



THE
MAHONEY
GROUP®

2025

EMPLOYEE BENEFITS GUIDE

Plan Year:
1/1/25 to 12/31/25

Walker River Paiute Tribe

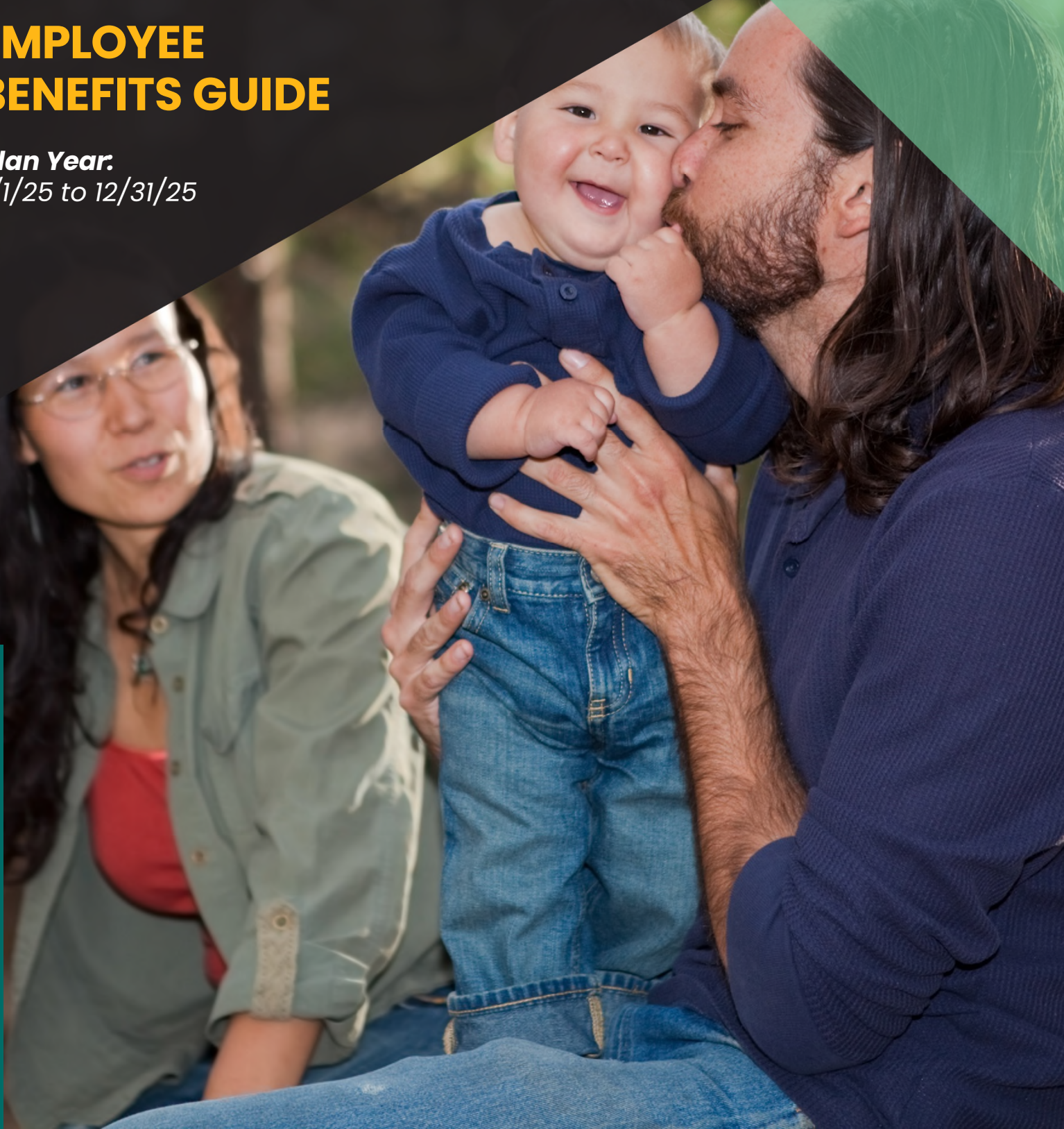


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Walker River Paiute Tribe BENEFITS

At Walker River Paiute Tribe, we know our dedicated employees—YOU—are key to our overall success as an organization. We recognize that offering a quality, comprehensive benefit program is an important way to show you how valuable you are to the organization. We understand that navigating the world of employee benefits is challenging and no two employees are alike, which is why we offer this benefits guide to explain the multiple benefit options to improve your physical, financial and mental well-being.

This booklet provides a summary of plan highlights. Please consult the carrier contract for complete information on covered changes, limitations, and exclusions. This is not a binding contract. In the event of any discrepancy, the carrier's contract will prevail. If you have further questions, please contact the insurance carrier or The Mahoney Group.



ELIGIBILITY

ADDING A FAMILY MEMBER

Prior to electing benefits, employees should verify that Human Resources has proof of dependent status for any dependents who are being added. This is not required if your dependents have previously been covered through the Walker River Paiute Tribe insurance plan. The following can be used as proof:

- Marriage license for spouse
- Birth certificate, adoption, or placement documents for children

COVERING YOUR FAMILY MEMBERS

Many of the plans offer coverage for your eligible family members, including:

- Your spouse.
- Your dependent children, including your stepchildren, legally adopted children, and children placed with you for adoption
 - Dependent children are eligible for medical, dental, and vision insurance up to the end of the month in which they turn age 26 (regardless of student or marital status)
 - Dependent children of any age may remain eligible if they are physically or mentally incapable of self-support.

FULL-TIME EMPLOYEES	COVERAGE STARTS	COVERAGE ENDS
If you are a full-time employee, you are eligible to enroll in the Walker River Paiute Tribe benefits if you work at least 30 hours per week. Your benefits are effective on your first of the month following 60 days of employment.	If you enroll in benefits within 30 days of your date of hire, your coverage is effective the first of the month following the waiting period. If you enroll during open enrollment, your coverage is effective January 1 of the following year.	If your employment with Walker River Paiute Tribe terminates (voluntarily or otherwise), your benefits will end on the last day of the month of termination.

BENEFITS ENROLLMENT

NEW EMPLOYEES

As a new employee, you must enroll in benefits within 30 days of your date of hire. If you do not enroll within 30 days, you will need to wait until the next open enrollment period to enroll.

CURRENT EMPLOYEES

Open enrollment is the only time during the year that you can change your benefits unless you experience a qualifying life event. During the open enrollment period, you have the opportunity to newly enroll in coverage and/or make changes to your current coverage.

Any changes you make during open enrollment become effective January 1.

CHANGING YOUR BENEFITS DURING THE YEAR

As stated here, you cannot change your benefits during the year unless you experience a qualifying life event. The most common qualifying life events are:

- Marriage, legal separation or divorce
- Birth, adoption or change in legal custody of eligible child(ren)
- Death of your spouse or covered child
- Loss of other coverage (e.g., child turns 26 and loses coverage through parent's plan)

Please contact Human Resources/visit **Walker River Paiute Tribe** portal for a complete list of qualifying life events.

If you experience a qualifying life event and wish to change your benefits, you must log into the **Employee Navigator** portal within **30 days** of the life event. You may be required to provide proof of your life event, such as a birth certificate or marriage license. You can only change benefits that were impacted by the life event (e.g., if you get married, you can add your new spouse to the medical plan, but you cannot change medical plans).

ONLINE ENROLLMENT

Benefits enrollment is completed online through the **Employee Navigator** website at www.employeenavigator.com.

In order to complete your enrollment, you need:

- Dates of birth and social security numbers for yourself as well as any family members you are enrolling.
- Proof of eligibility for your spouse and dependent children (e.g., marriage license, birth certificate).

NEED TO KNOW UPDATES AND INFO

- What is new/changing for 2025
- Consider what is new with you. Did you have a baby, get married, etc.?
- Online Enrollment dates:
 - November 22nd – December 6th

What you need to do to make changes/newly enroll



MEDICAL INSURANCE

Walker River Paiute Tribe offers medical insurance plan option through **FEHB**. There are several plans to choose from. Some plans are nationwide and some are Nevada HMO plans.

Below is the benchmark medical plan. Please note that you do need to use in-network providers to utilize this plan.

The table below summarizes the key features of the benchmark BCBS medical plan which represents the base plan option. The coinsurance amount listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.

	PPO
Medicare Part D Creditable Coverage	Yes
Deductible (individual/family)	\$0 / \$0
Out-of-pocket maximum (individual/family)	\$7,500 / \$15,000
Preventive care	No charge
Office visits (primary care/ specialist)	\$35 / \$50
Emergency Room	\$350/day/facility
Urgent Care	\$50
Lab/x-ray	Lab - 15% coinsurance after ded / X-ray - \$40
Inpatient hospital	\$350/day up to \$1,750 maximum
Outpatient hospital	\$250/day
Therapies	50 visits per calendar year
Rx Retail	\$5 – Preferred generic drugs \$15 / \$75 / 60% (\$90 minimum) / \$120 / \$200

BCBS Telehealth

Register for telehealth services

With telehealth services provided by Teladoc Health, you can get virtual doctor visits via phone, video chat or the Teladoc app. All members get their first two Teladoc visits—and all nutritional counseling visits—covered in full.

Your telehealth benefit includes:

 24/7 General Medical Care	 Mental Health Consults	 Dermatology Services	 Nutritional Counseling	 Global Care <i>(for Overseas Members)</i>
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Learn more about Teladoc at fepblue.org/telehealth or call **1-855-636-1579**.



Does your doctor offer telemedicine services?

If your in-network doctors offer phone or video visits, we'll cover them. You'll pay the same cost share as an in-person visit.

Get answers to your health questions

Through our Nurse Line, you have 24/7 access to qualified registered nurses at no cost if you have a health question or need guidance on where to go for care. Call **1-888-258-3432** or chat with them via your **fepblue** app or MyBlue account.

BCBS Member Portal

Access all your health care information in one place with MyBlue®



All members, 18 and older, have access to our online member-only website, MyBlue. The site is personalized to you and is the gateway to managing your information, earning rewards and using many of our helpful tools and resources.

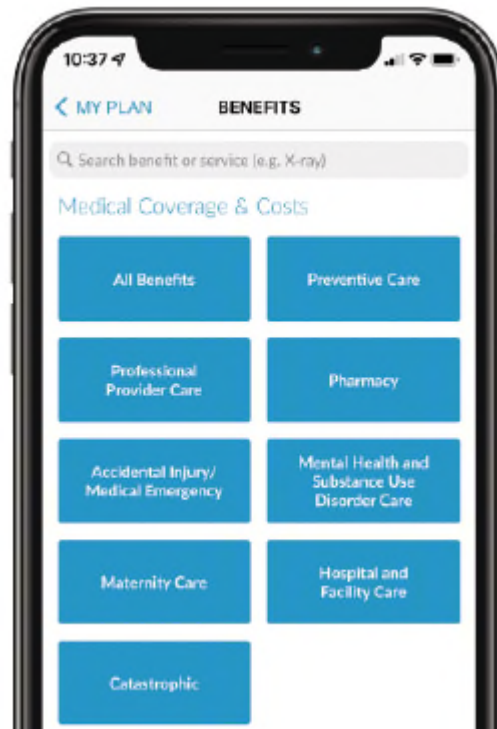
To register for an account:

- 1 Visit fepblue.org/signup.
- 2 Complete the registration fields. You'll need your member ID card and a unique PIN. Follow the instructions to get your PIN.
- 3 Confirm your registration and begin using MyBlue. Once you have an account, you can access MyBlue 24/7 at fepblue.org/myblue.

Download the fepblue app to do more on the go

The **fepblue** app puts your health insurance benefits in the palm of your hand. Use it to quickly access the digital version of your member ID card, find in-network providers no matter where you are or connect to a virtual one through Teladoc, set up notifications to receive updates from us and more.

Download **fepblue** on the App Store® or Google Play™ today.



Health and wellness programs



Diabetes Management Program by Livongo® S B

Basic Option and **Standard Option** members with diabetes can get an advanced digital glucose meter, free unlimited test strips and lancets, plus one-on-one support through Livongo.



Generic Incentive Program S

For **Standard Option** members who switch to an eligible generic medication, we'll waive your cost share for your first four prescription fills or refills.



Hypertension Management Program

Members with high blood pressure can receive a blood pressure monitor at no out-of-pocket cost every two years.



Medicare Reimbursement Account B

Basic Option members enrolled in Medicare Part A and Part B can receive up to **\$800** if they pay Medicare Part B premiums. Each member on your plan enrolled in Medicare can receive this benefit.



Additional Maternity Programs

Members who are pregnant or have recently given birth can receive a breast pump kit, up to 8 mental health visits and a blood pressure monitor. All at no out-of-pocket cost.



Tobacco Cessation Incentive Program

If you smoke or use other tobacco or vaping products and are ready to quit, we can help. Members can get support and free tobacco cessation drugs through this program.



Discount Drug Program

The Discount Drug Program gives you up to a 24% discount on specific drugs that are not covered under your regular pharmacy benefits.

Check out our Blue365 Discount Program

Blue365 is a discount program offered exclusively to Blue Cross Blue Shield members. Sign up for discounts from well-known national brands, such as Fitbit, Phillips Norelco, Reebok and TRX Fitness, plus many more you might not expect.

Log in to your MyBlue account to access Blue365 conveniently or learn more at fepblue.org/blue365.

Note: Blue365 deals and discounts may change at any time.

MEDICAL INSURANCE



Coverage is provided by the Federal Employees Health Benefits (FEHB) Program for medical and prescription drug coverage. Here are some details on the FEHB Program, eligibility, enrollment, plan information, premium rates, and more.

Rates and contributions are automatically calculated in Employee Navigator for each plan. Please log into the system to view the plans and rates.

* **Note:** The term tribal employers is used to designate tribes, tribal employers, urban Indian organizations and tribal grant schools.

Where to go for more Information

Visit the websites at www.opm.gov/tribalprograms and www.opm.gov/healthcare-insurance/fastfacts/fehb-tribal-employees.pdf to learn more about the FEHB Program.

What you should consider when choosing a plan

± **What benefits does the plan cover?** What are your expected healthcare needs for you and your family? Do you need certain medications? Make sure the plan covers the services or supplies that are important to you and know its limitations and exclusions.

± **What are my out-of-pocket costs?** Does the plan have a deductible to meet (the amount you first pay before the plan pays benefits)? What is the copay or coinsurance?

± **Are my doctors, hospitals and other care providers in the plan's network?** Your costs are lower with in-network providers.

± **How well does my plan provide quality care?** Quality care varies with plans. Please use the three sources below for reviewing quality:

1. Member survey results - evaluations by current plan members are posted in the Health Plan Comparison Tool.

Enter your zip code at www.opm.gov/healthcare/plan-information/compare-plans/
Zip code: 89427 Enrollment type: Tribal Employee

2. Summary of Benefits and Coverage:

<https://www.opm.gov/healthcare-insurance/tribal-employers/plan-information/plans/2025/state/nv/summary>

3. Prescription Search - <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans/> Put in zip code and select the "Tribal" radio button. Select "Search" at the bottom of the page. When you select a plan, then select "compare plans" at the bottom of the page. Click on RX Pricing Tool link at the top of the plan. And type in information under "Prescription Search. It shows the pharmacies that carry it. Select "View Prices" to the right and the prices are shown for each plan.

BCBS will have the largest Nationwide Network of providers, so please start by reviewing those plans, but feel free to select any plan that is available to you based on your zip code.

MEDICAL INSURANCE



What types of plans does the FEHB Program offer?

Eligible employees can choose from a number of health insurance plans. The following chart compares the types of plans available to help you select the one that is best for you.

	Choice of doctors, hospitals, pharmacies and other providers	Specialty Care	Out-of-pocket costs	Paperwork
Fee-for-Service w/PPO (Preferred Provider Organization)	You must use the plan's network to reduce your out-of-pocket costs. For BCBS Basic Option, you must use preferred providers for your care to be eligible for benefits.	Referral not required to receive benefits.	You pay fewer costs if you use a PPO provider than if you don't.	Some, if you don't use network providers.
Health Maintenance Organization	You generally must use the plan's network to reduce your out-of-pocket costs.	Referral generally required from primary care doctors to receive benefits.	Your out-of-pocket costs are generally limited to copayments.	Little, if any.
Point-of-Service	You must use the plan's network to reduce your out-of-pocket costs. You may go outside the network but you will pay more.	Referral generally required to receive maximum benefits.	You pay less if you use a network provider than if you don't.	Little, if you use the network. You have to file your own claims if you don't use the network.
Consumer-Driven Plans w/Health Reimbursement Arrangement (HRA)	You may use network and non-network providers. You will pay more by not using the network.	Referral not required to receive maximum benefits from PPOs.	You will pay an annual deductible and cost-sharing. You pay less if you use the network.	Some, if you don't use network providers. You may need to file a claim for reimbursement from your HRA.
High Deductible Health w/Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)	Some plans are network only; others pay something even if you do not use a network provider.	Referral not required to receive maximum benefits from PPO.	You will pay an annual deductible and cost-sharing. You pay less if you use the network.	Some, if you don't use network providers. You may need to file a claim for reimbursement from your HSA or HRA.

DENTAL INSURANCE

Mutual of Omaha: Dental PPO Plan

Dental plan include in- and out-of-network benefits, which means you can choose any dentist that you would like. However, you will pay less out of your pocket when you choose a Mutual of Omaha network dentist. Locate an in-network dentist at www.mutualofomaha.com.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay for services. Please refer to the official plan documents for additional information on coverage and exclusions.



DO I NEED TO SEE A DENTIST?

A visit to the dentist is about more than just a teeth cleaning. By looking in your mouth, your dentist can tell a lot about your overall health. In fact, he or she may be able to identify early signs of disease, such as diabetes, heart disease, kidney disease, and even some forms of cancer, before you even notice symptoms.

	In-network	Out-of-network
Deductible (individual/family)	\$50 / \$150	\$100 / \$300
Annual Benefit Maximum	\$1,500	
Orthodontics Lifetime Maximum	\$1,500 – Child only	
Diagnostic/preventive Services	100%	80%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics Services	50%	50%

VISION INSURANCE

Walker River Paiute Tribe offers a vision insurance plan through Mutual of Omaha. This plan allows you to choose any eye care provider. However, you will maximize the plan benefits when you choose a network provider. Locate an EyeMed’s Insight network provider at www.mutualofomaha.com/vision.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

	In-network	Out-of-network
Frequency of Glasses/Lenses/Frames	12 / 12 / 24	
Exams Retinal Imaging	\$10 copay Up to \$39	Up to \$37 Not Applicable
Lenses Single vision Bifocal Trifocal Lenticular Standard Progressive	\$25 copay \$25 copay \$25 copay \$25 copay \$65 copay	Up to \$20 Up to \$36 Up to \$64 Up to \$64 Up to \$36
Frames	\$130 allowance + 20% off balance	Up to \$58
Contacts Standard Contact Lens Fit & Follow-up Premium Contact Lens Fit & Follow-up	\$130 allowance + 15% off balance Up to \$40 10% off retail price	Up to \$89 Not Applicable Not Applicable
Laser Correction	15% off retail price or 5% off promotional price	



DO I NEED AN ANNUAL EYE EXAM IF I HAVE PERFECT VISION?

Your eyes are your windows to the world. They are also your eye doctor’s windows into your body. Just by looking in your eyes, a doctor can find warning signs of serious diseases and conditions like high blood pressure, high cholesterol, thyroid diseases, and certain types of cancer. In fact, eye doctors are frequently the first to detect signs of abnormal health conditions.

DENTAL AND VISION PREMIUM RATES

DENTAL COST (24 pay periods)

	Mutual of Omaha Dental
Employee Only	\$18.47
Employee + Spouse	\$36.32
Employee + Child(ren)	\$48.39
Employee + Family	\$71.79

VISION COST (24 pay periods)

	Mutual of Omaha Vision
Employee Only	\$3.13
Employee + Spouse	\$7.18
Employee + Child(ren)	\$7.96
Employee + Family	\$12.15

LIFE AND AD&D INSURANCE

Life and accidental death and dismemberment (AD&D) insurance provides financial protection for those who depend on you for financial support. Upon your death, your designated beneficiary will receive the life benefit. If you die as the result of an accident, your beneficiary will receive both the life and AD&D benefits.

BASIC LIFE AND AD&D INSURANCE

Walker River Paiute Tribe provides you with basic life and AD&D insurance at no cost to you.

- Employee life insurance benefit: \$50,000
- Employee AD&D insurance benefit: \$50,000

If you are eligible for \$50,000 or more in basic, Walker River Paiute Tribe-paid life insurance, you are required to pay income tax on the value of the coverage in excess of \$50,000.



DESIGNATE A BENEFICIARY

In the event of your death, Mutual of Omaha would pay your Life and/or AD&D policy to your beneficiaries. Designate your beneficiary for your Basic Life and AD&D insurance, as well as any Voluntary Life insurance. You may change this designation at any time. You are automatically the beneficiary on your Spouse and/or Child Life policy.

EVIDENCE OF INSURABILITY

If you purchase Life and AD&D insurance for yourself or your spouse and/or children when you are first eligible to enroll, you may purchase up to the guarantee issue amounts without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a future open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Mutual of Omaha.

VOLUNTARY LIFE AND AD&D INSURANCE

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. Walker River Paiute Tribe provides you the option to purchase voluntary life and AD&D insurance at group rates through Mutual of Omaha. You may also purchase voluntary coverage for your spouse and eligible children.



SUPPLEMENTAL LIFE/AD&D (EMPLOYEE-PAID)

If you determine you need more than the basic coverage, you may purchase additional coverage through **Mutual of Omaha** for yourself and your eligible family members.

Benefit Option		Guaranteed Issue ¹
Employee	\$10,000 increments up to \$500,000, no more than 5 times annual salary	5 times annual salary, up to \$100,000
Spouse/DP	100% of employee's benefit up to \$100,000	100% of employee's benefit, up to \$25,000
Child(ren) Under age 26	100% of employee's benefit up to \$10,000	100% of employee's benefit

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

VOLUNTARY BENEFITS

Walker River Paiute Tribe provides you the option to purchase accident insurance and critical illness insurance through Mutual of Omaha. The amount you pay for two plans is deducted from your paycheck on a post-tax basis. This ensures that any payments you receive are not taxed. Learn more about the accident and critical illness plans at www.mutualofomaha.com.

ACCIDENT INSURANCE

Accident insurance is a policy that can help you pay expenses that may follow an accident, including out-of-pocket health care costs. This plan pays benefits if you are injured in an accident, regardless of whether or not you are at work.

KEY FEATURES OF THE ACCIDENT INSURANCE PLAN:

- You are paid cash quickly
- The amount you receive is based on your injuries, services provided, and treatment
- You can use the money for whatever you would like
- Benefits are not taxed
- It does not matter what medical plan you have

KEY FEATURES OF THE CRITICAL ILLNESS INSURANCE PLAN:

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

- You are paid cash quickly
- You can use the money for whatever you would like
- It does not matter what medical plan you have

Health screening benefit: Pays a flat, annual benefit of \$100 for a health screening test.

CRITICAL ILLNESS INSURANCE

Critical illness insurance is a policy that provides a lump-sum, cash benefit if you are diagnosed with a covered illness (e.g., heart attack, stroke, cancer). These diagnoses can cause significant financial burden, especially if you are unable to work while receiving treatment. You can use the money you receive however you would like, including to help you pay your mortgage, pay your deductible, seek experimental treatment, or for any other expenses. The benefit amount you receive is based on the level of coverage you purchase. You may also purchase coverage for your spouse and/or dependent children.

Coverage Options:

- Employee: In increments of \$5,000 up to \$20,000; guarantee issue: \$20,000.
- Spouse: In increments of \$5,000 up to \$20,000, 100% of employee's CI Principal Sum; guarantee issue: \$20,000.
- Dependent children to age 26: 25% of employee's CI Principal Sum up to \$5,000; guarantee issue: \$5,000.

	ACCIDENT INSURANCE RATE
Employee Only	\$6.02
Employee + Spouse	\$8.71
Employee + Child(ren)	\$10.69
Employee + Family	\$14.07



VOLUNTARY LIFE AND CRITICAL ILLNESS INSURANCE PREMIUM RATES

VOLUNTARY LIFE AND AD&D COST (24 pay periods)

EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
30 - 34	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.85	\$4.40	\$4.95	\$5.50
35 - 39	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
40 - 44	\$0.90	\$1.80	\$2.70	\$3.60	\$4.50	\$5.40	\$6.30	\$7.20	\$8.10	\$9.00
45 - 49	\$1.30	\$2.60	\$3.90	\$5.20	\$6.50	\$7.80	\$9.10	\$10.40	\$11.70	\$13.00
50 - 54	\$2.05	\$4.10	\$6.15	\$8.20	\$10.25	\$12.30	\$14.35	\$16.40	\$18.45	\$20.50
55 - 59	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80	\$27.90	\$31.00
60 - 64	\$4.60	\$9.20	\$13.80	\$18.40	\$23.00	\$27.60	\$32.20	\$36.80	\$41.40	\$46.00
65 - 69	\$7.70	\$15.40	\$23.10	\$30.80	\$38.50	\$46.20	\$53.90	\$61.60	\$69.30	\$77.00
70+	\$12.45	\$24.90	\$37.35	\$49.80	\$62.25	\$74.70	\$87.15	\$99.60	\$112.05	\$124.50

SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
0 - 29	\$0.23	\$0.45	\$0.68	\$0.90	\$1.13	\$1.35	\$1.58	\$1.80	\$2.03	\$2.25
30 - 34	\$0.28	\$0.55	\$0.83	\$1.10	\$1.38	\$1.65	\$1.93	\$2.20	\$2.48	\$2.75
35 - 39	\$0.33	\$0.65	\$0.98	\$1.30	\$1.63	\$1.95	\$2.28	\$2.60	\$2.93	\$3.25
40 - 44	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
45 - 49	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
50 - 54	\$1.03	\$2.05	\$3.08	\$4.10	\$5.13	\$6.15	\$7.18	\$8.20	\$9.23	\$10.25
55 - 59	\$1.55	\$3.10	\$4.65	\$6.20	\$7.75	\$9.30	\$10.85	\$12.40	\$13.95	\$15.50
60 - 64	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50	\$13.80	\$16.10	\$18.40	\$20.70	\$23.00
65 - 69	\$3.85	\$7.70	\$11.55	\$15.40	\$19.25	\$23.10	\$26.95	\$30.80	\$34.65	\$38.50

ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)*									
\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000	
\$0.29	\$0.44	\$0.58	\$0.73	\$0.87	\$1.02	\$1.16	\$1.31	\$1.45	

MONTHLY CRITICAL ILLNESS INSURANCE COST (24 pay periods)

VOLUNTARY CRITICAL ILLNESS EMPLOYEE PREMIUM RATES (24 PAYROLL DEDUCTIONS PER YEAR)				
Age	\$5,000	\$10,000	\$15,000	\$20,000
0 - 29	\$0.98	\$1.95	\$2.93	\$3.90
30 - 39	\$1.70	\$3.40	\$5.10	\$6.80
40 - 49	\$3.48	\$6.95	\$10.43	\$13.90
50 - 59	\$6.88	\$13.75	\$20.63	\$27.50
60 - 69	\$13.90	\$27.80	\$41.70	\$55.60
70 - 79	\$25.83	\$51.65	\$77.48	\$103.30
80+	\$36.23	\$72.45	\$108.68	\$144.90

ADDITIONAL INFORMATION

RESOURCES AND CONTACT INFORMATION

Questions about benefits or claims: contact Denise Johnson at djohnson@mahoneygroup.com.

If you have a general benefits question, contact the Human Resources-Benefits Department.

- Email: Lesley Hawley at lhawley@wrpt.org
- Phone: 775-773-2306

PLAN	PHONE	WEBSITE / EMAIL
Medical – FEHB	Contact the insurance carrier	Contact the insurance carrier
Dental – Mutual of Omaha	800-775-6000	www.mutualofomaha.com
Vision – Mutual of Omaha	800-775-6000	www.mutualofomaha.com/vision
Voluntary benefits – Mutual of Omaha	800-775-6000	www.mutualofomaha.com
Life and AD&D – Mutual of Omaha	800-775-6000	www.mutualofomaha.com
The Mahoney Group		
Troy Pitney, Tribal Practice Insurance Advisor	206-419-5040	tpitney@mahoneygroup.com
Denise Johnson, Account Manager	480-214-2797	djohnson@mahoneygroup.com

ANNUAL NOTICES

Each year, employers that offer health care benefit plans are required to provide specific state and federal notices to employees regardless of their participation in the benefit plans offered. Electronic versions of these notices may be found on **BENEFITS WEBSITE**. If you have any questions, please contact the **Benefits Department at 775-773-2306**.