueCross BlueShield of Arizona

RANKING ARIZONA
The Best of Arizona Business

If you prefer to speak to a customer service representative for Ameriben you may call toll-free:
1-866-504-6811 (Group Number 1004011)

Personal Health Advocate

What is Personal Health Advocate?

Personal Health Advocate is a special benefit provided by the Gila River Indian Community to help you and your family navigate the healthcare system and maximize your healthcare benefits.

All services are 100% confidential.

Health Advocate will help you navigate through the healthcare system.

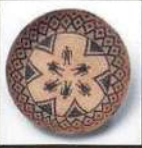
Who's Eligible?

Employees covered under the group health plan;
Your spouse, dependent children, parents, and parents-in-law.

What are some examples of services provided?

- Assistance to find the best doctors and medical facility for your health condition
- Assist with scheduling tests and timely appointments with specialists
- Assistance with providing Ameriben with additional information needed to correctly process claims
- Provides information about medical terms, tests, medications and treatment
- Locate assisted living services for your parents

Health Advocate may be reached toll-free at: 1-866-695-8622
Provider website: www.healthadvocate.com



Medical & Disease Management

Who's Eligible?

If you are covered by the Gila River Indian Community medical plan, you are required to participate in certain programs provided by Hines & Associates. You will automatically be enrolled in the Hines program.

Examples of health conditions where Hines can help you and your family:

Disease Management	Medical Case Management
Mental Health	Cancer
Substance Abuse/Alcoholism	Heart Attack
Diabetes	Heart Disease
Hypertension	Specialty Medications
Cardiac Health	Any Serious Medical Condition
Asthma	

All services provided by Hines & Associates are paid-for 100% by Gila River Indian Community, and are 100% confidential. Your participation is mandatory.

Important!

Before receiving any inpatient or outpatient treatment, surgery, extensive testing such as MRI, PET or CAT scan, chemotherapy, radiation therapy or specialty medication you or your doctor must call Hines at:

1-800-944-9401

It is your responsibility to read your Summary Plan Description which outlines all services when Hines must be notified. If you do not notify Hines when necessary, your benefits will be reduced.

Wellness Program

When you participate in the Wellness Program you will:

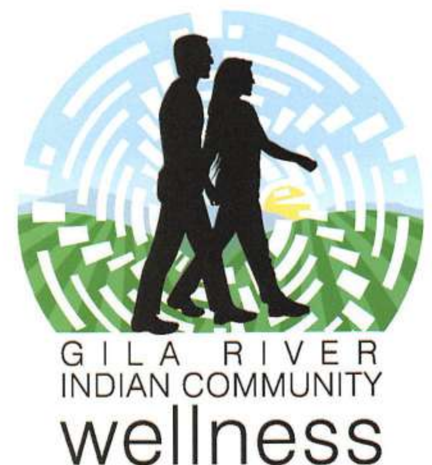
- Adopt and maintain a healthier lifestyle
- Find and eat healthier foods
- Learn how to prepare healthy foods with your family
- Improve your physical health
- Reduce or control your weight
- Enjoy increased stamina
- Lower your stress level
- Increase your self-image and self-esteem

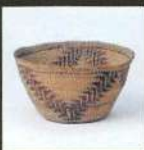
Login or Register at:
www.wellsteps.com/gilariver

How You Can Earn Rewards:

- **Complete** a personal health assessment and set a health goal
- **Participate** in bi-annual health screenings
- **Engage** in behavioral change campaigns
- **Record** simple activities monthly and get rewarded
- **Take part** in the 2-week challenges
- **Attend** wellness presentations and enjoy healthy snacks
- **Meet** with a wellness coach (it's free!)

For more information call or email:
520-365-2055
ask@wellsteps.com





Vision Plan

The Gila River Indian Community offers vision insurance through SightCare of Arizona. This chart provides you an overview of your vision benefits.

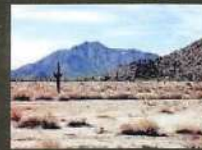
Services	In Network
Vision Exam Copay	$10 copay
Benefit for Frames **Plan Allowance**	No copay; $200 benefit
Lenses	Covered at 100% Limitations may apply to specialty lenses and vendors
Contact Lenses **Elective** **Medically Necessary**	 $150 benefit per benefit year $500 benefit (authorization required)
Lens Tint **Ultra-Violet Protection** **Scratch Coat Options** **Other Lens Options (such as transition lenses)**	Covered at 100%* Covered at 100%* Covered at 100%* 20% Discount Combined maximum benefit $150 per person per year
Frequency of Benefits **Standard Eye Exam** **Eyeglass Frames** **Eyeglass Lenses** **Contact Lenses**	 1 x every plan year 1 x every other plan year 1 x every other plan year 1 x every plan year
LASIK Benefit	10% Discount

(Plan year runs from October 1 through September 30)

SightCare™
Arizona's Premier Vision Plan

1-800-279-3115
Group Number: 11390
Provider Web Address: www.sightcareaz.com

Dental Plan



Gila River Indian Community's plan allows you to seek treatment from the dentist of your choice. However, if you receive services from an In Network Cigna provider, your costs are lower.

Services	In Network
Preventive Services Exams Routine Cleanings (2 per year) X-rays	100% no deductible
Calendar Year Deductible	Individual: $50, Family: $150 Applies to basic and major services only
Basic Services Fillings Simple Extractions Endodontics (root canal) Periodontics (gum disease) Oral Surgery	100% after deductible
Major Services Crowns Dentures Bridges	80% after deductible
Annual Maximum	$2,500
Orthodontia (Dependent Children up to age 19 only)	50% no deductible Lifetime Maximum of $1,000 per child

1-800-CIGNA24 or 1-800-244-6224

Group Number 3331006
Provider Web Address: www.mycigna.com

The benefit plan pays the same percentage for in network and non network providers. Non network providers are limited in what they can charge based on Usual & Customary Fee's in their area, however, if they are not contracted with CIGNA, your services may result in higher costs charged to you.

Employee Assistance Program

Gila River Indian Community cares about your well being. To assist you, they have contracted with CIGNA Behavioral Health to provide several services to help balance your work-life.

Services	In Network
Nurse Line **1-800-252-6459**	Registered Nurses available for 24 hour triage and crisis providing support and education regarding any health-related question or concern
Face to Face Meetings	3 visits per incident per year
Financial Counseling	30 minutes by phone, per incident, no limit on number of incidents Referrals may be made to debt counseling or consolidation services
Legal and Mediation Services	30 minutes by phone, with experienced attorney, per incident No limit on number of incidents
Online Services	Interactive website offers a variety of health and well-being information, resources and links

CIGNA Behavioral Health services may be reached at:
1-877-622-4327
Provider Web Address: www.cignabehavioral.com
Employer ID: gilariver

Life and AD&D

When Does My Life Insurance Coverage Begin?

Coverage begins on the first day of the month following 60 days continuous employment, provided you are actively at work when coverage begins; and that your salary qualifies for the benefit amount. Spouse and Child(ren) life benefits are all guaranteed, provided the insured is not confined in a hospital on the day coverage begins.

	Basic Life Insurance and AD&D	Optional Life and AD&D
Employee Guaranteed Amount Maximum Benefit	1x salary $100,000 $100,000 (Employer paid)	5x salary $300,000 $500,000
Spouse Guaranteed Amount Maximum Benefit	$50,000 $50,000 $50,000	50% of your benefit $50,000 $50,000
Child Guaranteed Amount Maximum Benefit	$10,000 $10,000 $10,000	Increments of $2,000 $10,000 $10,000

Designating Your Beneficiary

In the event of your death, benefit payments are made based on your most recent signed beneficiary designation. Therefore, it is important to keep this updated. You must provide a signed beneficiary designation form upon enrollment. You may change your beneficiary any time throughout the year or at Annual Enrollment. Please send your completed beneficiary form to the Insurance Office.

Short Term & Long Term Disability

Gila River Indian Community provides full-time employees with short and long-term disability income benefits, and pays the full cost of this coverage. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Short Term Disability

Benefits begin automatically, on the first day of the month after 60 days of continuous full-time employment.

	Short Term Disability
Benefits Begin	On the 31st day of Disability
Benefits Payable	On the 31st day of Disability up to 26 weeks
Percentage of Income Replaced	60%
Maximum Weekly Benefit	$500 per week

In the event you are disabled and need to report a claim, just call CIGNA's toll-free number to speak with a customer intake representative who will walk you through the process. They will take all of your information over the phone. First notify your Director and then call **1-800-362-4462.**

Long Term Disability

SEE ARIZONA STATE RETIREMENT HANDBOOK.

1-800-362-4462

Provider Web Address:
www.mycigna.com

Insurance Office Contact Information

Elizabeth Torres
Employee Benefits Representative
520-562-9528

Cheryl Madril
Employee Benefits Representative
520-562-9527

Craig Spencer
Employee Benefits Representative
520-562-9523

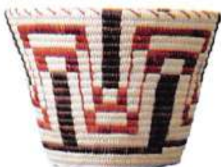
Keith Harvey
Secretary II
520-562-9533

Angelic Lewis
Employee Benefits Accountant
520-562-9537

Christine Murphy
Employee Benefits Administrator
520-562-9522

Gila River Indian Community
Governance Center
Insurance Office
525 North Access Road
P.O. Box 97
Sacaton, AZ 85147

Phone: 520-562-9520
Fax: 520-562-9529
www.gilariver.org



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. If you have any questions about your Guide, contact the Insurance Office.

LEGAL NOTICES

GOVERNMENTAL PLAN STATUS:
Section 906 of the Pension Protection Act of 2006 ("PPA") grants governmental plan status to a plan maintained by an Indian tribal government, a division of an Indian tribal government, or an agency or instrumentality of either, which covers only governmental employees. Governmental plans are not subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), and the Gila River Indian Community (the "Community") intends to preserve the Plan's governmental plan status to the fullest extent possible.

During the PPA transition period and pending further guidance, the Community has taken steps to preserve the Plan's governmental plan status. These steps include: (1) categorizing employees as "governmental" or "commercial" and (2) separating the Plan into two plans, one covering eligible "governmental" employees and dependents (the "Government Employees' Plan") and the other covering eligible "commercial" employees and dependents (the "Commercial Employees' Plan"). The Community's categorization of employees as "governmental" or "commercial" is based on a good faith interpretation of existing guidance, and the Community reserves the right to reclassify employees at any time. The Community also reserves the right to make further changes to the Plan during the PPA transition period.

The Government Employees' Plan is a governmental plan which is not subject to ERISA. Adoption by the Community of policies modeled after private sector rules under ERISA (such as COBRA) is not (and shall not be construed to be) a waiver of the governmental plan status of the Government Employees' Plan.

MEDICARE-LIKE RATES:
In certain cases, Medicare-like rates will be applied to determine the amount payable by the health plan (the "Plan") for covered services. When Medicare-like rates apply to a covered service, the Plan's payment for that service will be limited to the applicable Medicare-like rate, subject to all other applicable requirements and limitations of the Plan.

Medicare-like rates will be applied to all levels of care furnished by a Medicare-participating hospital whether provided as inpatient, outpatient, or skilled nursing facility care, or as other services of a department, subunit, distinct part, or other component of a hospital (including services furnished directly by the hospital or under arrangements) that are: (1) provided pursuant to a referral made by Contract Health Services to a participant who is eligible for coverage under Contract Health Services, (2) eligible to be covered or paid by, under, or through Contract Health Services, and (3) covered services under the Plan.

When Medicare-like rates apply to a covered service, (1) the applicable Medicare-like rate will be determined in accordance with 42 CFR §136.30(c)-(f), (2) Medicare-participating hospitals must accept the applicable Medicare-like rate as payment in full in accordance with 42 CFR §136.30(a)-(b) and must submit claims for processing in accordance with 42 CFR §136.30(h), and (3) the coordination of benefits and limitation on recovery provisions set forth in 42 CFR §136.30(g) will apply.

SPECIAL ENROLLMENT NOTICE:
You may be able to enroll yourself and your dependent(s) in the Plan if (1) you decline enrollment for yourself or your dependent (including your spouse) because of other health insurance or group health plan coverage, you or your dependent lose eligibility for the other coverage or the employer stops contributing toward the other coverage, and you request enrollment in the Plan within 30 days after the other coverage ends or the employer stops contributing toward the other coverage, (2) you have a new dependent as a result of marriage, birth, adoption, or placement for adoption and you request enrollment in the Plan within 30 days after the marriage, birth, adoption, or placement for adoption, attain legal guardianship of a minor, or (3) you or your dependent(s) lose eligibility for Medicaid or CHIP coverage or you or your dependent(s) becomes eligible for premium assistance (with respect to coverage under the Plan) due to coverage with Medicaid or a state child health plan, and you request enrollment in the Plan within 60 days of losing eligibility or becoming eligible for premium assistance. To request special enrollment or obtain more information, contact the Plan Administrator at 525 W. North Access Road, Sacaton, Arizona 85147.

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) PREMIUM ASSISTANCE:
If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2011. You should contact your State for further information on eligibility –

ARIZONA – CHIP
Website: http://www.azahcccs.gov/applicants/default.aspx Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor, Employee Benefits Security Administration
www.dol.gov/ebsa; 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services
www.cms.hhs.gov; 1-877-267-2323, Ext. 61565

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE:
The Women's Health and Cancer Rights Act stipulates that any health plan that provides medical benefits for a mastectomy must provide coverage for breast reconstruction for patients who choose to receive it. The health plan covers mastectomy patients for reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to achieve a symmetrical appearance; prostheses; and treatment of physical complications of all stages of mastectomy, including lymphedema.

NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

What Medical Information Does the Plan Have?
The Plan uses insurance companies and third party administrators to administer your benefits. These insurance companies and administrators maintain most of the medical information necessary to administer your benefits. As a result, the Plan itself receives very little medical information about you. This notice applies to the medical information the Plan holds.

How Does the Plan Handle Your Medical Information?
This notice describes the different ways that we may use your medical information within the Plan and how we may disclose or give it to others. We will give you examples so that you can understand what happens with your medical information as we administer your benefits.

Insurance companies and third party administrators: The Plan may give your medical information to the insurance companies and administrators to administer the benefits. You should review the Notice of Privacy Practices provided to you by the insurance companies to see how they handle your information.

Helping with your treatment: The Plan may use your medical information to help manage your health care or decide what treatments are covered by your benefits. We may also tell you about different services that may be available to you under the Plan. We may share your medical information with other people that give you care. This could include doctors, hospitals, drug stores, and others.

Payment: We may use and disclose your medical information to handle issues related to the payment of claims. We may also share your medical information with others to help us administer claims, coordinate with health insurance companies, or assist in utilization review.

Family and friends: The Plan may give your health information to a family member or friend who is helping you with your care or who is helping you pay for your care. For example, if you have an accident, the Plan may need to talk with your spouse. If you do not want us to discuss your medical information with your family members or others involved in your care or payment of your care, please contact the Insurance Office.

Plan Operations: We may use or disclose your medical information to administer the Plan, including to insurance companies and third party administrators. We may use your medical information to do medical necessity review; coordination of care, benefits, and other services; program analysis and reporting; audit, accounting, or legal services; risk management; detection and investigation of fraud and other unlawful conduct; underwriting and ratemaking; resolution of third party liability; administration of reinsurance and excess or stop loss insurance and coordination with these insurers; data and information systems management; and other business management and planning activities. For example, we may use your medical information to generate data about how the Plan can serve you better.

Public purposes: The Plan may use or give out your health information for certain public purposes. Examples of these are:

- Required by Law - Certain laws may require us to disclose your medical information. For example, we may be required to release information for a workers' compensation claim.
- Lawsuits and Disputes - We may be required to release your medical information in a lawsuit where a court orders us to do so. We also may respond to legal requests for medical information, such as subpoenas, discovery requests, or search warrants.
- Research - We may use your medical information for research projects. To do this, we will either ask your permission to use your medical information or we will use a special process that protects the privacy of your information.
- Public Safety - We may disclose medical information for public safety purposes in limited circumstances. We may give medical information to law enforcement officials in response to a search warrant or a grand jury subpoena. We also may disclose medical information to assist law enforcement officials or others for such purposes as identifying or locating a person, to prevent a serious threat or safety, or for other reasons that are permitted by law.

Plan Sponsor: Gila River Indian Community (the "Community") is the sponsor of the Plan. Only designated employees in the Community departments that handle employee health benefits issues, including the Insurance Office and the Law Office will have access to limited medical information to perform administration function of the Plan.

Other Uses or Disclosures of Your Medical Information: If we wish to use or disclose your medical information for a purpose that is not discussed in this notice, we will seek your permission (called an authorization). If you give your permission to us, you may take back that permission any time, unless we have already relied on your permission to use or disclose the information.

What Are Your Rights Regarding Your Medical Information?

Right to Request a Copy of Your Medical Information: You have the right to look at your medical information and to get a copy of that information. You also have the right to request an electronic copy of your medical information to the extent that we use or maintain an electronic health record of your medical information. To see your medical information, submit a written request to the designated Privacy Officer at your location. If you request a copy of your information, we may charge you for our costs to copy the information. Any costs imposed for providing an electronic copy will not be greater than the actual labor costs incurred in responding to your request.

Right to Request an Amendment of Your Medical Information: If you examine your medical information and believe that some of the information is wrong or incomplete, you may ask us to amend or supplement that information. To make a request to amend or supplement your medical information, submit a written request to the designated Privacy Officer at your location, and tell us in detail why you believe your medical information is wrong or incomplete.

Right to Get a List of Certain Disclosures of Your Medical Information: You have the right to request a list of certain disclosures we make of your medical information (including certain disclosures made through an electronic health record). If you would like to receive such a list, submit a written request to the designated Privacy Officer at your location. We will provide the first list to you free, but we may charge you for any additional lists you request during the same year.

Right to Request Confidential Communications: If you want to communicate with us in a way that you believe is more confidential, please inform the designated Privacy Officer at your location. We will make every effort to assist you.

Right to Request Special Treatment for Your Medical Information: We handle your medical information in the ways we described in this notice. You have the right to ask us not to use or disclose your medical information in these ways, although we generally are not required to agree to your request. However, we must agree to your request if the your request relates to payment or plan operations and your medical information pertains solely to a medical item or service for which the provider involved has been paid in full by you as an out-of-pocket expense. If you would like to request special treatment in the way we handle your medical information, submit your request in writing to the designated Privacy Officer at your location and describe your request in detail.

Right to be Notified of Certain Breaches: We will take all reasonable steps to ensure that any medical information maintained in an electronic form and not encrypted is not improperly disclosed. In the unlikely event that such a breach occurs, we will notify you as soon as possible of the breach If the breach compromises the security or privacy of your medical information.

Right to a Paper Copy: If you received this notice electronically, you have the right to a paper copy at any time. You may obtain a paper copy by contacting the designated Privacy Officer at your location or by visiting the Insurance Office.

Will the Plan Change This Notice?
From time to time, we may change our practices concerning how we handle medical information, or in how we will implement the rights we list above. We reserve the right to change this notice and to make the provisions in our new notice effective for all medical information we maintain. If we change these practices, we will publish a revised notice. You can get a copy of our current notice at any time by visiting the Insurance Office.

What If You Have Problems or Concerns?
Please tell us about any problems or concerns you have with your privacy rights or how the Plan handles your medical information. If you have a concern, please contact the designated Privacy Officer at your location, or contact the Insurance Office. If you have questions about this notice, please contact the Insurance Office or Benefits Representative.

General Notice of COBRA Continuation Coverage Rights
Continuation Coverage Rights Under COBRA

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?
COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information:* must pay *or* are not required to pay] for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment ends for any reason other than his or her gross misconduct;
4. Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
5. You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events
For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Gila River Indian Community Insurance Office, Insurance Manager, P.O. Box 97 Sacaton AZ 85147. You are required to provide documentation supporting the event.

How Is COBRA Coverage Provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage
If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. Written notice must be provided to Gila River Indian Community Insurance Office, Insurance Manager, P.O. Box 97 Sacaton AZ 85147. You are required to provide documentation supporting the event.

Second qualifying event extension of 18-month period of continuation coverage
If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension

may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Gila River Indian Community
Insurance Office
Insurance Manager
P.O. Box 97
Sacaton AZ 85147
520-562-9520

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Part A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for your and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop-shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, buy only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (1)

Note: if you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Gila River Indian Community Insurance Office P.O. Box 97 Sacaton AZ 85147.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

'(1) An employer sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Part B: Information About Health Coverage Offered by Your Employer

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

3. Employer Name: Gila River Indian Community
4. Employer Identification Number (EIN): 74-2422892
5. Employer address: P.O. Box 97
6. Employer phone number 1-520-562-9520
7. City: Sacaton
8. State: AZ
9. ZIP code: 85147
10. Who can we contact about employee health coverage at this job? Insurance Office, a department of Human Resources
11. Phone number: same as above
12. Email address: n/a

Here is some basic information about health coverage offered by this employer:
As your employer, we offer a health plan to: Some employees.
Eligible employees are: • With respect to dependents: We do offer coverage. This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums. The information below corresponds to the Marketplace Employer Coverage Tool.

Completing this section is optional for employers, but will help ensure employees understand their coverage choices.
Not completed.
• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

IMPORTANT INFORMATION CONCERNING GOVERNING LAW AND JURISDICTION:
The Plan is sponsored by the Gila River Indian Community (the "Community"), a federally recognized tribal government, with recognized sovereign powers and immunity. To the extent the Plan provides coverage for employees of any separate "entity" of the Community, it shall be treated as a subordinate entity of the Community with all attributes of sovereignty. The Plan shall be governed by and construed in accordance with the laws of the Gila River Indian Community. Adoption by the Community of policies modeled after private sector rules under ERISA (such as COBRA) is not (and shall not be construed to be) a waiver of sovereign immunity. Rather, sovereign immunity may only be waived by a Resolution of the Community Council.